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Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information (Iowa)

This Notice describes how psychological and medical information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:

- **PHI** refers to information in your health record that could identify you.
- **Treatment** is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
- **Payment** is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- **Health Care Operations** are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- **Use** applies only to activities within my practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **Disclosure** applies to activities outside of my practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. "Psychotherapy notes" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

I will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

Compulsory Disclosures:

- **Child Abuse** – If I have reasonable cause to believe that a child has been abused, I must report this and all relevant information both orally (within 24 hours) and in writing (within 48 hours) to the Iowa Department of Human Services. Additionally, if I believe that immediate protection of the child is advisable, I may make an oral report to an appropriate law enforcement agency (IAC 232.69, 232.70).
- **Adult and Domestic Abuse** – Iowa law defines a "dependent adult" as a person 18 years of age or older who is unable to protect their own interests or adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another. If I have reasonable cause to believe that a dependent adult has been the victim of physical or sexual abuse, exploitation, neglect, or personal degradation, I must report this and all relevant information both orally (within 24 hours) and in writing (within 48 hours) to the Iowa Department of Human Services, or to the Iowa Department of Inspections and Appeals (if the abuse occurred in a health care facility, hospital, elder group home, assisted living or adult day services program). Additionally, if I believe that immediate protection of the dependent adult is advisable, I may make an oral report to an appropriate law enforcement agency (IAC 235B.3).

- ***Serious Threat to Health or Safety*** – If I believe that you present a danger to yourself or others, and that you lack judgmental capacity due to either a substance-related disorder or a serious mental impairment, I may seek your involuntary admission to a mental health facility or hospital (IAC 229.6). I may disclose your mental health information if and to the extent necessary to initiate or complete civil commitment proceedings under chapter 229 (IAC 228.6.3)
- ***Judicial or Administrative Proceedings*** – I may disclose your mental health information: in a criminal proceeding pursuant to section 622.10, subsection 4 (IAC 228.6.4b); pursuant to court rules, if my evaluation of you is being conducted pursuant to a court order (IAC 228.6.2); or if you, your legal representative, or a party claiming or defending through a beneficiary (in the case of a deceased individual) offers your mental or emotional condition as an element of a claim or a defense in a civil or administrative proceeding (IAC 228.6.4a).
- ***Other Disclosures:*** I may disclose your mental health information if and to the extent necessary to meet the compulsory reporting or disclosure requirements of any other state or federal law relating to the protection of human health and safety (IAC 228.6.1).

Administrative Disclosures:

- I may disclose your mental health information to other providers of professional services or their employees or agents if and to the extent necessary to provide administrative and professional services to you (IAC 228.5.1) or to a department of corrections (IAC 228.5.4).
- I may disclose your mental health information necessary for the collection of the fee to a person or agency providing collection services, if I provide you with written notification that a fee is due and you fail to arrange for payment of those fees within a reasonable period of time (IAC 228.5.2.a).
- I may disclose health information for the purpose of conducting scientific and data research, management audits, or program evaluations to persons who have demonstrated and provided written assurances of their ability to ensure compliance with the requirements of Iowa Code Section 228 (IAC 228.5.3). Those persons shall not directly or indirectly identify you in any report of the research, audits, or evaluations, or otherwise disclose individual identities in any manner. A person receiving mental health information under this section shall be provided a statement prohibiting redisclosure of information unless otherwise authorized.
- I may disclose your mental health information, in accordance with the prior written consent of you or your legal representative, to a third-party payor or to a peer review organization to the extent necessary to administer claims submitted for payment to the third-party payor, to conduct a utilization and quality control review of mental health care services provided or proposed to be provided, to conduct an audit of claims paid, or as otherwise authorized by law (IAC 228.7.1).
- Iowa law also allows certain narrowly-defined disclosures of your mental health information to law enforcement agencies (IAC 228.7A.1) or to family members if necessary to assist in the provision of care or monitoring of treatment to individuals with chronic mental illness (IAC 228.8).
- I may disclose your mental health information when the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the HIPAA Privacy Rule (45 CFR § 164.512).

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:

- ***Right to Request Restrictions*** – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- ***Right to Receive Confidential Communications by Alternative Means and at Alternative Locations*** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- ***Right to Inspect and Copy*** – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. I may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.

Iowa law (IAC 228.9) states that I may not disclose psychological test material to any other person, including the individual who is a subject of the test (i.e., you), or in any administrative, judicial, or legislative proceeding. However, upon your request, I will disclose all records associated with your psychological testing to a psychologist you designate, who is licensed pursuant to Iowa Code Chapter 154B. Your request for these records shall be in writing and shall comply with the requirements of IAC Section 228.3 (relating to voluntary disclosures of mental health information), except that you shall not have the right to inspect the test materials.

- **Right to Amend** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, I will discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of this Notice from me upon request, even if you have agreed to receive the Notice electronically.
- **Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket** – You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- **Right to Be Notified if There is a Breach of Your Unsecured PHI** – You have a right to be notified if: (a) there is a breach involving your PHI (a use or disclosure of your PHI in violation of the HIPAA Privacy Rule); (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.
- **Right to Opt Out of Fundraising Communications** – You have a right to decide that you would not like to be included in fundraising communications that I may send out. However, I currently do not send such communications to my clients.

Psychologist’s Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a Notice of my legal duties and privacy practices with respect to PHI
- I reserve the right to change the privacy policies and practices described in this Notice and to make the new Notice provisions effective for all PHI that I maintain. If I change this Notice, I will make the revised/current Notice available on my website (accessible at <https://www.drteribelmont.com/resources.html>, under the heading "Practice Documents")

V. Complaints

If you are concerned that I have violated your privacy rights or disagree with a decision I made about access to your records, please speak with me directly, and I will make every attempt possible to rectify your concerns. If you are not satisfied with my response to your concerns, you may contact:

Iowa Board of Psychology
Bureau of Professional Licensure
Iowa Department of Public Health
Lucas State Office Building, 5th Floor
321 East 12th Street
Des Moines, IA 50319-0075
Email: PLPublic@idph.iowa.gov
Phone: (515) 281-0254
Fax: (515) 281-3121

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

VI. Record Retention Policy

Iowa Code 645 – 243.8(154B) requires that I retain clinical records and psychotherapy notes for at least seven (7) years after the last date of service, or at least three (3) years after a minor reaches the age of 18, whichever is later. Forensic records shall be completed and retained consistent with the APA Specialty Guidelines for Forensic Psychology. Federal HIPAA law also dictates that I retain this documentation for six (6) years from the date of its creation or the date when it last was in effect, whichever is later.

VI. Effective Date and Changes to Privacy Policy

This Notice will go into effect on April 14, 2003. This Notice was last revised on January 24, 2022.