PELLA REGIONAL HOSPITAL- 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 our Privacy Officer at (641) 628-2216.

EFFECTIVE DATE: 4/14/03
REVISION DATE: 5/7/07, 8/13

Purpose of this Notice

While receiving care at Pella Regional Health Center (PRHC), information regarding your medical history, treatment, and payment for your health care may be created and/or received by us. This information is called “Protected Health Information (PHI)” and is protected by state and federal law. This Notice describes your rights regarding the use and disclosure of your PHI and our duties and responsibilities regarding your PHI.

Your Rights

The law grants you certain rights with respect to your PHI. These rights are as follows:

* You have the right to request both a paper and an electronic copy of this Notice of Privacy Practices (NPP).

* You have the right to inspect and copy your PHI. This means that you may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain your PHI. A "designated record set" contains medical and billing records and other records that we use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes; information related to a civil, criminal, or administrative action or proceeding; and information that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewed. Please contact our Privacy Officer if you have questions about access to your PHI.

* You have the right to request a restriction on certain uses and disclosures of your PHI. You may request that we do not use or disclose your PHI for the purposes of treatment, payment, or health care operations. You may also request that any part of your PHI not be disclosed to family members or others involved in your care. Your request must state the specific restriction requested, and to whom you want the restriction to apply.

We are not required to agree to a requested restriction unless an exception applies. If we believe that it is in your best interest to permit the use and disclosure of your PHI, then this information will not be restricted. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Please discuss any restriction that you wish to request with your physician. You may request a restriction by contacting our Privacy Officer.

You have a right to restrict certain disclosures of PHI to your health plan for payment or health care operations purposes if (1) you have paid out of pocket in full for the healthcare item or service (at the time of service or within timeframes specified by our written policies) and (2) the disclosure is not otherwise required by law. This type of restriction will only apply to records that relate specifically to the service which you paid for in full. We are required to agree to this restriction and will do so until the restriction is cancelled by you in writing.

* You have the right to request communications from us by alternative means or at an alternative location. You have the right to request to be contacted at a different location or by a different method. We may contact you by telephone or mail to provide appointment or test results. If you wish for us to contact you at a specific address or telephone number, or if you wish for appointment reminders not to be left on voice mail, you should make this request known to us. The request must be in writing. We will agree to any reasonable request. We will not request an explanation from you regarding the reason for the request. Please make this request to our Privacy Officer.
**You have the right to request an amendment of your PHI.** You have the right to ask us to amend (which means correct or add to) certain medical information about you as long as it is maintained by us. If you believe that we have information that is either inaccurate or incomplete, we may amend the information and notify others who have copies of the inaccurate or incomplete information. The request must be made in writing and you must provide a reason why you are requesting the amendment. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to dispute this decision. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment and we will share your statement whenever we disclose the information in the future. Please contact our Privacy Officer if you have questions about amending your PHI.

**You have the right to receive an accounting of certain disclosures of your PHI.** You have the right to receive a list of certain disclosures of your health information made by us or our business associates during the previous six (6) years. This right does not apply to disclosures for treatment, payment, or health care operations (as described below). It also does not include disclosures made to you or that you authorized, to be included in a facility directory, to those involved in your care, or to certain other disclosures made by us. Requests must be made in writing. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the list. Please contact our Privacy Officer if you have questions about an accounting of your PHI.

**You have the right to be notified if a breach of your medical information occurs.** You have the right to be notified in the event of a breach of your medical information. A breach is when your unsecured medical information has been accessed, used, or disclosed inappropriately as defined by HIPAA and such access, use, or disclosure compromises the security or privacy of your unsecured PHI.

**Our Duties**

A record of the care and services that we provide to you is created and maintained by Pella Regional Health Center. This Notice of Privacy Practices applies to all of those records of your care.

* We are required to maintain the privacy of your PHI and to provide you with this Notice of our privacy practices.

* We are required to abide by the terms of our Privacy Notice that is currently in effect. We may change the terms of our notice at any time to reflect applicable laws and our current business practices. If this happens, the new notice will be effective for all PHI that we maintain at that time. We will provide you with a revised Notice: 1) upon your request, 2) electronically via our website or via other electronic communications, and 3) as posted in our place of business.

* In addition, we have a duty to respond to your requests corresponding to your rights in a timely and appropriate manner. We support and value your right to privacy. We understand that your PHI is personal and we are committed to protecting it with proper processes and practices.

**How Your PHI May be Used and Disclosed without Your Authorization**

Generally, your PHI may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule.

**Exception: Treatment, Payment, or Health Care Operations**

**Treatment Purposes.** We may use or disclose your PHI to provide, coordinate, or manage your medical treatment or services. We may disclose medical information about you to other health care providers who are or will be involved in taking care of you. For example, if you are referred to another physician, we may provide that physician with your PHI to ensure that the physician has the necessary information to diagnose and/or treat you. Situations may also arise when it is necessary to disclose your PHI to health care providers outside our facility who may be involved in your care. For example, if you reside in a nursing facility, it may be necessary for your physician to disclose medications prescribed by him/her so that they can be appropriately administered by the nursing facility.

**Payment Purposes.** We may use or disclose your PHI for payment purposes. It is necessary for us to use or disclose PHI so that treatment and services provided by us may be billed and collected from you, your insurance company, or other third party payers. Bills requesting payment will usually include information that identifies you, your diagnosis, and any procedures or supplies used. It may also be necessary to release PHI to obtain prior approval for services from your health insurer. We may also release your PHI to another health care provider or individual or entity covered by the HIPAA privacy regulations for their payment activities.
**Health Care Operations.** We may use and disclose your PHI in order for us to conduct our healthcare business and to perform functions that support our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training of staff, and conducting or arranging for other business activities. Also, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits or services.

In addition, we may release your PHI to third party "business associates" who perform various activities for us, such as billing or electronic transmissions of PHI. Whenever our arrangement with a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

**Exception: Public Health Activities**

**Collection of Information by Public Health Agencies.** We may use or disclosure information to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability. This information may be used to report disease, injury, or vital events, and to conduct public health surveillance, public health investigations and interventions. We may also use or disclosure information to a foreign government agency that is collaborating with the public health authority.

**Child Abuse or Neglect.** We may disclose your PHI to a government authority that is authorized by law to receive reports of child abuse or neglect.

**Food and Drug Administration.** We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, or biological product deviations; track products; enable product recalls; make repairs or replacements, or to conduct post marketing surveillance.

**Communicable Diseases.** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Workplace Injuries.** We may disclose your PHI, if authorized by law, in certain situations relating to the reporting of workplace injuries.

**Other Permitted Uses and Disclosures without Your Authorization Required by Law**

**Victims of Abuse, Neglect, or Domestic Violence.** We may disclose your PHI to the appropriate governmental entity if we believe that you have been a victim of abuse, neglect, or domestic violence. The disclosure will be made consistent with the requirements of state and federal law.

**Health Oversight Activities.** We may disclose your PHI to a health oversight agency for oversight activities authorized by law, such as audits, investigations, and inspections.

**Legal Proceedings.** We may disclose your PHI in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in certain conditions in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement.** We may disclose your PHI to a law enforcement official for law enforcement purposes. These disclosures include the following purposes: (1) Disclosures pursuant to legal processes and as otherwise required by law; (2) disclosures of limited information for identification and location of a suspect, fugitive, material witness, or missing person; (3) disclosures about an individual who is suspected to be a crime victim; (4) disclosure if there is suspicion that a death occurred as a result of a crime; (5) disclosure if we believe that a crime has occurred on our premises; and (6) disclosures which are related to reporting a crime in response to or during a medical emergency.

**Information about Deceased Individuals.** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death, or for other duties required by law. We may also disclose PHI to a funeral director in order to permit the funeral director to carry out his/her duties. If you have not indicated otherwise, we may, after your death, release health information to a family member or other person who acted as a personal representative or was involved in your care or payment for care before your
death if the health information is relevant to such person’s involvement in your care or payment for your care. We are required to protect you health information for 50 years following your death.

**Organ Donation.** We may disclose PHI as necessary to facilitate organ, eye, or tissue donation and transplantation.

**Research.** In some instances, we may disclose your PHI for research purposes. All research projects which use PHI are subject to a special approval process which will, among other things, evaluate the precautions used to protect patient medical information. In many cases, information which identifies you will be removed.

**Workers’ Compensation.** We may disclose your PHI as authorized to comply with workers' compensation laws and other similar programs.

**Threats to Health or Safety.** We may disclose limited PHI if we believe it is necessary to prevent or lessen a serious and imminent threat to you or to the public.

**Specialized Government Functions.** We may disclose your PHI for the following government functions: (1) Military and veterans activities, including information relating to armed forces personnel for the execution of military missions, separation or discharge from military services, veterans benefits, and foreign military personnel; (2) National security and intelligence activities; (3) Protective services for the president and others; (4) Medical suitability determinations; (5) Correctional institutions and other law enforcement custodial situations, including information about inmates of correctional facilities if necessary to protect the health and safety of the inmate or others; and (6) government programs providing public benefits as authorized by law and for purposes of sharing eligibility or enrollment information or for other covered functions.

### Uses and Disclosures Based Upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization unless otherwise permitted or required by law. These include:

- **Psychotherapy notes.** These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. However, we may use or disclose your psychotherapy notes without your authorization to carry out the following treatment, payment, or health care operations: (i) use by the originator of the psychotherapy notes; (ii) use or disclosure for our own training programs where students, trainees, or practitioners in the mental health field learn under supervision; (iii) use to defend ourselves in a legal action or other proceeding brought by you.

- **Marketing.** We will not use or disclose your protected health information for marketing purposes without your authorization unless it is the form of face to face communication or a promotional gift of nominal value. Also, if we receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.

- **Sale.** We will not sell your protected health information to third parties without your authorization. Any such authorization will state that we will receive payment for the information.

- **Other uses and disclosures not address in this Notice according to our procedures at Pella Regional Health Center.**

You may revoke an authorization at any time; in writing (unless we have acted in accordance with an authorization executed by you, or if the authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer to contest a claim under the policy).

### Uses and Disclosures That May Be Made With Your Opportunity to Object

**Patient Directory.** Our facility maintains a directory of patient names and their location within our facility, including information related to your general condition and religious affiliation. This information is provided upon request to members of the clergy and to other persons who ask for your information by your name. You may object to the inclusion of this information in our directory. If you wish to object to the inclusion of your information in our patient directory, please notify staff at the time of registration.

**Notification.** Unless you have informed us otherwise, your PHI may be used or disclosed by us to notify or assist in notifying a family member or other person(s) responsible for your care. In most cases, PHI disclosed for notification purposes will be limited to your name, location and general condition. If you wish to limit or prevent the use of your PHI for notification purposes, please notify your care provider.
Communication with Family Members and Caregivers. Unless you have informed us otherwise, we will release PHI to a family member, relative and/or friend involved in your care to the extent necessary for them to participate in your care. If you wish to limit or prevent the use of your PHI for this purpose, or if you wish to limit the person(s) to whom this information may be communicated, please contact your care provider or our Privacy Officer.

Fundraising. We may contact you by writing, phone, or other means as a part of a fundraising effort for the purpose of raising money for PRHC. You have the right to opt out of receiving such communications with each solicitation. We will promptly process your request and we will honor your request unless we have already sent a communication prior to receiving notice of your election to opt out. We may disclose to a business associate or a foundation related to PRHC certain health information about you, such as your name, address, phone number, e-mail information, dates you received treatment or services, treating physician, outcome information, and department of service so that we or they may contact you to raise money on our behalf. The money raised will be used to expand and improve the services and programs we provide to the community. You are free to opt out of fundraising activities. Your decision will have no impact on your treatment or payment for services at PRHC.

Important Contact Information

This Notice of Privacy Practices has been provided to you as a summary of how we will use your PHI and your rights with respect to your PHI. If you have any questions or need more information regarding your PHI, please contact our Privacy Officer:

Pella Regional Health Center
Attention: Privacy Officer
404 Jefferson
Pella, Iowa
641-621-2216

If you believe your privacy rights have been violated, you may file a complaint, in writing, to our Privacy Officer.

You may also file a complaint directly with the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 5090F HHH Building, Washington, D.C. 20201.

The toll-free telephone number is 1-877-696-6775. Or, you may also use the Health Information Privacy Complaint Package available at [http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html). The e-mail address is OCRComplaint@hhs.gov.

We will NOT take any action against you or change our treatment of you in any way if you file a complaint.