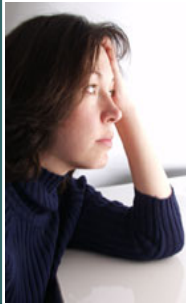


## Revocation of Permission

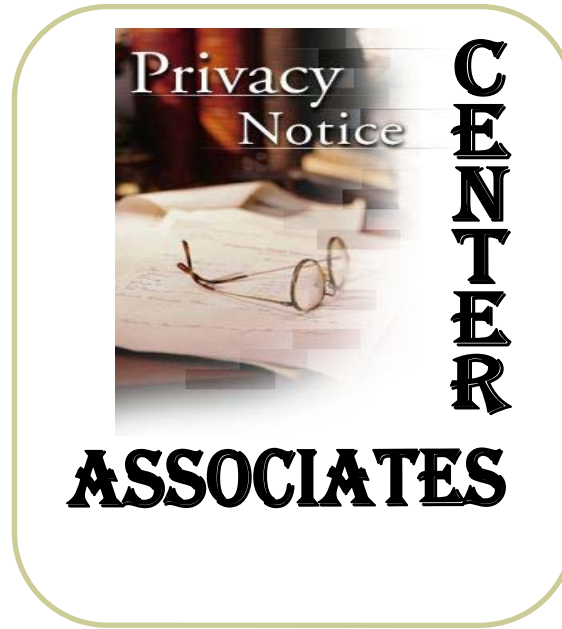
If you provide us with permission to use or disclose medical information about you, you may revoke that permission at any time. To request revocation of permission, contact Center Associates. If you revoke your permission, we will no longer use or disclose information if we can accommodate your request as outlined in the request restriction section.

## Complaints and Questions



If you believe your privacy rights have been violated, you may file a complaint with Center Associates. If you have not received feedback and resolution to your concerns in a reasonable amount of time, you can contact the Secretary of the U.S. Department of Health and Human Services.

Center Associates  
9 North 4th Avenue  
Marshalltown, Iowa 50158



THIS NOTICE DESCRIBES HOW MENTAL HEALTH & MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

Tel: 641-752-1585

## Our Legal Responsibility

As your mental health care provider, we are legally required to protect the privacy of your health information, and to provide you with this notice about our legal obligations and privacy practices. This requirement applies to all individuals served by Center Associates.

Center Associates is required to follow the privacy practices described in this notice. If you have any questions or want more information about this notice, please contact our Privacy Officer whose name will be given to you at your request.

## Protected Health Information (PHI)

In this notice, Center Associates will refer to your protected health information as PHI. Your PHI includes data and reports that identifies your care and services you receive at Center Associates.

This notice applies to all on the records, both electronic and paper, about your care. It includes all information created by Center Associates staff. The staff includes physicians, therapists, nurses, mental health professionals, after-hour care services, and other department staff.

This notice about our privacy practices explains how, when, and why we use and share your PHI. We may not use or disclose any more of your PHI than is necessary, with some exceptions. If state law is

more protective of your privacy, we will follow state law regarding disclosures as a general rule.



## Changes to this Notice

We reserve the right to change the terms of this notice and our privacy policies. Any changes will apply to your past, current, or future PHI. When we make an important change to our policies, we will change this notice.

You can also request a copy of our current notice at any time from the front desk at Center Associates.

## Uses of Protected Health Information (PHI)

Center Associates collects health information about you and stores it in a computer-based paperless file with a high degree of safeguard. A certain part of your PHI is the designated data set. The medical record is the property of the Center, but the information in the medical record belongs to you.

We use and disclose health information for many reasons. The following examples are some of the categories of our uses or disclosures. Please note that not every use or disclosure in a category is listed.

- **Treatment.** We may use and disclose medical information about you to mental and physical health professionals, nurses, and physicians who are involved in your care. For example, if you are being treated for depression, we may disclose your PHI to the physician who referred you to our services. Different health care professionals also may share information about you in order to coordinate your care. It is the Center's policy that signed releases be obtained prior to disclosure.
- **Payment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services we provided to you. For example, we may provide your PHI to an insurance company or other third party payor who is involved with your care in order to obtain approval for treatment.
- **Workers' compensation purposes.** We may disclose PHI to your employer or your workers' compensation carrier by using appropriate releases as signed by law.

- **Health care operations.** We may use and disclose your PHI as part of our routine operations. For example, we may use your PHI to evaluate the quality of care you received or to evaluate the performance of mental health professionals who cared for you.
- **Appointment reminders.** We may use your PHI to provide appointment reminders or give you information about treatment alternatives or other health care services.
- **Law enforcement.** We may disclose PHI to government agencies and law enforcement personnel when the law requires it. For example, we report about victims of child abuse or neglect, or when ordered to do so in judicial or administrative proceedings. Also, if you have thoughts of self-harm or harm to others, we have the obligation to arrange for your safety.
- **National security and intelligence activities.** We may release PHI to authorized federal officials when required by law.

## Uses of PHI which you can object

- **Disclosures to family, friends, or others.** We may provide PHI to a person whom you tell us is involved in your care unless you object in whole. If you are unable to agree or object to such use, we may disclose PHI as necessary if we determine that it is in your best interest, emergency situations or you are a dependant minor.

## Your Rights Regarding PHI

- **Request Restrictions.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but we are not legally required to accept it. If we accept your request, we will honor that request except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. To request a restriction, contact the Privacy Officer at the Center.
- **Request confidential communications.** You have the right to ask that we send PHI to you at an alternate address. For example, you may wish to have appointment reminders and other information sent to a P.O.Box or an address different from your home address. We will accommodate reasonable requests. To make requests, let the receptionist know.
- **Inspect and copy.** You have the right to inspect and obtain a copy of medical information. The Center can deny your access to the designated data set as described in Center's policy 1420. To inspect and obtain a copy of your PHI, you must submit your request in writing to the Privacy Officer at the Center. We will make every effort to respond to your request within a 60-day period of time. You may be charged a fee to cover the costs.
- **Denial.** We will deny access to any personal health information that we feel:

1. is reasonably likely to endanger the life or physical safety of the individual or another person;
2. exercising professional judgment, makes reference to another person and access is reasonably likely to cause substantial harm to that other person;
3. has been requested by a personal representative and access by that person is reasonably likely to cause substantial harm to the individual or another person.

- **Copy of this privacy notice.** You have the right to request a paper copy of this notice.



## Concerns and Complaints

It is the responsibility of all Center Associates staff to listen to patient concerns or concerns voiced by family members or loved ones. The staff is responsible for initiating a response procedure. Patients who express a concern or complaint, or file a grievance, will not have their future access to care compromised in any way.

To share a concern or complaint, or to appeal any staff or Center action, you may contact the C.E.O. or Chair of the Quality Assurance Committee at (641) 752-1585.

## Terminating Services

We want you to leave our care knowing that you received effective services. We would appreciate, therefore, your contacting us before discontinuing services.

We will close your record when:

- ◆ You have had no contact with us for 7 months.
- ◆ You have selected or have been referred to another mental health provider.
- ◆ You have moved to another location outside of our catchment area.

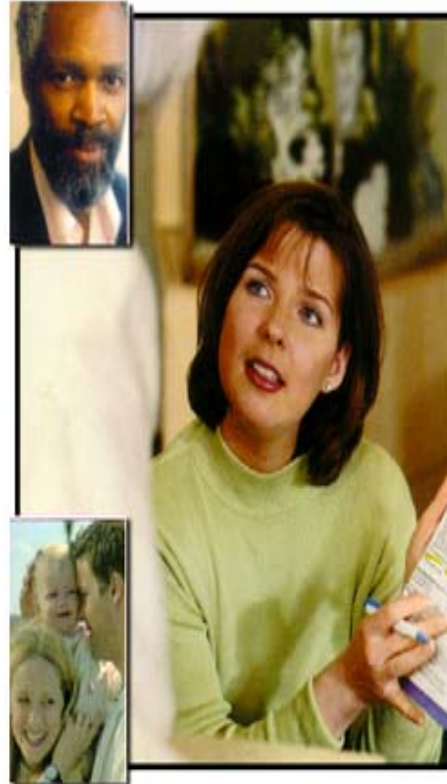
Our services to you remain confidential following termination of services.

Center Associates

Phone: (614) 752-1585



## Patients' Rights & Responsibilities



**Center Associates**  
**9 N. 4th Ave**  
**Marshalltown, IA 50158**  
**(641) 752-1585**

## Patients' Rights

As a patient at Center Associates you have many rights and responsibilities. The following is a summary of those.

Regarding your mental health care, you have the right to:

- ◆ Considerate and respectful care
- ◆ Be treated with dignity and participate fully in all aspects of your care
- ◆ Receive information about your diagnosis, condition and treatment in terms that you can understand.
- ◆ Be given an explanation of all interventions and to be informed about the outcome of your care.
- ◆ Refuse treatment to the extent permitted by law and to be informed of the possible consequences of the refusal
- ◆ Know the names and professional titles of your caregivers
- ◆ Request a change of your mental health care provider.
- ◆ Obtain a second opinion if you so choose
- ◆ Personal Privacy
- ◆ Confidentiality regarding your clinical and personal records.

## Patients' Rights Cont'd

- ◆ Mental health care without discrimination based on race, religion, national origin, gender, age, sexual orientation, or disability
- ◆ Prompt, reasonable and courteous responses to any request for services within the center's capacity
- ◆ Receive care in a safe and secure environment, free from abuse or harassment
- ◆ Use the services of an interpreter and have access to assistive devices, when needed
- ◆ Confidentiality regarding your clinical and personal records
- ◆ View your clinical records within the limits of the law
- ◆ An explanation of all items on your bill
- ◆ Be involved in discharge planning from time of your admission.
- ◆ Receive information about continuing health care needs and planning for care after leaving the center
- ◆ Express concerns or formal grievances regarding your care to center staff or to the Center's Director

## Patients' Responsibilities

Regarding your mental health care, you are responsible for:

- ◆ Providing accurate and complete information about all matters pertaining to your mental and physical health, including medications and past or present health or mental health problems.
- ◆ Reporting changes in your condition or symptoms to a member of your mental health care team
- ◆ Asking your clinician what to expect regarding assessment and treatment options.
- ◆ Informing your clinician when you are experiencing mental and physical health symptoms and asking for treatment measures when symptoms are not relieved by prescribed treatment measures.

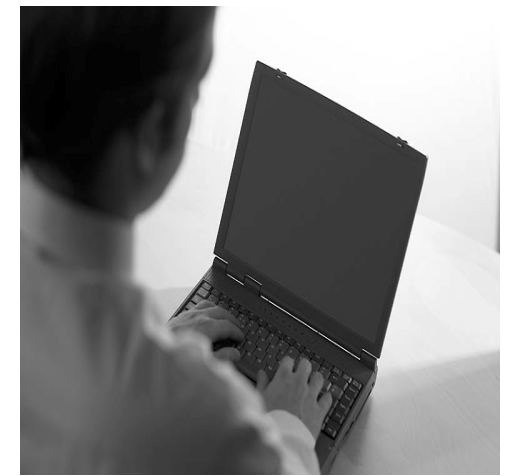


## Patients' Responsibilities Cont'd

- ◆ Following the instructions and advice of your mental health care team. If you refuse treatment or do not follow the instructions or advice, you must accept the consequences of your decisions.
- ◆ Identifying and reporting any safety concerns that may affect your care.
- ◆ Notifying a member of the mental health care team if you do not understand information about your care or treatment.
- ◆ Informing your clinician if you are not satisfied with any aspect of your care.
- ◆ Participating in the planning of your care, including how you would like things to be when services end.
- ◆ Providing timely information regarding your health insurance.
- ◆ Paying your bills or making arrangements with Center Associates to meet your financial obligations in a timely manner.
- ◆ Keeping your scheduled appointments or canceling your appointments in advance, when possible.
- ◆ Acting in a considerate and cooperative manner
- ◆ Respecting the rights and property of others.
- ◆ Following the policies and procedures of Center Associates affecting your care.

## To Make Your Therapy More Effective & Rewarding, Please:

- ◆ Don't censor your thoughts or feelings. Be open and honest with yourself and your clinician.
- ◆ Make a commitment to change even though it will entail hard work.
- ◆ Attempt to accomplish as much as possible within the time frame of the session.
- ◆ Work with your clinician to set an agenda for each session to achieve your goals. This may include mutually agreed upon assignments to be completed outside the therapy session.
- ◆ Attend sessions on time and on a regular basis and decide with your clinician how many sessions you think reaching a goal will take. You are aware of the center's now show and last minute cancellation policies.
- ◆ Allow your clinician to guide you back to the goals you've set if the session gets off course. You do the same with your clinician.
- ◆ Be actively involved in a collaborative relationship. Speak to your clinician about your concerns. The two of you must work together.
- ◆ Agree to at least one final session or call your clinician directly before prematurely terminating treatment.



## Meeting Your Needs

### Confidentiality

All patient health information, whether stored electronically, in the medical record, or obtained by any other means, is treated as private and confidential, with the exception of information falling under provisions noted in our privacy policy. All Center Associates staff members take precautions to assure the privacy and confidentiality of patients.

### Access to Your Medical Record

If you would like to access your designated medical record, please talk to your clinician. The medical record is the property of Center Associates. You have a right to review, on request, a copy of your designated medical record and/or receive a copy of your designated medical record for reasonable copying charges. Please obtain a request form from our medical records department and put your request in writing.