NOTICE OF PRIVACY PRACTICES

INTRODUCTION

This NOTICE describes how medical information about you is used and disclosed and how you can get access to this information. This notice applies to all health information our practice maintains that is related to your past, present or future health or the provision of care for you. If you have questions about this Notice, please contact the Privacy Officer.

We are required to maintain the privacy of your health information and to provide you with this Notice of our legal duty to maintain the privacy of your health information and to follow the terms of this Notice. We are required to follow the privacy practices that are described in this Notice as of the effective date of this Notice. This Notice applies to all health information our practice maintains that is related to your past, present or future health or the provision of care for you. We reserve the right to change our practices and to make new notices effective for future disclosures of your health information. If we change the notice's terms, we will make an amended notice effective for all future disclosures of your health information.

How We May Use and Disclose Your Health Information

Your health information may be used and disclosed for purposes including: health care operations, to provide you with treatment and care; and payment for services. It may also be shared with your family, friends, and others who can help you. You can request certain restrictions on disclosures, and we will make every effort to honor your requests, although we cannot assure you that your request will not result in your failure to receive important health care information.

IF YOU HAVE QUESTIONS OR CONCERNS ABOUT OUR PRIVACY PRACTICES OR IF YOU WOULD LIKE TO FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES, YOU SHOULD CONTACT THE PRIVACY OFFICER USING THE CONTACT INFORMATION PROVIDED ABOVE.

Effective Date: August 20, 2020

CONTACT INFORMATION

For questions about this Notice or for complaints, please contact the Privacy Officer, using the contact information above.

Medical Emergencies

In any medical emergency, we will use our best efforts to obtain your authorization to use and disclose protected health information to your family and friends, or to any other person involved in your care or treatment. However, we may use and disclose the minimum necessary protected health information to respond to the emergency.

Exemptions

Certain details of your personal health information may be shared with outside parties without your authorization in order to comply with the requirements of state and federal law. This includes, for example, certain types of information about your health insurance and Medicare/Medicaid statuses.

YOUR RIGHTS

You have certain rights concerning your health information. For example, you have the right to request restrictions on disclosures, to request an amendment to your health information, to inspect and copy your health information, and to request a list of certain disclosures of your health information made by us.

If you believe your privacy rights have been violated, you can file a complaint with your provider, a state or federal agency, or a state or federal court. We encourage you to file a complaint if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint. You may file a complaint with the U.S. Department of Health and Human Services, the state's health department, or the state's health professional regulatory authority. The privacy officer can provide you with more information about filing a complaint.

We reserve the right to change this Notice and make the new Notice effective for all future disclosures of your health information. We will make the revised Notice available on our website and will post it in cyber英才's of a UnityPoint Health facility; at the entrance to UnityPoint Health's physical locations; and at our electronic information systems. The participants of the OHCAs must be able to share your health information freely for treatment, payment, and health care operations purposes. We will also make the Notice available to patients of the OHCAs at their locations.

If you have questions about this Notice, please contact the Privacy Officer. If you have questions about your rights or would like to file a complaint, please contact the Privacy Officer.

Medical Emergencies

In any medical emergency, we will use our best efforts to obtain your authorization to use and disclose protected health information to your family and friends, or to any other person involved in your care or treatment. However, we may use and disclose the minimum necessary protected health information to respond to the emergency.

Exemptions

Certain details of your personal health information may be shared with outside parties without your authorization in order to comply with the requirements of state and federal law. This includes, for example, certain types of information about your health insurance and Medicare/Medicaid statuses.

YOUR RIGHTS

You have certain rights concerning your health information. For example, you have the right to request restrictions on disclosures, to request an amendment to your health information, to inspect and copy your health information, and to request a list of certain disclosures of your health information made by us.

If you believe your privacy rights have been violated, you can file a complaint with your provider, a state or federal agency, or a state or federal court. We encourage you to file a complaint if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint. You may file a complaint with the U.S. Department of Health and Human Services, the state's health department, or the state's health professional regulatory authority. The privacy officer can provide you with more information about filing a complaint.

We reserve the right to change this Notice and make the new Notice effective for all future disclosures of your health information. We will make the revised Notice available on our website and will post it in cyber英才's of a UnityPoint Health facility; at the entrance to UnityPoint Health's physical locations; and at our electronic information systems. The participants of the OHCAs must be able to share your health information freely for treatment, payment, and health care operations purposes. We will also make the Notice available to patients of the OHCAs at their locations.

If you have questions about this Notice, please contact the Privacy Officer. If you have questions about your rights or would like to file a complaint, please contact the Privacy Officer.