**Notice of Privacy Practices**

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 LEGAL DUTY**

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect May 19, 2015, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request. For more information about our privacy practices or additional copies of this Notice, please contact us.

**USES AND DISCLOSURES OF HEALTH INFORMATION**

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

**Treatment:** We are permitted to use and disclose your health information to provide you with appropriate treatment. For example, we may use and disclose your health information to:

 Review and interpret your treatment plan

 Notify you of any issues or scheduling problems with your therapy

 Contact your treating physician to resolve questions about your therapy

**Payment:** We are permitted to use and disclose your health information to receive payment for our services. For example, we may:

 Bill you for your therapy

**Healthcare Operations:** We may use and disclose your health information in connection with our healthcare operations. For example, we may:

 Review and evaluate the performance of our therapist

 Send communications informing you the status of your therapy

 Collect medical and psychosocial history information from you

 Provide customer service

 Conduct audits and compliance programs

 Review and resolve grievances

**Music Moves may also share information with:**

**You:** We are permitted to disclose your health information to you. For example, we may inform you of the status and progress of your therapy. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits that may be of interest to you.

**Family members and others involved in your care:** In certain circumstances, we are permitted to disclose your health information to family members or other people involved in your care. For example:

If a family member calls Music Moves on your behalf, we may provide the family member with your information about your therapy, but only if he or she is able to be properly identified and authenticated and only if you have provided permission to Music Moves in advance.

This is done for the convenience of you and your family, so that the people close to you may continue to be involved in your care. If for any reason you do not want us to disclose your health information to your family members, you have the right to request a restriction as provided below in *Your Privacy Rights.*

**Courts and government bodies**: In certain circumstances, federal and state laws may require us to disclose your health information. We may also provide information to government agencies for healthcare- related investigations, audits, or inspections; to comply with workers' compensation laws; or for certain national security or intelligence activities. If you are involved in a legal matter, we may be ordered to provide your health information to a court or other party. In those cases, only the specific health information required by law, subpoena, or court order will be disclosed.

**Public health and safety entities:** We are also permitted to disclose your health information for certain purposes that have been determined to benefit the public as a whole. For example, we may disclose your health information to the Food and Drug Administration, to your local public health department, or to law enforcement agencies if the disclosure will prevent or control disease, or prevent a serious threat to the health and safety of an individual or the public.

**The Department of Health and Human Services:** We are required to disclose your health information to the Department of Health and Human Services, at its request, so it may investigate complaints and review our compliance with the HIPAA Privacy Standards.

**OTHER WAYS MUSIC MOVES MAY USE AND DISCLOSE YOUR INFORMATION:**

**To create "de-identified health information":** We may create data that cannot be linked to you by removing certain elements from your health information, such as your name, address, telephone number, and member identification (record) number. MUSIC MOVES may use this de-identified information to conduct certain business activities; for example, to create summary reports and to analyze and monitor the services we provide.

**Child Abuse:** If your therapist, in the ordinary course of professional practice, has reasonable cause to suspect or believe that any child under the age of eighteen years (1) has been abused or neglected, (2) has had non-accidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such child, or (3) is placed at imminent risk of serious harm, then your therapist must report this suspicion or belief to the appropriate authority.

**Adult and Domestic Abuse:** If your therapist knows or in good faith suspects that an elderly individual or an individual who is disabled or incompetent has been abused, the appropriate information as permitted by law may be disclosed. Health Oversight Activities: If the Professional Board of Examiners is investigating your therapist, the board may subpoena records relevant to such investigation.

**Judicial and Administrative Proceedings:** If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and will not be released 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 your therapist believes in good faith that there is risk of imminent personal injury to you or to other individuals or risk of imminent injury to the property of other individuals, the appropriate information, as permitted by law, may be disclosed.

**Worker’s Compensation:** TSI/CAAP may disclose protected health information regarding you 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.

**For other purposes:** We must obtain your written authorization if we want to use or disclose your health information for activities other than those listed above [and/or where state laws are more stringent]. If we need your authorization for certain activities, we will contact you. You may revoke your authorization at any time in writing.

**YOUR PRIVACY RIGHTS**

Music Moves is committed to complying with the HIPAA Privacy Standards while providing you with all the information you need to make informed decisions about your healthcare and therapy. The following describes your privacy rights under the HIPAA Privacy Standards:

**The right to request your Music Therapy Services "designated record set":** You may request a copy of your health information maintained by Music Moves your Music Moves designated record set. The Music Moves designated record set will contain health information specific to your therapy.

**The right to request amendments to your Music Therapy Services designated record set**: You may request changes to the information contained in your Music Moves designated record set. However, we are not required to honor your request if, for example, the information you want to amend is accurate and complete. When requesting an amendment, you must provide a reason to support your request.

**The right to request an "accounting of disclosures":** You may request a list or accounting of the non-routine disclosures of your health information that we have made. Examples may include disclosures to a court or government agency, to a public health and safety entity, for research, or to the Department of Health and Human Services. You may receive one accounting per year free of charge. For additional requests within a one-year period, we may impose a reasonable fee.

**The right to request a copy of this Notice:** You may request a copy of this Notice at any time. In addition to requesting a copy of this Notice in writing, you may find this Notice at musicmovesalbia.weebly.com.

**The right to request restrictions:** You may request restrictions on how we use and disclose your health information, and whether we disclose your health information to family members or others involved in your care. Although Music Moves is not required to agree to your restriction requests, we will try to honor your request to block health information from your family members. If Music Moves agrees to your restriction request, it is important to understand that your family members will no longer be able to act on your behalf or continue to be involved in your care, which may make our services less convenient for you and your family.

**The right to request "confidential communications" of your health information:** You may request that we send your health information to an address that is different than your family address (for example, your work address). Communications containing your health information will be sent to you at the address indicated. However, please note that certain billing information related to your therapy may continue to be mailed to the person with financial responsibility if that is someone other than you. If you request this confidential handling of your health information, it is important to understand that your family members will no longer be able to act on your behalf or continue to be involved in your care, which may make our services less convenient for you and your family. To exercise any of your privacy rights, please put your request in writing and mail it to Music Moves, Attn: Morgan Henderson, MT-BC 414 Washington Ave E Albia, IA 52531 To ensure the accuracy of your report, the request must include the following information: your name, full address, and date of birth.

**MUSIC MOVES RESPONSIBILITIES**

We are required by the HIPAA Privacy Standards to maintain the privacy and security of your health information. We must obey all of the applicable conditions of the HIPAA Privacy Standards and only use and disclose your health information as allowed by law. We are required to provide you with this Notice and to abide by the privacy practices outlined in this Notice. Music Moves reserves the right to change a privacy practice described in this Notice and to make the new privacy practice effective for all health information that we maintain. If we need to make a material change to this Notice, you will receive a new Notice by mail, e-mail, or other means permitted by the HIPAA Privacy Standards.

**PROTECTING YOUR HEALTH INFORMATION**

Because protecting your health information is important to us, we have taken steps that protect your health information from unauthorized uses and disclosures. We restrict access to your health information to those members of the Music Moves workforce who need this information to continue providing the therapeutic services that you need. We make your privacy a priority. To that end, we have trained and educated members of our workforce about the meaning and requirements of our privacy practices and their role in complying with the HIPAA Privacy Standards.

**PRIVACY COMPLAINTS**

If you have any concerns about our privacy practices, or if you feel your privacy rights have been compromised, you have the right to file a complaint with Music Moves at 414 Washington Ave E Albia, IA 52531 or with the United States Department of Health and Human Services. Please be assured that if you file a privacy complaint, your complaint will be handled in a professional manner, and you will not be subject to any type of penalty for filing the complaint.

**QUESTIONS?**

At MUSIC MOVES we want to make it easy for you to make informed healthcare decisions. If you have any questions about this Notice or our privacy practices as they relate to your music therapy services, you may call Music Moves at (641) 799-8579. This Notice is effective May 19, 2015.