

Grapevine Clinical Privacy Practices

THIS NOTICE INVOLVES YOUR PRIVACY RIGHTS AND DESCRIBES HOW INFORMATION ABOUT YOU MAY BE DISCLOSED, AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Confidentiality

As a rule, your provider will disclose no information about you, or the fact that you are their patient, without your written consent. Your mental health records will describe the services provided to you and contains the dates of sessions, diagnosis, functional status, symptoms, prognosis and progress, and any psychological testing reports. Health care providers are legally allowed to use or disclose records or information for treatment, payment, and health care operations purposes. However, your provider will not routinely disclose information in such circumstances, so you will be required to give your permission in advance, either through your consent at the onset of the therapeutic relationship (by signing the attached general consent form), or through your written authorization at the time the need for disclosure arises. You may revoke your permission, in writing, at any time, by contacting me.

II. “Limits of Confidentiality”

Possible Uses and Disclosures of Mental Health Records without Consent or Authorization

There are some important exceptions to this rule of confidentiality some exceptions created voluntarily by Grapevine Clinical, (because of policies in this agency), and some required by law. If you wish to receive mental health services from Grapevine Clinical, you must sign the attached form indicating that you understand and accept these policies about confidentiality and its limits. We will discuss these issues now, but you may reopen the conversation at any time during your therapeutic work with this agency.

Your provider may use or disclose records or other information about you without your consent or authorization in the following circumstances, either by policy, or because legally required:

Emergency:

If you are involved in in a life-threatening emergency and your provider cannot ask your permission, your provider will share information if they believe you would have wanted them to do so, or if they believe it will be helpful to you.

Child Abuse Reporting:

If your provider has reason to suspect that a child is abused or neglected, I am required by Iowa law to report the matter immediately to the Iowa Department of Social Services.

Adult Abuse Reporting:

If your provider has reason to suspect that an elderly or incapacitated adult is abused, neglected or exploited, I am required by law to immediately make a mandatory report and provide relevant information to authorized parties.

Serious Threat to Health or Safety:

If you communicate to your provider a specific and immediate threat to cause serious bodily injury or death, to an identified or to an identifiable person, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect third parties. These precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization. By my own policy, I may also use and disclose medical information about you when necessary to prevent an immediate, serious threat to your own health and safety. If you become a party in a civil commitment hearing, I can be required to provide your records to the magistrate, your attorney or guardian ad litem, a CSB evaluator, or a law enforcement officer, whether you are a minor or an adult.

Other uses and disclosures of information not covered by this notice or by the laws that apply to me will be made only with your written permission

III. Patient’s Rights and Provider’s Duties:

Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of protected health information about you. You also have the right to request a limit on the medical information disclosed about you to someone who is involved in your care or the payment for your care. If you ask your provider to disclose information to another party, you may request that your provider limit the information disclosed. However, your provider is not required to agree to a restriction you request. To request restrictions, you must make your request in writing, and tell me: 1) what information you want to limit; 2) whether you want to limit my use, disclosure or both; and 3) to whom you want the limits to apply.

Right to an Accounting of Disclosures

You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in section III of this Notice). On your written request, your provider will discuss with you the details of the accounting process

Right to Inspect and Copy

In most cases, you have the right to inspect and copy your medical and billing records. To do this, you must submit your request in writing. If you request a copy of the information, your provider may charge a fee for costs of copying and mailing. Your provider may deny your request to inspect and copy in some circumstances. Your provider may refuse to provide you access to certain psychotherapy notes or to information compiled in reasonable anticipation of, or use in, a civil criminal, or administrative proceeding.

Right to Amend

If you feel that protected health information about you is incorrect or incomplete, you may ask your provider to amend the information. To request an amendment, your request must be made in writing, and submitted to your provider. In addition, you must provide a reason that supports your request. Your provider may deny your request if you ask them to amend information that: 1) was not created by them, your request will be added to the information record. 2) is not part of the medical information kept by your provider; 3) is not part of the information which you would be permitted to inspect and copy; 4) is accurate and complete.

Right to a copy of this notice

You have the right to a paper copy of this notice. You may ask me to give you a copy of this notice at any time. Changes to this notice: Grapevine Clinical reserves the right to change its policies and/or to change this notice, and to make the changed notice effective for medical information already received about you as well as any information that may be received in the future. The notice will contain the new effective date. A new copy will be given to you or posted in the waiting room. Copies of the current notice are available upon request.

Complaints: If you believe your privacy rights have been violated, you may file a complaint. To do this, you must submit your request in writing to this office. You may also send a written complaint to the U.S. Department of Health and Human Services.

Grapevine Clinical LLC Patient’s Acknowledgement of Receipt of Notice of Privacy Practices:

Please sign, print your name, and date this acknowledgement form.

I have been provided a copy of Grapevine Clinical LLC’s Notice of Privacy Practices.

We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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