NOTICE OF PRIVACY PRACTICES

Effective Date: January 2026
Peace of Mind Counseling Services, LLC
117 N Buxton Street, Indianola, IA 50125
Office: 515-962-5561 | Cell/Emergency: 515-314-0353

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.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that medical and mental health information about you is personal. We are committed to protecting your health information. We create a record of the care and services you receive at Peace of Mind Counseling Services, LLC. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all the records of your care generated by this practice, whether made by your therapist or others working in this office.

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition (with your permission).
- Provide disaster relief.
- Share information in a crisis situation.
- Market our services and sell your information (We do not do this).

OUR USES AND DISCLOSURES

We typically use or share your health information in the following ways:

1. To Treat You We can use your health information and share it with other professionals who are treating you.

- *Example:* Your therapist consults with another healthcare provider or psychiatrist about your treatment plan.

2. To Run 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 to manage your treatment and services or for quality improvement.

3. To Bill 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 (e.g., Iowa Medicaid/Wellpoint/Molina) so it will pay for your services.

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.

We may also share your information:

1. For Public Health and Safety Issues We can share health information about you for certain situations such as:

- Preventing disease.
- Reporting adverse reactions to medications.
- Mandatory Reporting (Iowa Law): Reporting suspected child abuse or dependent adult abuse.
- Preventing or reducing a serious threat to anyone's health or safety.

2. For Research We can use or share your information for health research only if you give us written permission.

3. As Required by Law We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

4. For Law Enforcement or Legal Actions We can share health information about you in response to a court or administrative order, or in response to a subpoena (with your authorization or as otherwise permitted by Iowa law).

5. To Address Workers' Compensation 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 (e.g., Iowa Board of Behavioral Science audits).
- For special government functions such as military, national security, and presidential protective services.

6. To Coroners, Medical Examiners, or Funeral Directors We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

SPECIAL IOWA NOTICES (Mental Health & HIV/AIDS)

1. Mental Health Information (Iowa Code Chapter 228) Mental health information is specially protected under Iowa law. We will not disclose your mental health information without your written authorization except as permitted or required by law.

- Administrative Disclosures: Per Iowa Code § 228.5, we may disclose mental health information to other providers or employees/agents *if and to the extent necessary* to facilitate the provision of administrative and professional services to you (e.g., billing, payment processing, case management).

- Family Members: We may disclose limited information to a spouse, parent, adult child, or adult sibling involved in your care if you have a chronic mental illness, provided specific conditions in Iowa Code § 228.8 are met.

2. HIV/AIDS Information (Iowa Code Chapter 141A) Information regarding HIV/AIDS status, testing, and treatment is strictly confidential. We will not disclose this information without your specific written authorization, except as strictly required by Iowa law (e.g., for public health reporting).

SPECIAL NOTICE REGARDING SUBSTANCE USE DISORDER (SUD)

Update Effective 2026 (Compliance with 42 CFR Part 2)

If you receive counseling or treatment for a substance use disorder (SUD) from a program covered by federal law (42 CFR Part 2), your SUD records are subject to stricter privacy protections than standard health information.

1. Confidentiality of SUD Records Federal law protects the confidentiality of substance use disorder patient records. Peace of Mind Counseling Services, LLC generally may not tell a person outside the program that you attend the program, or disclose any information identifying you as having a substance use disorder, unless:

- You consent in writing;
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

2. Use in Criminal and Civil Proceedings (The "Part 2 Shield") Under federal law, your SUD records may not be used to investigate or prosecute you in any criminal, civil, or administrative proceedings without a specific court order that meets complex regulatory requirements.

3. Single Consent for Treatment, Payment, and Operations (TPO) Under the updated 2026 regulations, if you sign a single written consent allowing us to share your SUD information for Treatment, Payment, and Healthcare Operations (TPO), your information may be shared for these purposes similarly to how general medical information is shared under HIPAA. Once your information is disclosed for TPO purposes pursuant to your written consent, the recipient may re-disclose it in accordance with HIPAA regulations, provided it is not used for legal proceedings

against you.

4. Reporting Violations Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney for the district in which the violation occurs, or to the Substance Abuse and Mental Health Services Administration (SAMHSA).

5. Exceptions for Abuse Reporting Federal law regarding SUD confidentiality does not protect any information about a crime committed by a patient either at the program or against any person who works for the program. Furthermore, federal laws do not protect any information about suspected child abuse or neglect from being reported under Iowa State law to appropriate State or local authorities.

YOUR RIGHTS IN DETAIL

Get an electronic or paper copy of your medical record: You can ask to see or get a copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request.

- *Fee Note:* We may charge a reasonable, cost-based fee for the costs of copying, mailing, or other supplies associated with your request. However, per Iowa law, we will not charge you for copies of records needed to support a claim or appeal for government benefits (e.g., Social Security Disability).

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

Request confidential communications: 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.

Get a list of those with whom we’ve shared information: You can ask for a list (accounting) of the times we’ve shared your health information, who we shared it with, and why, for six years prior to the date you ask. We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). *Note regarding SUD Records: You also have the right to request an accounting of disclosures made for treatment, payment, and health care operations if those disclosures were made through an Electronic Health Record (EHR).*

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.

File a complaint if you feel your rights are violated: You can complain if you feel we have violated your rights by contacting us at 515-962-5561 or peaceofmindindianola@therapysecure.com. You can also 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/. We will not retaliate against you for filing a complaint.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- 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. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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.

CONTACT INFORMATION

If you have questions about this notice or want to exercise your rights, please contact:
Privacy Officer: Andrew VanDenTop, Office Manager
Phone: 515-962-5561
Email: peaceofmindindianola@therapysecure.com
Mail: 117 N Buxton Street, Indianola, IA 50125

You may request a copy of this notice at any tim