

## **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.**

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

### **Our Responsibilities**

We are required by law to:

- Maintain the privacy of your health information except as otherwise provided by state or federal law.
- 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).
- Follow the terms of the Notice that is currently in effect.
- Inform you of any unauthorized access, use or disclosure of your unencrypted confidential information in the event its security or privacy is compromised (i.e., in the event that a reportable breach occurs as provided by the HIPAA Omnibus Final Rule.) We will provide such notice to you without unreasonable delay but in no case later than sixty days after we discover the breach.

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

This Notice describes the privacy practices of Regional Medical Center, Regional Family Health, Regional Medical Home Care, Hospice of Comfort, 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 when they are providing 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 we may use and disclose medical information about you.**

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. We may disclose PHI about you to providers, nurses, technicians, medical students, or other personnel who are involved in your healthcare. For example: a practitioner 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.

Designated members of our staff may view your health information in our electronic medical record system if involved with your healthcare visit.

**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 practitioners, nurses, and other students for educational purposes.

We may also use and disclose medical information:

- 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;
- for population based activities relating to improving health or reducing healthcare costs;
- for conducting training programs and reviewing competence of healthcare professionals.

**Business Associates:** There are some services provided in our organization through contracts with business associates. These are individuals who provide services to us using your PHI. 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.

**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 (i.e. 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:** We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care. 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 healthcare provider as necessary to carry out treatment, payment, and healthcare operations.

**As Required by Law:**

**Funeral Directors:** We may disclose health information to funeral directors 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 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 your employer and your employer's insurer 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. (i.e., to report births, deaths, child abuse and neglect, dependent adult 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.
- collection of payment for health services.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law as follows:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at Regional Medical Center; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

We may also release your health information to authorized federal officials for certain national security activities.

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.

### **Uses and disclosures with authorization**

Some uses and disclosures of your medical information can be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization anytime, in writing, unless the facility relies on the use or disclosure indicated in the authorization.

Examples of those uses and disclosures that may only be made with your written authorization:

- We will obtain your authorization for categories of uses and disclosures of your health information that are not described in this Notice.
- We will disclose AIDS or HIV-related information, or substance abuse treatment information **only** with written authorization as required by applicable state law and/or federal regulations unless the law expressly permits otherwise.
- We will provide mental health information **only** if you have signed an authorization consistent with Iowa law.
- We will disclose separately maintained psychotherapy notes **only** with a specific authorization signed by you or your legal representatives.
- We will not use or disclose your protected health information for marketing purposes without your authorization. Moreover, if we will receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.
- We will not sell your protected health information to third parties without your authorization. Any such authorization will disclose that we will receive compensation in the transaction.

### **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 Privacy Officer. For any medical information maintained in your electronic medical record your written request may include a request to provide a copy in electronic form. We will provide the information to you in the form and format you requested, assuming it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it in another readable electronic form we agree to.

In addition, we will transmit information from your electronic medical record directly to a person or entity of your choosing if the request is made in writing and you sign an authorization.

- 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.

**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. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. 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;
- is accurate and complete.

If we deny the request, you will be informed in writing of the reasons and will be informed of your right to an appeal of the decision.

**An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of the disclosures we make of medical information about you. An accounting from paper records will not include disclosures for treatment, payment, and healthcare operations. An accounting from your electronic medical record will include disclosures for treatment, payment, and healthcare operations for three years prior to the request.

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, unless the disclosure is to a health plan or other payer for purposes of carrying out payment or healthcare operations and you have paid for the services in full yourself.

For all other requests for restrictions, 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.

**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 [www.regmedctr.org](http://www.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 in prominent places and will be posted on our website 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. 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  
709 West Main Street  
P. O. Box 359  
Manchester, IA 52057  
Telephone: 563-927-3232

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