



Lutheran
Family Service

For Nothing is Impossible with God

Receipt of Notice of Lutheran Family Service's Privacy Practices for Protected Health Information

To implement compliance with the privacy regulations (45.C.F.R. 164.500 *et seq.*) issued by the Department of Health and Human Services (HHS) under the Health Insurance Portability and Accountability Act (HIPAA), Lutheran Family Service (LFS) has implemented policies, practices and protocols for the protection and privacy of client/consumer's protected health information.

To inform you of how your protected health information may be used and disclosed and how you can get access to this information, LFS is providing information to our clients and consumers via the "Notice of Privacy Practices for Protected Health Information" sheet. Please refer to this document for a more complete description of the uses and disclosures that office/staff may use of your protected health information.

LFS reserves the right to change its privacy practices described in this Privacy Notice. In accordance with law, the terms of the Privacy Notice may change. You may obtain a copy of the current Privacy Notice and any revised notice by requesting the Privacy Notice in writing or by requesting a notice in person.

By signing this form, I acknowledge that a copy of Lutheran Family Service's "Notice of Privacy Practices for Protected Health Information" sheet was given to me for my review.

Signature

Signature of Personal Representative of Client/Consumer

Description of Representative's Authority to Act for Client/Consumer

Date: _____



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Notice of Privacy Practices for Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully!

Lutheran Family Service (LFS) is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting the reasons you sought our services, test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services.

Example of uses of your health information for treatment purposes are:

A counselor obtains information about why you came for services and records it in a record.

An example of use of your health information for payment purposes:

We submit a request for payment to your health insurance company. The health insurance company requests information from us regarding the care provided to you. We provide information to them about you and the care given.

An example of use of your health information for health care operations:

The licensing authority wants to review records to assure that we have acted consistent with law regarding your care. In doing so, it wants to take a sampling, which includes review of your chart. At the licensing authority's request, we provide it with a copy of your record.

Your Health Information Rights

The health record we maintain and billing records are the physical property of LFS.

The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to LFS—we will comply with any request granted; however, we are not required to grant the request;
- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information ("Notice");
- Request that you be allowed to inspect and copy your health record and billing record—you may exercise this right by delivering the request in writing to LFS using the form we provide;
- Appeal a denial of access to your protected health information except in certain circumstances. For example, if access to your protected health information would create a threat to you or another person;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to LFS using the form we provide;
- If we deny your request for your health care record to be amended, you have the right to file a statement of disagreement, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to LFS using the form we provide; an accounting will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
- Revoke authorizations that you made previously to use or disclose information by delivering a written revocation to LFS except to the extent information or action has already been taken.

You have a right to review this Notice before signing the "Client Service Agreement".

If you want to exercise any of the above rights, please contact Wanda Pritzel, Director of Operations, Lutheran Family Service, 230 9th Avenue North, Fort Dodge, IA 50501 – (515)-573-3138, in person or in writing, during business hours.

She will provide you with assistance on the steps to take to exercise your rights.

Our Responsibilities

LFS is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you. We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the protected health information we maintain. If our information practices change, we will amend our Notice. You are entitled to receive a revised copy of the Notice by calling and requesting a copy of our "Notice" or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Wanda Pritzel, Director of Operations, Lutheran Family Service, 230 9th Avenue North, Fort Dodge, IA 50501 – (515)-573-3138.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to Wanda Pritzel. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services.

- We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from LFS.
- We cannot and will not retaliate against you for filing a complaint with the Secretary.

Other Disclosures and Uses for Business Associates

- We have business associates with whom we may share your protected health information. For example, in preparing our annual financial statement, auditors may need to review samples of the care given. We may disclose your health information to the accounting firm to prepare this material.

Notification

- Unless you object, we may use or disclose your protected health information to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location, and about your general condition, or your death.

Communication with Family

- Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Abuse & Neglect

- We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Marketing

- We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

Fund Raising

- We may contact you as part of a fund raising effort.

Public Health

- As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institutions

- If you are an inmate of a correctional institution, we may disclose to the institution or agents there of your protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement

- We may disclose your protected health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight

- Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Disaster Relief

- We may use and disclose your protected health information to assist in disaster relief efforts.

Funeral Directors/Coroners

- We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

Judicial/Administrative Proceedings

- We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order.
- To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions

- We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Other Uses

- Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

Termination of Services to Counseling Clients

- Upon termination of services, it is the policy of Lutheran Family Service that any information held in client files is shredded except for the client face sheet, client service agreement, record of client contact and termination report.

Effective Date: *April 16, 2003*