



## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to the information by Agape. Please review it carefully.

### Ways in which we may use and disclose your Protected Health Information

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

**Run our organization-** We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**Payment-** We do not bill for any of our services, so do not have a need to share your health information in this way.

**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

**Research-** With your written authorization, we may disclose your Protected Health Information for approved research projects.

**As 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 laws.

**Respond to Organ and Tissue Donation Requests-** We can share health information about you with organ procurement organizations.

**Medical Examiner or Funeral Director-** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Workers' compensation, law enforcement, government requests-** We can use or share health information about you for:

- Workers' Compensation Claims
- Law Enforcement purposes or with a law enforcement official
- Health oversight agencies for activities authorized by law
- Special government functions such as military, national security, and presidential protective services.

**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.

### Your Rights

**Obtain a list of those with whom we have shared your information -** You can ask to see or get an electronic or paper copy of your medical record. You can also ask us to share your records with a third party. You will need to complete a written request, using our Medical Records Release Form, before we are able to release your records to yourself or a third party. We will provide a copy or summary of your health

information, usually within 30 days of your request. If we need more time, we may take one 30-day extension, and we will notify you in writing of the reason for the delay. We may charge a reasonable, cost-based fee.

**Correcting 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 Communication-** You can ask us to contact you in a specific way or to send mail to a specific address. We will say "yes" to all reasonable requests.

**Request to Limit What We Use or Share-** You can ask us not to use or share certain health information for treatment, payment or 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 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.

**Obtain List of 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.

**Request 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.

**File a Complaint if You Feel Your Rights Are Violated-** You can complain if you feel we have violated your rights by contacting our Client Operations Officer at 515-255-0243. You can file a complaint with the U.S. Department of Health and Human Services Officer for Civil Rights by sending a letter to:

200 Independence Ave. S.W., Washington, D.C. 20201 calling 1-877-696-6775 or scan



## 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.

**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 on request, in our office, and on our website.

This Notice of Privacy Practices applies to the following organization:

Agape

2550 Martin Luther King Jr. Pkwy

Des Moines, IA. 50310

Effective 11/26/25