



IOP Behavioral Health

Notice of Privacy Practices

Effective Date: 10/07/2026

Your Information. Your Rights. Our Responsibilities.

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.

Overview

Your Rights

You have the right to:

- Obtain 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
- Request a list of those with whom we've shared your information
- Obtain a copy of this privacy notice
- Choose someone to act on your behalf
- 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:

- Provide mental health care services
- Tell trusted family and/or friends about your care
- Provide disaster relief
- Include you in a hospital directory
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Conduct research
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

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.

1) Get an electronic or paper copy of your medical record

- You can ask to see or obtain an electronic or paper copy of your medical record and any other health information we have in your record.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

2) 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.
- 3) 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.
- 4) 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.
- 5) 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 for six years prior to the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- 6) Get a copy of this privacy notice**
 - You can ask for a paper copy of this notice at any time.
 - This notice will always be available on our website – (<https://www.iophealth.com>)
- 7) Choose someone to act on your behalf**
 - 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.
- 8) File a complaint if you feel your rights are violated**
 - If you believe your privacy rights have been violated, you may file a complaint by contacting IOP Behavioral Health’s Privacy Contact using the information provided on the last page of this Notice.
 - 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.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a preference about how we share your health information in the situations described below, please talk with us and let us know what you would like us to do. We will follow your instructions when permitted by law.

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 unable to communicate your preference, we may use or disclose your health information when we believe it is in your best interest or when necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of others.

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
- “We will never share any substance abuse treatment records without your written permission.”

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

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

1) Treat you

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

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

2) 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 about you to manage your treatment and services.

3) 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 so it will pay for your services.

4) 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 must meet many conditions of 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.

5) 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
- Preventing or reducing a serious threat to anyone's health or safety
- Provide the minimum necessary information to the appropriate individuals and/or authorities if a patient has expressed a desire and plan to harm themselves or others.
- Making reports to appropriate authorities when required or permitted by law, including suspected abuse, neglect, or exploitation.

6) Conduct research

We can use or share your information for health research.

7) 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.

8) Respond to organ and tissue donation requests

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

9) 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.

10) 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

11) Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Electronic Records, Telehealth & Communications

- Your medical record is maintained electronically through eClinicalWorks (eCW). We use safeguards designed to protect the confidentiality and security of your information. We may use secure electronic communications and telehealth technology to support your care, treatment coordination, billing, and other permitted activities.

AI-Assisted Technology

- IOP Behavioral Health may use technology in the future that includes artificial intelligence, automated transcription, ambient documentation, or other technology-assisted tools to support documentation and administrative or clinical workflows. When used, these technologies will be subject to applicable privacy and security requirements. Technology-assisted documentation does not replace professional judgment, and information generated or captured through these tools may be reviewed and verified by authorized personnel.

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 disclose your health information in ways other than those described in this Notice unless you provide written authorization or the disclosure is otherwise permitted or required by law. If you provide written authorization, you may revoke that authorization in writing at any time, except to the extent we have already relied on it.

For more information about your privacy rights, visit: [HHS Notice of Privacy Practices Information](#)

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 web site.

Questions or Complaints

Privacy Contact:

Anna Green, LICSW – Regional Clinical Director
600 Sun Temple Drive Madison AL, 35758
Email: agreen@ibhus.com
Phone: 256-693-5301

I acknowledge that I have received and/or been provided access to IOP Behavioral Health, LLC's Notice of Privacy Practices. I understand that this Notice explains how my health information may be used and disclosed, as well as my privacy rights.

I understand that I may request a copy of this Notice at any time and may contact IOP Behavioral Health with questions regarding my privacy rights.

Signature: _____ **Date:** _____