

NOTICE OF PRIVACY PRACTICES

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C § 132d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Mood Food Wellness may not say to a person outside Mood Food Wellness that you attend the program, nor may Mood Food Wellness disclose any information identifying you as a client, or disclose any other protected information except as permitted by federal law.

Mood Food Wellness must obtain your written consent before it can disclose information about you for payment purposes. For example, Mood Food Wellness must obtain your written consent before it can disclose information to your health insurer in order to be reimbursed for services. Mood Food Wellness is also required to obtain your written consent before disclosing any of your behavioral healthcare records. Generally, you must sign a written consent before Mood Food Wellness can share information for treatment purposes or for health care operations. However, federal law permits Mood Food Wellness to disclose information *without* your written permission:

1. To medical personnel in a medical emergency;
2. To appropriate authorities to report suspected child and/or dependent adult abuse or neglect;
3. As allowed by a court order;
4. If you threaten grave bodily harm or death to yourself (Duty to Protect);
5. If you threaten grave bodily harm or death to another person (Duty to Warn);
6. To report a crime committed on Mood Food Wellness premises or against Mood Food Wellness personnel;
7. Pursuant to an agreement with a qualified service organization / business associate.

Before Mood Food Wellness can disclose any information about you or your health care in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you orally or in writing.

Your Rights

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. Mood Food Wellness is only required to agree to your request if you request a restriction on disclosures to your health plan for payment or health care operations purposes, and you pay for the services you receive from Mood Food Wellness yourself (out-of-pocket), unless the disclosure is otherwise required by law. In any other situation, Mood Food Wellness is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. Mood Food Wellness will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by Mood Food Wellness, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceedings or in other limited circumstances.

NOTICE OF PRIVACY PRACTICES

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Life Change Solutions, Inc. records, and to request and receive an accounting of disclosures of your health related information made by Mood Food Wellness during the six years prior to your request. You also have the right to receive a paper copy of this notice.

Mood Food Wellness's Duties

Mood Food Wellness is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Mood Food Wellness is required by law to abide by the terms of this notice. Mood Food Wellness reserves the right to change the terms of the notice and to make new notice provisions effective for all protected health information it maintains. You may obtain a copy of the updated Notice of Privacy Practices through either a verbal or written request. The updated Notice of Privacy Practices will be mailed to you at the address that Mood Food Wellness has on file unless you specifically request the information be provided to you by alternative means or at an alternative location. .

Complaints and Reporting Violations

You may complain Mood Food Wellness to the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You will not be retaliated against for filing such a complaint. The process for filing a complaint with the United States Department of Health and Human Services can be found at the webpage: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

Contact

For further information, contact Emily Harbacheck, Owner, Mood Food Wellness:
1911 4th St SW Ste. C
Mason City, IA 50402
641-525-0514

Effective Date

This Notice of Privacy Practices is effective 10/01/2017.