

## **NOTICE OF PRIVACY PRACTICES**

**If you have any questions about this Notice, please contact  
Regional Medical Center's Privacy Officer by dialing 563-927-3232.**

**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 Responsibilities**

We are required by law to maintain the privacy of your health information and to give you our Notice of Privacy Practices (this "Notice") that describes our privacy practices, our legal duties and your rights concerning your protected health information (PHI). We are also required by law to notify affected individuals following any breach of unsecured protected health information.

### **Who Will Follow This Notice**

This Notice describes the privacy practices of Regional Medical Center, Regional Family Health, Regional Medical Center Home Care, Regional Medical Center Hospice and Delaware County Public Health, as well as any healthcare facility or physician practice now or in the future controlled by Regional Medical Center. This Notice also serves as the notice of physicians, nurse practitioners, physician assistants and other healthcare professionals on our medical staff and other healthcare providers that provide healthcare services in our hospital, clinics and other sites.

You will be asked to sign an Acknowledgement of receipt of this Notice. Even if you do not sign this Acknowledgement, we will still provide you with treatment.

### **USES AND DISCLOSURES**

#### **How do we typically use or share your information:**

The following categories describe examples of the way we use and disclose PHI for treatment, payment or healthcare operations without your consent or authorization. The examples included in each category do not list every type of use or disclosure that may fall within that category.

**For treatment:** We may use PHI about you to provide, coordinate, or manage your healthcare and related services. Our staff enters and views your health information in our electronic medical record system. We may disclose PHI about you to providers, nurses, technicians, medical students, or other personnel who are involved in your healthcare. For example: a Provider treating you for an injury may need to know if you have diabetes, because diabetes may slow the healing process, or if your Provider orders Physical Therapy, the nursing staff will need to discuss your care and treatment with the Physical Therapist. Departments of Regional Medical Center also may share medical information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays.

In addition, we may use and disclose PHI about you when referring you to another healthcare provider. In emergencies, we may use and disclose PHI to provide the treatment you need. If you are

transferred from our facility to a nursing facility, we will send health information about you to the nursing facility.

We may use electronic software, services, and equipment, including without limitation email, video conferencing technology (e.g., TeleHealth), cloud storage and servers, internet communication, cellular network, voicemail, facsimile, electronic health record, and related technology to discuss your care and/or share your information with third-parties.

**For Payment:** We may use and disclose PHI about your treatment and services to bill and collect payment from you, your insurance company, or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

**For Healthcare Operations:** Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services, treatment, or equipment. We may disclose information to providers, nurses, and other students for educational purposes.

We also may have video surveillance equipment in some of our treatment areas or operating rooms, and while these are used for healthcare operations, these situations do not generally capture patients. Our facility may also have security cameras and recorders in public areas such as hallways and parking lots.

**How else can we use or share your information:**

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples may include physician services in the emergency department and radiology, external laboratories, or a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third party for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Personal Representative:** We are permitted to share your information with your personal representative, provided that the person has the authority to act on your behalf. We will provide the same rights and information to that personal representative as we would you. For example, 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.

**Directory:** We may include certain limited information about you in the facility directory while you are here. The information may include your name, location in the facility, your general condition (e.g. fair, stable, etc.) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. You have the right to request that your name not be included in the directory.

**Individuals Involved in Your Care or Payment for Your Care and Notification Purposes:** We may release to a family member, other relative, or close personal friend who is involved in your medical care or who helps pay for your care health information directly relevant to their involvement. We may also disclose limited information to these individuals related to your location, general condition, or death. If you are present, we will obtain your agreement, provide you with an opportunity to object, or provide we can reasonably infer from the circumstances that there is no objection to the disclosure. If you are not present or cannot object due to incapacity or emergency, we may disclose certain information if, in the exercise of our professional judgment, we feel it is in your best interest.

In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

**Future Communications:** We may communicate to you via newsletters, mail outs, or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in.

**Affiliated Covered Entity:** Protected health information will be made available to your provider as necessary to carry out treatment, payment, and healthcare operations.

**As Required by Law:**

**Funeral Directors, Coroners, and Medical Examiners:** We may disclose health information to these individuals consistent with applicable law to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue, organ, or eye donation and transplant.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability(e.g., to report births, deaths, child abuse and neglect, immunizations and communicable diseases).

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of other individuals.

**Military:** We may disclose to the military if required for any specialized government function as required by law if you are a member of the armed forces.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena. We may also release your health information to authorized federal officials for certain national security activities.

**Serious threat to health or safety:** We may also share your information when needed to prevent or reduce a serious threat to anyone's health or safety.

**Victims of abuse, neglect or domestic violence:** We can share health information if it involves the reporting of suspected abuse, neglect, or domestic violence when it is required by law, is expressly authorized by law, or you agree to the disclosure. We will inform you if such a report has been or will be made unless an exception applies.

**Other:** We may disclose your health information if required by another law.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, or public health authority/attorney provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

We may also use and disclose medical information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- To contact you as part of fundraising efforts, unless you opt out of such communication which will not affect treatment or payment;
- For population based activities relating to improving health or reducing healthcare costs;
- For conducting training programs and reviewing competence of healthcare professionals.

### **Incidental Disclosures**

We take reasonable steps to protect your health information from unauthorized disclosure. Occasionally, an unintended disclosure of your health information might occur during disclosure for treatment or another authorized reason (information heard during a discussion regarding your care with you or a member of your family).

### **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **Right to:**

- **Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Department. We will provide you a copy or summary of your health information, usually within 30 days of your request. If you request a copy of the information,

we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If your request is denied, we will provide you with the written basis and your rights thereafter.

- **Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. Ask us for the form to do this. In addition, you must provide a reason that supports your request. We may say “no” to your request, but we will tell you why in writing within 60 days, as well as next steps. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for the hospital;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **An Accounting of Disclosures:** You have the right to request an accounting (list) of disclosures for a certain time period. This is a list of the disclosures we make of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.
- **Request Restrictions:** You have the right to request a restriction or limitations on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

**We are not required to agree to your request:** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse.

We will agree to restrict disclosure of your information to a health plan if the disclosure pertains to healthcare item or service and you have paid us in full for such item or service.

- **Request Confidential Communications:** You have the right to request that we communicate about medical matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice at our website at [regmedctr.org](http://regmedctr.org).

### **How To Exercise These Rights**

All requests to exercise these rights must be in writing. We will follow written policies to handle requests, and we will notify you of our decision or actions and your rights. Contact the Privacy Officer using the contact information at the end of this Notice for more information or to obtain request forms.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current Notice will be posted and include the effective date.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint using the contact information at the end of this Notice. You may also submit a complaint to the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. For example, we will obtain your written permission for marketing purposes, the sale of your information, and most instances of sharing psychotherapy notes. In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

### **Contact Information**

Privacy Officer  
Regional Medical Center  
709 West Main Street  
PO Box 359  
Manchester, IA 52057  
Telephone: 563-927-3232

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