



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.

Effective Date: October 31, 2025

PURPOSE

Midwest Mindful Health, PLLC, an Iowa Professional Limited Liability Company (referred to in this Notice as the “Practice,” “we,” or “us”) is required by State and Federal law to maintain the privacy of Protected Health Information (“PHI”). In addition, the Practice is required by law to provide you with this Notice of Privacy Practices (“Notice”).

This Notice describes

- Our legal duties and privacy practices regarding your PHI, including our duty to notify you following a data breach of your unsecured PHI.
- Our permitted uses and disclosures of your PHI.
- Your rights regarding your PHI.

By signing below, you confirm that you have read and understand this Notice. If you have any questions regarding Notice, please contact Meghan McCoy-Hess mmh@midwestmindfulhealth.com.

OUR DUTIES WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

What is Protected Health Information?

Your PHI is health information about you which someone may use to identify you and which we keep or transmit in electronic, oral, or written form.

This includes information such as:

- Your name;
- Your contact information;
- Your past, present, or future physical or mental health or medical conditions;
- Your payment for health care products or services;



- Or prescriptions.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- We must follow the duties and privacy practices described in this Notice and give you a copy.
- 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. Please let us know in writing if you change your mind.

Changes to this Notice

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

YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

When it comes to your health information, you have certain rights. This section explains your rights and what our responsibilities are to help you exercise those rights. You have the right to:

- Ask us to limit what we use or share.
- You have the right to request restrictions on certain uses and disclosures of PHI. The Company is not required to agree to a requested restriction if it impacts your care.
- If you pay for health care out-of-pocket, you may request that we not share that information for the purpose of payment or our operations with your health insurer. We will agree unless a law requires that we share the information.
- Request alternative means of receiving confidential communications.
- For these requests, you must specify how or where you wish to be contacted and we will accommodate reasonable requests.
- Inspect and obtain a copy of your PHI.



- Make amendments to your medical records.
- You may ask that we correct or amend PHI that we maintain about you that you think is incorrect or inaccurate.
- Request an accounting of disclosures. For these requests, we will include all disclosures except for those about treatment, payment, and health care operations, and other certain disclosures (including those you have asked us to make).
- Receive paper copy of this Notice.
- Make a complaint if you feel we have violated your rights.
- We will not retaliate against you for filing a complaint.
- You may either file a complaint:
 - By contacting Meghan McCoy-Hess in writing.
 - With the office for Civil Rights at the US Department of Health and Human Services by visiting www.hhs.gov/oct/privacy/hipaa/complaints/ or calling 1-800-368-1019.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Permissible Uses and Disclosures Not Requiring Your Written Authorization

Your PHI may be used and disclosed in the following ways, which do not require your written authorization:

- **Treatment:** Your PHI may be used and disclosed for purposes of treatment. For example, this may include coordinating and managing your health care with other health care professionals. In this example, your PHI may be used and disclosed when I consult with another professional colleague, or if you are referred for medication, or for coverage arrangements during my absence. In any of these instances, only information necessary to complete the task will be provided.
- **Payment:** Your PHI may be used and disclosed for purposes of payment. For example, this may include providing your PHI to develop accounts receivable information, to bill you, and with your consent to provide information to your insurance company or other third party payer for services provided. The use and disclosure of PHI for payment will be limited to the least amount necessary for the purposes of the disclosure.

- **Health Care Operations:** Your PHI may be used and disclosed in connection with our health care operations, including quality improvement activities, training programs and obtaining legal services. For example, this may include using and disclosing your PHI for evaluating practitioner and provider performance. The use and disclosure of PHI for health care operations will be limited to the least amount necessary for purposes of the health care operations.

Other Permitted or Required Disclosures Without Authorization

In addition to the foregoing, there are other purposes for which the Practice is permitted or required to use or disclose PHI without your written consent— 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, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

These include the following:

Uses and disclosures required by 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.

Uses and disclosures for public health and safety activities: We can share health information about you for certain situations such as:

- Preventing disease
- Reporting injuries
- 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

Disclosures for judicial and administrative proceedings: We can share information about you in response to a court administrative order, in response to a subpoena, or otherwise responding to a lawsuit or legal action.

Uses and disclosures about decedents: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.



Uses and disclosures for cadaveric organ, eye, or tissue donation purposes.

Uses and disclosures for research purposes.

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

YOUR CHOICES REGARDING YOUR PROTECTED HEALTH INFORMATION

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.
- Include your information in a hospital directory.

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



Meghan McCoy-Hess
(515) 216-4414

Acknowledgement of Receipt of Privacy Notice

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have certain rights regarding the use and disclosure of your protected health information. By checking the box below, you are acknowledging that you have received a copy of HIPAA Notice of Privacy Practices.

BY SIGNING I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

I acknowledge that I have received a copy of the Notice of Privacy Practices for Midwest Mindful Health, LLC. I have read and understand the Notice of Privacy Practices. I have had an opportunity to ask any questions that I may have about the Notice of Privacy Practices, and to the extent I have asked any questions, those questions have been answered to my satisfaction.

(Form can be completed through the client portal)