

## NOTICE OF PRIVACY PRACTICES FORM

Effective Date: April 14, 2003

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.

We at Regional Health Services of Howard County (RHS HC) are required by law to maintain the privacy of individually identifiable patient/resident/client health information (this information is "protected health information" and is referred to herein as PHI"). We are also required to provide the patient/resident/client with a Notice of Privacy Practices regarding PHI. We are required to post this Notice in a prominent place within our facility. We will only use or disclose your PHI as permitted or required by applicable state law. This Notice applies to your PHI in our possession including the medical records generated by us.

RHS HC understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how RHS HC will use and disclose your PHI.

This Notice applies to the delivery of health care by RHS HC and its medical staff in Hospital Services, Community Health Services, Howard Residential Care Facility, Patty Elwood Center, Cresco Medical Clinic, and Lime Springs Medical Clinic. This Notice also applies to the utilization review and quality assessment activities of RHS HC.

### I. Permitted Use or Disclosure

**A. Treatment:** RHS HC will use and disclose your PHI in the provision and coordination of health care to carry out treatment functions.

- RHS HC will disclose all or any portion of your patient/resident/client medical record information to your attending physician, consulting physician(s), nurses, technicians, medical students and other health care providers who have a legitimate need for such information in your care and continued treatment.
- Spiritual care providers are members of our Howard County Community Hospice staff and will be a part of RHS HC's team of care providers who use your medical information to provide health care services to you when you are under hospice care.
- Different departments will share medical information about you in order to coordinate specific services, such as lab work, x-rays and prescriptions.
- RHS HC also will disclose your medical information to people or entities outside RHS HC who will be involved in your medical care after you leave RHS HC, such as family members, clergy and others who will provide services that are part of your care.

- RHS HC will share certain information such as your name, address, employment, insurance carrier, emer-

gency contact information and appointment scheduling information in an effort to coordinate your treatment with us and with other health care providers.

- RHS HC will use and disclose your PHI to inform you of, or recommend possible treatment options or alternatives that will be of interest to you.
- RHS HC will use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at RHS HC.
- If you are an inmate of a correctional institution or under the custody of a law enforcement officer, RHS HC will disclose your PHI to the correctional institution or law enforcement official.

**B. Payment:** RHS HC will disclose PHI about you for the purposes of determining coverage, eligibility, funding, billing, claims management, medical data processing, stop loss/reinsurance and reimbursement.

- The medical information will be disclosed to an insurance company, third party payer, third party administrator, health plan or other health care provider (or their duly authorized representatives) involved in the payment of your medical bill and will include copies or excerpts of your medical records which are necessary for payment of your account. It will also include sharing the necessary information to obtain pre-approval for payment for treatment from your health plan.
- RHS HC will disclose PHI to collection agencies and other subcontractors engaged in obtaining payment for care.

**C. Health Care Operations:** RHS HC will use and disclose your PHI during routine health care operations including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of RHS HC, and for educational purposes.

- For instance, RHS HC will need to share your demographic information, diagnosis, treatment plan and health status for population based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, and contacting health care providers and the patient/resident/client with information about treatment alternatives, in order for us to operate our business in an efficient, safe and legal manner.

**D. Other Uses and Disclosures:** As part of treatment, payment and health care operations, we may also use your PHI for the following purposes:

- **Fundraising Activities:** RHS HC will use and may also disclose some of your PHI to a related foundation for certain fund raising activities. For example, RHS HC will use your demographic information (e.g. name, address and other contact information, age, gender, and insurance status) and the dates RHS HC provided service

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to you. Any communication sent to you will let you know how you may opt out of receiving similar communications in the future. RHSHC may disclose limited PHI to a company contracted to conduct fundraising for RHSHC. This company will use your PHI only for the purposes of fundraising for RHSHC. (If you wish to opt-out, you may do so by contacting Administration.)

- **Medical Research:** RHSHC may disclose your PHI without your Authorization to medical researchers who request it for approved medical research projects; however, with very limited exceptions such disclosures must be cleared through a special approval process before any PHI is disclosed to the researchers. Researchers will be required to safeguard the PHI they receive.
- **Information and Health Promotion Activities:** RHSHC will use and disclose some of your PHI for certain health promotion activities. For example, your name and address will be used to send you newsletters or general communications. RHSHC will also send you information based on your own health concerns. RHSHC may send you this information if it has determined that a product or service may help you. The communication will explain how the product or service relates to your well being and can improve your health.

**E. More Stringent State and Federal Laws:** The State law of Iowa is more stringent than HIPAA in several areas. State law is more stringent when the individual is entitled to greater access to records than under HIPAA and when under state law the records are more protected from disclosure than under HIPAA. Certain federal laws also are more stringent than HIPAA. RHSHC will continue to abide by these more stringent state and federal laws. The federal laws include applicable internet privacy laws, such as the Children's Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

### **II. Permitted Use or Disclosure with an Opportunity for You to Agree or Object**

**A. Family/Friends:** RHSHC will disclose PHI about you to a friend or family member who is involved in your medical care. RHSHC will also give information to someone who helps you pay for your care. In addition, RHSHC will disclose PHI about you to an agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have a right to request that your PHI not be shared with some or all of your family or friends.

**B. RHSHC Directory:** RHSHC will include certain limited information about you in the RHSHC Directory while you are a patient/resident/client at RHSHC. This information will include your name, location in RHSHC, your general condition (e.g., good, fair, serious, critical, etc.) and your religious affiliation. This is so your family and friends can visit you in RHSHC and know how you are doing. The directory information, except for your religious affiliation, will also be disclosed to people who ask for

you by name. You have the right to request that your name not be included in RHSHC Directory. If you request to opt out of the Facility Directory, we cannot inform visitors of your presence, location, or general condition.

**C. Spiritual Care:** Directory information including your religious affiliation will be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. It is our policy not to notify your local religious organization unless requested. A spiritual care provider may be called in to consult regarding your care in the hospice program. You have a right to request that your name not be given to any member of the clergy.

**D. Promotional Communications:** RHSHC does not share or sell your PHI to companies that market health care products or services directly to consumers for use by those companies to contact you, such as drug companies. RHSHC does maintain a database of individuals for promotional communications, disease management, health promotion, and fundraising purposes. This database includes individuals to whom RHSHC may have sent health improvement materials and news about RHSHC previously and also individuals who have donated to RHSHC or who have expressed an interest in donating to RHSHC or other health-related activities. You may be included in this database. RHSHC sends information to the individuals in this database about the programs and services of RHSHC. If you wish to be deleted from this database, you may notify the Privacy Official of RHSHC.

### **III. Use or Disclosure Requiring Your Authorization**

**A. Marketing:** RHSHC is not permitted to provide your PHI to any other person or company for marketing to you of any products or services other than RHSHC's products or services unless you have signed an authorization.

**B. Research:** RHSHC will use or disclose your PHI as part of research that includes providing you with treatment. For example, if you are part of a research study that includes treatment, RHSHC may require that you sign an authorization to allow the researchers to use or disclose your PHI for this research.

**C. Other Uses:** Any uses or disclosures that are not for treatment, payment or operations and that are not permitted or required for public policy purposes or by law will be made only with your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time.

### **IV. Use or Disclosure Permitted by Public Policy or Law without your Authorization**

**A. Law Enforcement Purposes:** RHSHC will disclose your PHI for law enforcement purposes as required by law, such as responding to a court order or subpoena, identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

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**Required by Law:** RHSHC will disclose PHI about you when required by federal, state or local law to make reports or other disclosures. RHSHC also will make disclosures for judicial and administrative proceedings such as law suits or other disputes in response to a court order or subpoena. RHSHC will disclose your medical information to government agencies concerning victims of abuse, neglect or criminal acts with life-threatening injuries. RHSHC will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Specialized government functions will warrant the use and disclosure of PHI. These government functions will include military and veteran's activities, national security and intelligence activities, and protective services for the President and others. RHSHC will make certain disclosures that are required in order to comply with workers' compensation or similar programs.

**B. Coroners, Medical Examiners: Funeral Directors:** RHSHC will disclose your PHI to a coroner or medical examiner. For example, this will be necessary to identify a deceased person or to determine a cause of death. RHSHC will also disclose your medical information to funeral directors as necessary to carry out their duties.

**C. Organ Procurement:** RHSHC will disclose PHI to an organ procurement organization or entity for organ, eye or tissue donation purposes.

**D. Health or Safety:** RHSHC will use and disclose PHI to avert a serious threat to health and safety of a person or the public. RHSHC will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. RHSHC will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA-regulated products or activities, including collecting and reporting adverse events, tracking and facilitating product recalls, etc. and post marketing surveillance. Any patient/resident/client receiving a medical device subject to FDA tracking requirements may refuse to disclose, or refuse permission to disclose, their name, address, telephone number and social security number, or other identifying information for the purpose of tracking.

### V. Your Health Information Rights

Although we at RHSHC must maintain all records concerning your hospitalization and treatment by RHSHC, you have the following rights concerning your PHI:

**A. Right to Inspect and Copy:** You have the right to access your PHI and to inspect and copy your PHI as long as we maintain it except for: psychotherapy notes, information that will be used in a civil, criminal or administrative action or proceeding, and where prohibited or protected by law. RHSHC will deny your request for access to your PHI without giving you an opportunity to review that decision if:

- You don't have the right to inspect the information; or it is otherwise prohibited or protected by law;

- You are an inmate at a correctional institution and obtaining a copy of the information would risk the health, safety, security, custody or rehabilitation of you or other inmates;
- The disclosure of the information would threaten the safety of any officer, employee or other person at the correctional institution or who is responsible for transporting you;
- You are involved in a clinical research project and RHSHC created or obtained the PHI during that research. Your access to the information will be temporarily suspended for as long as the research is in progress;
- RHSHC obtained the information that you seek access to from someone other than the health care provider under a promise of confidentiality and your access request is likely to reveal the source of the information; or
- Under other limited circumstances. In these instances, however, RHSHC will allow the review of its decision by a health care professional that RHSHC has chosen. This person will not have been involved in the original decision to deny your request.

**B. Right to Amend:** You have the right to amend your PHI for as long as the RHSHC maintains it. However, RHSHC will deny your request for amendment if:

- RHSHC did not create the information;
- The information is not part of the designated record set;
- The information would not be available for your inspection (due to its condition or nature); or
- The information is accurate and complete.

If RHSHC denies your request for changes in your PHI, RHSHC will notify you in writing with the reason for the denial. RHSHC will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that the RHSHC include your request for amendment and the denial any time that RHSHC discloses the information that you wanted changed. RHSHC may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal.

You must make your request for amendment of your PHI in writing to RHSHC, including your reason to support the requested amendment. RHSHC will respond to your request within 60 days of its receipt. If RHSHC cannot, RHSHC will notify you in writing to explain the delay and the date by which RHSHC will act on your request. In any event, RHSHC will act on your request within 90 days of its receipt.

**C. Right to an Accounting:** You have a right to receive an accounting of disclosures of your PHI that RHSHC made, except for the following disclosures:

- To carry out treatment, payment or health care operations;
- To you;

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- To persons involved in your care;
- For national security or intelligence purposes;
- To correctional institutions or law enforcement officials; or
- That occurred prior to April 14, 2003.

For each disclosure, you will receive: the date of the disclosure, the name of the receiving organization and address if known, a brief description of the PHI disclosed and a brief statement of the purpose of the disclosure or a copy of the written request for the information, if there was one.

You must make your request for an accounting of disclosures of your PHI in writing to RSHHC. You must include the time period of the accounting, which may not be longer than 6 years. RSHHC will respond to your request within 60 days from its receipt. If RSHHC cannot, RSHHC will notify you in writing to explain the delay and the date by which RSHHC will act on your request. In any event, RSHHC will act on your request within 90 days of its receipt.

In any given 12-month period, RSHHC will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

**D. Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or health care operations functions or to prohibit such disclosure. However, RSHHC will consider your request but is not required to agree to the requested restrictions.

You also have an additional right to limit the release of PHI to family, friends, or in the facility directory. For example, you may ask that your name not be used in the waiting room or that information about your expected discharge date not be shared with your family.

**E. Right to Confidential Communications:** You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that RSHHC only contact you at work or by mail.

**F. Right to Receive a Copy of this Notice:** You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

### VI. Complaints

If you believe your privacy rights have been violated, you may file a complaint with RSHHC or with the Secretary of the Department of Health and Human Services. To file a complaint with RSHHC, please contact Administration at the appropriate facility (see section VIII below), or RSHHC's Privacy Official at 563-547-2101. All complaints must be submitted in writing directly to RSHHC's Privacy Official. RSHHC assures you that there will be no retaliation for filing a complaint.

### VII. Sharing and joint use of your Health Information

In the course of providing care to you and in furtherance of RSHHC's mission to improve the health of the community, RSHHC will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

**A. Medical Staff:** The medical staff and RSHHC participate together in an organized health care arrangement to deliver health care to you at RSHHC. Both RSHHC and its medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care services to you in RSHHC. Physicians and allied health care providers are members of RSHHC's medical staff and will have access to and use your PHI for treatment, payment and health care operations purposes related to your care within RSHHC. RSHHC will disclose your PHI to the medical staff for payment, treatment and health care operations.

**B. Business Associates:** RSHHC will use and disclose your PHI to business associates contracted to perform business functions on its behalf. Whenever an arrangement between RSHHC and another company involves the use or disclosure of your PHI, that business associate will be required to keep your information confidential.

**C. Affiliations:** RSHHC is affiliated with the following health care organizations in which RSHHC is a co-owner: Mercy Medical Center-North Iowa

RSHHC will share your PHI with these organizations for purposes of your treatment, payment and health care operations by these organizations.

### VIII. Additional Information

For further information regarding the issues covered by this Notice of Privacy Practice, please contact:

Community Health Services	Connie Kuennen, 563-547-2989
Cresco Medical Clinic	Joan Stone, 563-547-2022
Hospital Services	Tracy Hart, 563-547-2101
Howard Residential Care Facility	James Ott, 563-547-2398
Lime Springs Medical Clinic	Joan Stone, 563-547-2022
Patty Elwood Center	James Ott, 563-547-2398

### XI. Changes to this Notice

RSHHC will abide by the terms of the Notice currently in effect. RSHHC reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. RSHHC will provide you with the revised Notice at your first visit following the revision of the Notice.