



MAGNOLIA
CONNECTION

where hope blossoms

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1300 Turnberry Dr., STE 4
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HIPAA PRIVACY STATEMENT: NOTICE OF PRIVACY RIGHTS

This notice contains information concerning how confidential mental health treatment information concerning you may be used and disclosed by Magnolia Connection and how you can obtain access to this information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please review it carefully and let Magnolia Connection know if you have any questions concerning this notice.

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

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

“PHI” refers to information in your health record that could identify you.

“Treatment, Payment, and Health Care Operations”

Treatment is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist.

Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we bill your credit card provided with the date of service. As Magnolia Connection is out of network, we will not submit to your insurance carrier. However, we may be requested to disclose

PHI for confirmation of services after you have provided the superbill to your health insurer. It is important to note that this information may become part of your permanent medical record if you opt to share it with them.

Health Care Operations are activities that relate to the performance and operation of our 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 our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.



info@magnoliaconnection.com



“Disclosure” applies to activities outside of our practice, such as releasing, transferring, or providing access to information about you to other parties.

“Authorization” is your written permission to disclose confidential mental health information. All authorizations to disclose must be on a specific legally required form.

II. Other Uses and Disclosures Requiring Authorization

Magnolia Connection may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances when we are asked for information for purposes outside of treatment, payment, or health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing Psychotherapy Notes. “Psychotherapy Notes” are notes the provider has made about a conversation during a private, group, joint, or family counseling session, which have been kept separate from the rest of the 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) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

Magnolia Connection may contact you (through approved methods agreed upon by you) to remind you of appointments and to tell you about treatments or other services that might be of benefit to you. IntakeQ is a HIPAA compliant electronic health record that allows direct messaging to the designated email or mobile number provided.

III. Uses and Disclosures without Authorization

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

Child Abuse – If we know or have reasonable cause to suspect that a child has been abused or neglected, we must report the matter to the appropriate authorities as required by law.

Adult and Domestic Abuse – If we suspect that an adult has been abused, neglected, or exploited and we have reasonable cause to suspect that the adult is incapacitated or dependent, we must report the matter to the appropriate authorities as required by law.

Health Oversight Activities – We may disclose PHI to the Iowa Board of Examiners of Psychologists, or one of its representatives, pursuant to standards or regulations for regulation, accreditation, licensure, or certification.

Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment or the records thereof, such information is privileged under state law, and we will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety – If, in your provider’s reasonable professional judgment, she or he believes that you pose a direct threat of imminent harm to the health or safety of any individual, including yourself, she or he may disclose PHI to the appropriate persons.

When required to report a threat to the national security of the United States.

When disclosure is compelled by a search warrant lawfully issued by a governmental law enforcement agency.

Worker’s Compensation – We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker’s compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Financial Institutions - We may share your Protected Health Information (PHI) with financial institutions if there are inquiries or disputes regarding services rendered or payments made. This can include, but is not limited to, resolving financial disagreements.

Emergencies: In life-threatening emergencies, Magnolia Connection will disclose information necessary to avoid serious harm or death.

Crimes on the Premises or Observed by Staff: Crimes that are observed by Magnolia Connection (or other staff) that are directed towards staff, or that occur on the premises will be reported to law enforcement.

Consultation or Referrals: In order to assist with the assessment and diagnosis of you or your child’s mental health condition, Magnolia Connection may be required to consult with another licensed health care provider. During such consultations, my provider will not reveal any personal identifying information regarding family members, my caregivers, or myself. I further agree to allow my provider to release information on an “as needed basis” for clinical, ethical, and legal consultation with appropriate professionals. I understand that Magnolia Connection may also employ business associates (including electronic health records and office staff), who are also subject to HIPAA laws for protecting health information.

IV. Patient's Rights and Provider'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. However, we are 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 can request an alternative mailing address.)

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases you may have this decision reviewed. We must permit you to request access to inspect or to obtain a copy (or both) of Psychotherapy Notes, unless we believe that such access would be detrimental to your health. If you are denied access to Psychotherapy Notes, it is possible upon presentation of a written authorization signed by you that such notes or a “narrative” of the notes may be made available to your “authorized representative.” On your request, we will discuss with you the details of the request and denial process.

Right to Amend – You have the right to request Magnolia Connection amend PHI for as long as the PHI is maintained in the record. Magnolia Connection is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your written request, if relevant, along with the appeal process available to you.

Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI. However, the accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you or to signed authorizations. On your request, we will discuss with you the details of the accounting process. If you request an accounting of disclosures, this will be done during the appointment time.

Right to a Paper Copy – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.

Provider's Duties:

Magnolia Connection is required by state and federal law to maintain the privacy of protected health information. In addition, Magnolia Connection is required by law to provide clients with

notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this notice.

Magnolia Connection reserves the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.

If we revise our policies and procedures, Magnolia Connection will provide you with a revised notice either in person or by mail.

If you desire additional information about your privacy rights, please ask any questions you may have.

V. Complaints

If you are concerned that a provider or member of our practice has violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact:

Magnolia Connection
ATTN: HIPAA Complaints
1300 Turnberry Drive, Suite 4
Norwalk, IA 50211

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

US Department of Health and Human Services
ATTN: Office of Civil Rights
200 Independence Ave SW
Room 515F; HHH Building
Washington DC 20201

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on January 1, 2022.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by U.S. mail or in person.