

NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices includes the following locations:

1642 42nd Street NE, Cedar Rapids, IA 52402 – Phone 319-377-2161 – Fax: 319-377-2094

1700 S 1st Ave, Suite 22, Iowa City, IA 52240

Your Information.

Your Rights and Choices

Our Responsibilities.

Effective Date: February 16, 2026

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Obtain an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 15 days of your request.
- We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communication

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment.

Receive a list of those with whom we've shared information

- You are entitled to an accounting (list) of disclosures of records (with some limitations) for treatment, payment, or health care operations for the prior three (3) years where such disclosures are made through an electronic health record. All other disclosures may have a six (6) year period.
- The first accounting in any 12 months will be provided to you for free; you may be charged a fee for each subsequent list you request within the same 12-month period.
- To request this list or accounting of disclosures, submit your request in writing to the Privacy Officer. Your request must state a time period not longer than six years from the date of the request. Your request should indicate what form you want the list (for example, on paper or electronically).

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- share information with your family, close friends, or others involved in your care
- share information in a disaster relief situation

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Our Uses and Disclosures

We typically use or share your health information *without your consent only* in the following limited circumstances:

Treating you.

Your therapist may share information about your case in collaborating with another Keys to Living therapist to better assist you. Your identifying information typically is not disclosed. *Example: Your therapist may discuss options for your treatment with a colleague to best design your therapy.*

Managing our organization.

We can use and share your health information to run our practice, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services.*

Billing for your services.

We can use and share your health information to bill and get payment from health plans or other entities. *Example: We give information about you to your health insurance plan so it will pay for your services.*

Collecting past due fees.

We may disclose limited information to a collections service to collect past due fees, but only after you have been given the opportunity to arrange for payment first and have not provided a timely response.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Comply with the law.

We will share information about you if state or federal laws require it.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law

- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order (including involuntary commitment proceedings), or in response to a subpoena.

Mental Health Records

While HIPAA allows for certain sharing of your personal health information, Iowa law is more stringent regarding its disclosure. Keys to Living Counseling Center adheres to Iowa Code Chapter 228 Disclosure of Mental Health and Psychological Information. Under Iowa Code Chapter 228, we may not disclose your mental health information except as specifically authorized by law or with your written consent.

Substance Use Disorder Treatment Records

Some of your records may be protected by a federal law called 42 C.F.R. Part 2 (often called “Part 2”). Part 2 provides extra privacy protections for records about substance use disorder diagnosis, treatment, or referral for treatment that are created by, or received from, certain specialized programs. These records are called “Part 2 records.”

We are not a federally assisted substance use disorder (SUD) treatment program under 42 CFR Part 2. However, we may receive SUD records from a Part 2 program that are subject to special federal confidentiality protections. We may use and redisclose your Part 2 records in many of the same ways we use and disclose other PHI under HIPAA—for example, for treatment, payment, and health care operations—but only as allowed by Part 2 and other applicable laws.

We will not use or disclose Part 2 records in a way that would violate 42 CFR Part 2. In general, we will not disclose these records without your written consent or a court order that complies with federal law, except as otherwise permitted by Part 2 (for example, for medical emergencies or to report suspected child abuse or neglect).

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information (“PHI”).
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will notify you of any breach of your unsecured PHI without unreasonable delay and no later than 60 days after we discover the breach. This notification will include a description of what happened, the types of information involved, steps you can take to protect yourself, what we are doing to investigate and prevent future breaches, and contact information for questions.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing, with a valid written authorization. If you tell us we can, you may change your mind at any time and revoke your prior authorization. Let us know in writing if you change your mind.
- **We never market or sell personal information.** If we were to ever market to you, we just first obtain an authorization.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website.

Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint. We will not retaliate against you for filing a complaint.

- You may file a complaint with Keys to Living Counseling Center by contacting the Keys to Living Privacy Officer at (319) 377-2161 or by mail at 1642 42nd Street NE, Cedar Rapids, IA 52402.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

Additional Information

Social Networking Sites

- Due to the restrictions of confidentiality and your therapist's code of ethics, he/she will not be able to respond to, or even acknowledge, any requests for communication via various social networking sites such as but not limited to "Facebook", "LinkedIn" etc.

Contact Information

For more information about this Notice or our privacy practices, please contact:

Tim Hunter, Keys to Living Executive Director and Privacy Officer
1642 42nd Street NE
Cedar Rapids, IA 52402
Phone: (319) 377-2161

For more information see:

<https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>

<https://www.legis.iowa.gov/docs/ico/chapter/228.pdf>

This Notice was adapted from U.S. Department of Health and Human Services and the Iowa Code Chapter 228.