



NOTICE OF PRIVACY PRACTICES

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

If you have any questions about this Privacy Notice or want more information, please contact our Privacy Officer at WellSource, 641-424-2075, or in writing at 235 South Eisenhower Avenue, Mason City, IA 50401.

Protected Health Information. While receiving care from WellSource, Inc., information regarding your medical history, treatment, and payment for your health care may be originated and/or received by us. Information which can be used to identify you and which relates to your past, present, or future health condition, receipt of health care or payment for health care is termed Protected Health Information or PHI.

Your PHI will not be sold, used, or disclosed for marketing or fundraising. Except in certain situations outlined below, we shall obtain your specific written authorization to release your PHI. Your authorization will be obtained to release psychotherapy notes for most uses and disclosures. You may revoke any authorization at any time but you must do this in writing.

Our Responsibilities. Federal and State laws impose certain obligations and duties upon us as a covered health care provider with respect to your Protected Information. Specifically, we are required to:

- Provide you with a notice of our legal duties and WellSource's policies regarding the use and disclosure of your Protected Information;
- Maintain the confidentiality of your Protected Information in accordance with state and federal law;
- Abide by the terms of this notice;
- Respect your rights regarding requests for restrictions of uses and disclosures, requests for access to your information, requests for amendment, requests for accountings of disclosures, requests for revoking authorizations, and requests for alternative communications.

How your Protected Information may be used and disclosed. Generally your Protected Information will not be disclosed without prior written authorization. However we may disclose your Protected Information without your consent in the following situations:

You waive your right to confidentiality of mental health records when you assert your mental or emotional condition as a claim or defense.

Treatment Purposes: Mental Health Information may be disclosed for the purpose of providing additional treatment if you have made a written request. Additionally we may disclose mental health information to other providers of professional services who may be involved in your care.

Examples: We may provide your primary physician a list of medications that have been prescribed to you by WellSource, Inc.'s providers so that your physician can best treat your medical problems. We may also have contact with your pharmacist in order to get your prescriptions filled correctly. This may also include sharing information with other professionals that are on your treatment team such as a case manager. We may also contact you to provide appointment reminders which may be by telephone including leaving a message on an answering machine or by mailing you a reminder. We may also contact you to provide information about treatment alternatives or related services that may be of benefit to you.

Custody of Children: Unless otherwise ordered by the court in the custody decree, or other court order, both parents shall have legal access to information concerning the child including but not limited to medical, educational, and law enforcement records.

Emergencies: Mental health information may be disclosed at any time to another facility, physician, or mental health professional in cases of a medical emergency.

Payment and Operations: WellSource, Inc. contracts with a Clearinghouse for billing and payment operations. Pursuant to an authorization from you to provide a third party payer information for payment purposes we may release the minimum necessary information that is required for billing through the Clearinghouse without a specific authorization from you. The Clearinghouse must abide by confidentiality and use and disclosure laws as set out in this Notice and any other applicable law and as specified in the Business Associate Agreement. We may disclose information to other Business Associates for Healthcare Operation purposes including our Auditor, Legal Counsel, Medical Director, or any Business Associate that performs services on our behalf. Where possible the information will be de-identified or minimum necessary information will be disclosed. All Business

Associates must abide by confidentiality and use and disclosure laws as set out in this Notice and any other applicable law as specified by the Business Associate Agreement.

Collections: Information necessary to collect payment on an unsettled account. You will receive special notice prior to us disclosing information to collection agencies.

Research and Health Oversight: While WellSource does not engage in research on a regular basis, research projects may be allowed. The policies and procedures concerning research must be adhered to.

Mental health information may be disclosed for conducting scientific research and data research, management audits, or program evaluations of WellSource. In most cases we will remove any information that can identify you and, persons conducting audits and evaluations are also held to keeping your Protected Information confidential.

Specific authorization by law:

When otherwise specifically required by other states or the federal government by laws that specifically relate to the protection of human health and safety.

When specifically authorized by provisions relating to hospitalization of persons with mental illness.

When specifically authorized by provisions relating to government support of individuals with mental illness.

Child or Dependent Adult Abuse: WellSource, Inc. employees are mandatory reporters of child abuse and must disclose information necessary to report any known incident of child or dependent adult abuse under requirements by law.

Court Order: Court orders may authorize disclosures.

Commitment: Disclosure may be made to initiate or complete civil commitment proceedings.

Family members: We may disclose information to family members if you are diagnosed as having a chronic mental illness. The information is limited to a summary of your diagnosis and your prognosis, a list of your medications and your history of the last six months of compliance in taking these medications, and your treatment plan. The family member must be directly involved in your care or monitoring your treatment and this must be verified by the treating physician, mental health professional or someone other than the family member involved in your care. **However, if you are not incapacitated you have the right to agree or object to disclosures to family members.**

Workers Compensation: We may release PHI to comply with laws relating to workers compensation or other similar programs.

Social Security Administration: We may release PHI for eligibility and benefit determinations.

Victims of abuse and neglect: If we feel disclosure is necessary to prevent serious harm to you or others we may disclose information if you are incapacitated and unable to agree to the disclosure. Disclosure will be made only if failure to release the information would adversely affect a law enforcement activity and only if the information will not be used, in any way, against you.

Law enforcement: We may release your PHI to law enforcement for the following purposes:

- Pursuant to a court order, subpoena, or warrant.
- Identifying or locating a suspect, fugitive, or material witness or missing person.
- If you are a crime victim, but only if you consent, or if you are unable to consent and the information is necessary to determine if a crime has occurred, non-disclosure would significantly hinder the investigation, and disclosure is in your best interest.
- To alert law enforcement if a person's death was caused by suspected criminal conduct.
- By emergency care personnel if the information is necessary to alert law enforcement of a crime, the location of a crime, or characteristics of the perpetrator.

Coroner, Medical Examiners, Funeral Homes: PHI may be released to a coroner or medical examiner in order to identify a deceased person, determine the cause of death, or other duties authorized by law. Protected Information may be released to funeral directors to carry out their duties.

Specialized Government Functions:

- Military and veterans activities.
- National security and intelligence activities.
- Protective service of the President and others.
- Medical suitability determinations for the Department of State Officials.
- Correctional institutions and law enforcement custodial situations.
- Provisions of public benefits.

Public Health Activities:

- Preventing or controlling disease, injury, or disability.
- Reporting births or deaths.
- Reporting reactions to medications or problems with products.
- Notifying individuals exposed to disease who may be at risk for contracting or spreading the disease.

Your Rights. Federal and state laws grant you certain rights with respect to your Protected Health Information. Specifically you

- Request that certain uses and disclosures of your PHI be restricted. However, we have the right to refuse your request in certain instances. The request needs to be in writing using a form provided by the Mental Health Center of North Iowa, Inc.
- Have access to your PHI. However, we have the right to deny this request in certain instances. Requests for review or copies of your information need to be done in writing using a form provided by the Mental Health Center of North Iowa, Inc.
- Request that your information be amended. We can only amend the information that has been produced by an employee of WellSource, Inc. and may be denied in certain instances. A request for amendment can be done by requesting and completing a form provided by WellSource, Inc.
- Obtain an accounting of certain disclosures by us of your protected information since April 14, 2003. An accounting can be requested by completing a form provided by WellSource, Inc.
- Revoke any prior authorizations for use or disclosure except to the extent the action has already been taken. Revocations can be done by requesting and completing a form provided by WellSource, Inc.
- Request that any communications to you are done by an alternative means or at alternative locations such as a different mailing address or phone number.
- Request an Electronic Copy of Electronic Medical Records.
- Ask that certain uses and disclosures of your PHI be restricted including release to your health plan if the disclosure is for payment or health care operations and the cost of the health care item or service has been 100% paid by you and not your health plan.
- Receive notice of any unauthorized release of your unsecured PHI.
- Receive notice of our policies and procedures used to protect your Protected Information.

For More Information or to Contact Us:

For more information, or to receive a copy of this notice please contact the Privacy Officer. Any complaints can be reported to the Privacy Officer at WellSource, Inc. You can also report any complaints to the U.S. Secretary of the Department of Health and Human Services. WellSource, Inc. is obligated by law to refrain from any intimidating or retaliatory acts against any individual for filing a complaint or assisting in the investigation of a complaint. Contact:

Wellsource, Inc.
ATTN: Privacy Officer
235 South Eisenhower or 641-424-2075
Mason City, IA 50401

Effective Date:

This notice becomes effective on August 26, 2014. Please note we reserve the right to revise this notice at any time. A current notice of our privacy practices may be obtained from our website at: www.wellsourcehealth.org.