NOTICE OF PRIVACY PRACTICES

INTRODUCTION

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the privacy practices described in this Notice at any time, in which case both the new and old practices will be applied to the protected health information we create or receive after the new practices go into effect. We will make a reasonable effort to tell you about any changes in advance. However, you may also obtain a current copy of this Notice by request. Any changes to our Notice of Privacy Practices will be posted on our website and a current copy will be made available to you on request.

The references to “we”, “us” and “our” are to UnityPoint Health – OHCAS. This Notice applies to all protected health information that we create, receive, maintain, or transmit. We will use or disclose protected health information as described in this Notice of Privacy Practices. We use or disclose protected health information to carry out activities necessary to provide quality health care services to you. It is possible that there may be other ways in which we may use or disclose information other than as described in this Notice. If we make a change in how we use or disclose information, we will put the new policy into effect for future care and treatment of you. If we disclose information about you for purposes not described in this Notice, we will obtain your written authorization except in limited circumstances described in this Notice. You have the right to request restrictions on certain uses and disclosures of your protected health information. We will make every effort to accommodate reasonable requests. You also have the right to request that information not be included in the directory. We reserve the right to amend this Notice at any time as provided above. Any such amendments will be effective for information created or received subsequent to the date of the amendment, but will not be applicable to information created or collected prior to the date of the amendment. This Notice becomes effective on January 1, 2023. If you have questions about this Notice, please contact the Privacy Officer at the address or phone number listed below.

YOUR RIGHTS

You have the right to inspection and request a copy of your protected health information we maintain about you. You have the right to request restrictions on or the disclosure of your protected health information for treatment, payment, or health care operations. If you wish to request a restriction or request that we communicate with you in a specific way, you may do so by contacting the individual listed as the Privacy Officer. We will not be able to agree to a request if it would interfere with treatment, payment, or health care operations. We will send you written notification of the outcome of the request within 60 days of receiving it. If you request or agree to a restriction, we will not use or disclose your protected health information as requested, with the exception of treatment, payment, or health care operations. If you request a restriction, we will not be able to agree to a request if it would interfere with treatment, payment, or health care operations. We will include a description of the restriction in your medical record.

You have the right to request access to your protected health information. To make such a request, you should contact the individual listed as the Privacy Officer. Access will be provided to the extent permitted by law. If you request access to your protected health information, we may disclose only that information that we have or that we can reasonably identify as being about you. You have the right to inspect and obtain a copy of your protected health information that we maintain in a designated record set. You may request a copy of your protected health information in any form or medium that you choose. If you request a copy of your protected health information, we may make available to you a summary or an abridged copy of the information, unless you request otherwise. If your request specifies a particular form or medium of the record, we will comply to the extent possible. If the requested materials are not readily producible in the form or format requested, you may request that the materials be made available in an alternative form or format. We will make the request for an alternative format or medium as reasonable as possible. You have the right to request an amendment of your protected health information. To make such a request, you should contact the individual listed as the Privacy Officer. We will comply with your request as provided above. We will include a description of the amendment in your medical record. This Notice does not form a contract with you.

We are required to follow the standards set forth in this Notice and in any amendments to this Notice that may be provided to you. However, we reserve the right to change our practices and to make new notices effective for information which we create or receive on or after the effective date of the change. Please contact us if you have any questions about this Notice or the information contained in it. You have the right to file a complaint with the Department of Health and Human Services if you believe your privacy rights have been violated. We encourage you to contact us with any questions or concerns you may have regarding the handling of your health information. If you believe your privacy rights have been violated, you should file a complaint with the Department of Health and Human Services. The Department of Health and Human Services’ Privacy Office has published a booklet, “Your Privacy Rights in Health Care: Your Guide to Understanding the Privacy Rules,” which summarizes this Notice and explains your privacy rights. This booklet is available from the National Library of Medicine. You may also contact the Regional Health Coverage Office to receive a copy of this booklet or a copy of the Privacy Rule.”

ONLINE SERVICES

We are committed to providing access to our services online, including a secure online patient portal. This online portal offers a variety of services, including the ability to request appointments, refill prescriptions, view test results, and more. You can access the portal by visiting our website, OHCA.com. If you have any questions or need assistance with the online portal, please contact our Customer Service Department.

UNIVERSITY HEALTH CITIES

The University Health Cities are a network of hospitals and health care facilities that work together to provide high-quality care to patients. These hospitals are located in Iowa, Illinois, and Wisconsin. The hospitals in the network share a commitment to providing exceptional care and a focus on patient safety. This network includes UnityPoint Health – OHCAS, as well as several other hospitals throughout the region.

APPENDIX A

In addition to the privacy provisions afforded all members of the University Health Cities, OHCA is also subject to the requirements of certain state and federal laws and regulations for the protection of the health information we create or receive. These laws and regulations include, but are not limited to, the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and the Health Information Technology for Economic and Clinical Health Act (HITECH) Privacy Rule. These laws and regulations require us to implement and follow certain privacy practices and procedures that are designed to protect the health information we create or receive. We will take reasonable steps to protect the health information we create or receive from unauthorized access, use, or disclosure. We will make reasonable efforts to ensure that the health information we create or receive is accurate, complete, and up-to-date. We will follow the guidance of the Office for Civil Rights (OCR) and HIPAA in implementing and following these privacy practices and procedures.

APPENDIX B

This Appendix describes the types of information that we collect about you and how we use or disclose it. The information we collect includes your name, address, phone number, date of birth, Social Security number, and any other information that we collect about you to provide services to you. We use this information to provide services to you, to contact you about your care, and to bill for services. We may also use this information to conduct research and quality improvement activities.

APPENDIX C

This Appendix describes the types of information that we collect about you and how we use or disclose it. We may collect information from you about your medical history, treatment history, and demographics. We use this information to provide services to you, to contact you about your care, and to bill for services. We may also use this information to conduct research and quality improvement activities.