NOTICE OF PRIVACY PRACTICES

INTRODUCTION

This NOTICE describes how medical information about you is used, disclosed, and otherwise handled in the course of the treatment of you and your related matters, which includes before, during, and after health care. We are required by law to disclose this information to you. This includes how we use and disclose your personal information to our health care providers, health care organizations, and others to whom we may disclose information about you. It also describes how you may obtain copies of your health information and how you may request restrictions or amendments to your health information. This information applies to all health care providers who maintain a medical record in electronic format. It also describes how we may use or disclose your health information in other situations outside of treatment, payment, or health care operations, as well as how we will respond to your request to restrict or amend your health information. This information is provided to you as required by law. The requirements described in this Notice may not apply to certain health information that you have chosen to not disclose to us.

We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices so that you can understand how we may use and disclose your health information. You may review and obtain a copy of this Notice from the Privacy Officer at our office, or you may obtain a copy of this Notice by requesting a copy from us. This Notice is also available at our website: www.unityhealthiowainfo.com. You may also review or obtain a copy of this Notice from the Privacy Officer at any of our locations.

This Notice applies to all health care providers who maintain a medical record in electronic format. It also describes how we may use or disclose your health information in other situations outside of treatment, payment, or health care operations, as well as how we will respond to your request to restrict or amend your health information. This information is provided to you as required by law. The requirements described in this Notice may not apply to certain health information that you have chosen to not disclose to us.

This Notice also describes your rights under the Health Insurance Portability and Accountability Act (HIPAA) and your options for enforcing these rights. You may obtain a copy of this Notice from the Privacy Officer at any of our locations. This Notice also describes what you can do if you believe your privacy rights have been violated. You may also obtain a copy of this Notice by requesting a copy from us. This Notice is also available at our website: www.unityhealthiowainfo.com. You may also review or obtain a copy of this Notice from the Privacy Officer at any of our locations.

INTRODUCTION

1. INTRODUCTION

This NOTICE describes how medical information about you is used, disclosed, and otherwise handled in the course of the treatment of you and your related matters, which includes before, during, and after health care. We are required by law to disclose this information to you. This includes how we use and disclose your personal information to our health care providers, health care organizations, and others to whom we may disclose information about you. It also describes how you may obtain copies of your health information and how you may request restrictions or amendments to your health information. This information applies to all health care providers who maintain a medical record in electronic format. It also describes how we may use or disclose your health information in other situations outside of treatment, payment, or health care operations, as well as how we will respond to your request to restrict or amend your health information. This information is provided to you as required by law. The requirements described in this Notice may not apply to certain health information that you have chosen to not disclose to us.

We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of Privacy Practices so that you can understand how we may use and disclose your health information. You may review and obtain a copy of this Notice from the Privacy Officer at our office, or you may obtain a copy of this Notice by requesting a copy from us. This Notice is also available at our website: www.unityhealthiowainfo.com. You may also review or obtain a copy of this Notice from the Privacy Officer at any of our locations.

This Notice applies to all health care providers who maintain a medical record in electronic format. It also describes how we may use or disclose your health information in other situations outside of treatment, payment, or health care operations, as well as how we will respond to your request to restrict or amend your health information. This information is provided to you as required by law. The requirements described in this Notice may not apply to certain health information that you have chosen to not disclose to us.

This Notice also describes your rights under the Health Insurance Portability and Accountability Act (HIPAA) and your options for enforcing these rights. You may obtain a copy of this Notice from the Privacy Officer at any of our locations. This Notice also describes what you can do if you believe your privacy rights have been violated. You may also obtain a copy of this Notice by requesting a copy from us. This Notice is also available at our website: www.unityhealthiowainfo.com. You may also review or obtain a copy of this Notice from the Privacy Officer at any of our locations.

2. PURPOSES AND USES OF YOUR HEALTH INFORMATION

The information contained in your medical record is protected by federal law and is referred to as ‘protected health information’ or ‘PHI.’ This firmly protects your privacy. PHI includes information in paper (paper-based) records or electronic health records (EHRs) maintained by or for a health care provider and containing individually identifiable health information.

PUBLIC HEALTH

You may see that we use or disclose your PHI for public health activities and functions, which include activities that support public health law. This may include preventing or controlling disease, injury or disability; and to track births. We will use or disclose your PHI as required by law for certain public health activities.

TITLE XXVII

If you are a patient who is an Indian Health Service (IHS) or Tribal or Urban Indian Health Program (IHP) beneficiary, we may use and disclose your PHI as required by law or regulations to carry out activities for the management of the IHS or IHP.

DECEASED INDIVIDUALS.

If you are deceased, the person who has the authority to use or disclose your PHI, such as a relative or legal representative, may do so for purposes as described in this Notice. If you are deceased, the person with authority may use or disclose your PHI to carry out activities on your behalf.

We may use or disclose your PHI for research.

If you have given written consent to use or disclose your PHI for research, we may use or disclose your PHI for research, as described in this Notice.

You may request a restriction of your PHI.

You may request a restriction of your PHI for certain treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 U.S.C. §1906(c)(1). If you meet any of the conditions described in this Notice, you may request a restriction of your PHI for certain treatment records.

You may request a restriction of your PHI for certain treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 U.S.C. §1906(c)(1). If you meet any of the conditions described in this Notice, you may request a restriction of your PHI for certain treatment records.

You may request a restriction of your PHI for certain treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 U.S.C. §1906(c)(1). If you meet any of the conditions described in this Notice, you may request a restriction of your PHI for certain treatment records.

You may request a restriction of your PHI for certain treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 U.S.C. §1906(c)(1). If you meet any of the conditions described in this Notice, you may request a restriction of your PHI for certain treatment records.

You may request a restriction of your PHI for certain treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 U.S.C. §1906(c)(1). If you meet any of the conditions described in this Notice, you may request a restriction of your PHI for certain treatment records.

You may request a restriction of your PHI for certain treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 U.S.C. §1906(c)(1). If you meet any of the conditions described in this Notice, you may request a restriction of your PHI for certain treatment records.

You may request a restriction of your PHI for certain treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 U.S.C. §1906(c)(1). If you meet any of the conditions described in this Notice, you may request a restriction of your PHI for certain treatment records.

You may request a restriction of your PHI for certain treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 U.S.C. §1906(c)(1). If you meet any of the conditions described in this Notice, you may request a restriction of your PHI for certain treatment records.

You may request a restriction of your PHI for certain treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 U.S.C. §1906(c)(1). If you meet any of the conditions described in this Notice, you may request a restriction of your PHI for certain treatment records.

You may request a restriction of your PHI for certain treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 U.S.C. §1906(c)(1). If you meet any of the conditions described in this Notice, you may request a restriction of your PHI for certain treatment records.

You may request a restriction of your PHI for certain treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 U.S.C. §1906(c)(1). If you meet any of the conditions described in this Notice, you may request a restriction of your PHI for certain treatment records.

You may request a restriction of your PHI for certain treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 U.S.C. §1906(c)(1). If you meet any of the conditions described in this Notice, you may request a restriction of your PHI for certain treatment records.

You may request a restriction of your PHI for certain treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 U.S.C. §1906(c)(1). If you meet any of the conditions described in this Notice, you may request a restriction of your PHI for certain treatment records.

You may request a restriction of your PHI for certain treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 U.S.C. §1906(c)(1). If you meet any of the conditions described in this Notice, you may request a restriction of your PHI for certain treatment records.