

# HEARTLAND FAMILY SERVICE

## NOTICE OF PRIVACY PRACTICES OF HEARTLAND FAMILY SERVICE

EFFECTIVE DATE  
December 1, 2022

**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.**

When you receive mental health treatment or other services at Heartland Family Service, we maintain a record of your care, which could include **Protected Health Information**. "Protected Health Information" is information about you that relates to your past, present or future physical or mental health condition and related healthcare services. This Notice of Privacy Practices describes how and when we may use or disclose your protected health information.

We are required by law to maintain the privacy of your protected health information, and to provide you with notice of our legal duties and privacy practices. When changes are made in our privacy practices, we will revise this notice and the information will be posted in our waiting areas. You may also request and receive a revised Notice of Privacy Practices by accessing our website at [www.heartlandfamilyservice.org](http://www.heartlandfamilyservice.org), or by calling the office and requesting a revised copy to be sent to you in the mail or asking for one at your next appointment. We reserve the right to make the revised notice applicable to all information that we have about you.

### Uses and Disclosure of Protected Health Information

It is our policy to request your permission for every disclosure of protected health information to third parties, except as listed in this notice. Please read this notice carefully so you will understand your rights to privacy, and the legally permissible limitations of these rights. If you choose to sign an authorization to disclose information, you may, revoke that authorization to stop any future uses and disclosures except to the extent that action has already been taken.

If your health information includes any evaluation or treatment of a substance related disorder, it is subject to additional protections of federal law. The information cannot be released to anyone, including the parents of a minor child, without the client's permission, except by court order. It cannot be re-disclosed to any other sources without your specific authorization. When federal laws provide additional protection related to the terms of this notice, it will be indicated in this notice.

**Your Individual Rights:** You have several rights with regard to your health information, including the following:

**Receive Confidential Communication:** You have the right to request that your protected health information be communicated to you in a confidential manner, in certain situations, such as sending mail to an address other than your home.

**Choose to Participate in Research:** Our agency policy requires client permission before any identifiable information is shared with a researcher. We may disclose your information only when a review board approves the research, and they have a process for ensuring the privacy of your information.

**Inspect and Copy Information:** You have the right to request to review and copy your protected health information, unless we believe that such disclosure might pose a danger to the health, safety or well-being of yourself and/or another person. For those records we maintain in an electronic format, you have the right to request a copy in electronic format. You may not inspect information

compiled in anticipation of litigation, or information subject to a law that prohibits access. You may appeal a decision to restrict your access to your record.

**Request to Amend Healthcare Information:** If you believe that information in your record is incorrect or if important information is missing, you may ask us to amend it. If there is a mistake, a note will be entered into the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you feel the record is inaccurate. The information will be included in the record and disclosed when you authorize us to release your record. We may deny your request and will notify you of our decision in writing.

**Receive an Accounting:** You have the right to receive an accounting of disclosures of your protected health information for six years prior to your request. The accounting of disclosures does not include information that was used for treatment, payment or operations activities,

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through your authorization, disclosures to you, national security or intelligence purposes, law enforcement officials, or information that is part of a limited data set.

**Request for Restrictions:** You have the right to request a restriction or limitation on the protected health information we disclose about you for treatment, payment, or health care operations or to persons involved in your care. We are required to agree to your request to not disclose health information to your health insurance carrier only in the event that you pay out-of-pocket in full for all expenses related to services you request to be restricted. If we receive an Authorization to Release Information from you dated after the date of your requested restriction, we will assume you have withdrawn your request for restriction. We are not required to agree to other requests for restrictions and will notify you if we are unable to agree.

## Uses and Disclosures of Protected Health Information Not Requiring a Specific Authorization

**Treatment:** Within Heartland Family Service, we will use or disclose your protected health information for treatment including the provision, coordination or management of your treatment. Information obtained by your therapist will be noted in your record and may be used to determine the course of treatment. Treatment includes consultation between providers within the agency, clinical supervision of your treatment, or the referral of a client from one provider to another within the agency. For example, a therapist may use your protected health information to determine which treatment option best addresses your healthcare needs.

**Payment:** Your protected health information will be used for a broad range of payment activities including reimbursement, eligibility and coverage determinations, billing and claims management coverage and utilization review activities. For example, in order to receive payment from an insurance company, we must submit paperwork that releases protected health information because it identifies you, your diagnosis, and the treatment provided to you.

**Healthcare Operations:** We may use or disclose your protected health information to carry out some business activities of the agency such as data entry, quality monitoring, licensing, or accreditation of the program. We may share your protected health information with third party "business associates", "qualified service organizations" or "health information organizations" that perform activities such as billing, quality reviews or health information exchanges. When we do this, we will have a written contract that contains terms that protect your privacy or obtain individual permission when required by law.

**Emergency Notification:** In an emergency situation, we may use or disclose your protected health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.

**Notice in the Case of Breach:** You have the right to receive notice of an access, acquisition, use or disclosure of your information that is not permitted by HIPAA, if such access, acquisition, use or disclosure compromises the security or privacy of your protected health information. We will provide such notice to you without unreasonable delay but in no case later than 60 days after discovery of the Breach.

**How to Exercise Your Rights:** Please discuss any questions, concerns, or problems you may have with your therapist. If you continue to have any of the above, please feel free to contact our Privacy Officer. Contact information is at the end of this notice.

**Serious Threat to Health or Safety:** We may disclose your protected health information if we have reason to believe that you or another person are at serious risk of harm.

**Health Related Benefits and Services:** We may use your protected health information to provide appointment reminders. Also, we may look at your record and determine that another treatment or new service may be of benefit to you and contact you regarding these services.

**Fundraising Activities:** We may use *only* non-identifiable information about you and the treatments you received to prepare our fundraising materials unless we receive written consent from you to use identifiable information. You have the right to revoke any written consent at any time.

**Abuse or Neglect:** If we believe a child or dependent adult has been a victim of abuse or neglect, we may disclose protected health information to the governmental agency designated to receive reports of abuse and neglect.

**Public Health Activities:** If required by State Public Health Laws, we may disclose your protected health information to a public health authority that is permitted to collect or receive the information. We may be required to report information to help prevent or control disease, injury, or disability.

**Health Oversight Activities:** We may disclose your protected health information to appropriate authorities for activities such as monitoring, investigating, inspecting, and disciplining or licensing those who work in the healthcare system or for government benefit programs.

**Research:** Non-identifiable information may be shared with approved researchers without requiring consent.

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**Law Enforcement:** We may release certain medical information if asked to do so by law enforcement official:

- As required by law, including reporting wounds and physical injuries;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if we obtain the individual's agreement or, under certain limited circumstances, if we are unable to obtain the individual's agreement;
- To alert authorities of a death we believe may be the result of criminal conduct;
- Information we believe is evidence of criminal conduct occurring on our premises; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Where limited by State or federal law, we will use and disclose your medical information within the limits of such law.

**Law Enforcement Custody** if you are in a correctional institution or other law enforcement custodial situation, we may disclose your protected health information to a correctional institution or law enforcement official.

**Judicial and Administrative Proceedings:** We may disclose your protected health information in response to a specific order of a court or administrative tribunal, and under certain conditions in response to a subpoena, discovery

request or other lawful process. It is our agency policy to make a reasonable effort to notify you, should we receive such an order, in the event that you wish to object to the court action.

**Military, National Security or Intelligence Activities:** Under certain conditions, if you are involved with the military, national security, or intelligence activities, we may release your health information to the proper authorities so that they may carry out their duties.

**Disclosures Required by Law:** We will use and disclose your information as required by federal, State or local law. Additionally, we may disclose medical information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Charges Against Provider:** In the event you should file suit against us, we may disclose health information necessary to defend such action. Also, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate and determine our compliance with the law.

**Incidental Uses Disclosures:** There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conduct our business. For example, a staff member may need to use your name in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

## Special Note Regarding Use of E-Mail Communications

It may be convenient for you to communicate with us using E-Mail. However, please be aware that there are risks in regard to your privacy: 1. E-mail is sometimes monitored by employers, 2. E-mail may be accessed intentionally or unintentionally by persons you did not send it to, and 3. E-mail may not be accessed regularly by agency staff, and therefore should never be used for urgent communications. E-mails regarding your service or treatment are maintained as part of your confidential record. Please discuss any questions with your therapist.

## Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we have made about access to your record, you may contact the individual listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The individual listed below can provide you with the appropriate address upon request. Under no circumstances will you be retaliated against for filing a complaint.

## Contact Information

If you have any question or complaints, please contact the Heartland Family Service Privacy Officer:

Privacy Officer  
Heartland Family Service  
2101 South 42nd Street  
Omaha, NE 68105  
402-553-7457  
1-877-553-3001 (toll free)  
HIPAA@heartlandfamilyservice.org