

**UnityPoint Health - Keokuk HIPAA NOTICE OF PRIVACY PRACTICES – “NPP”**

Effective Date: July 1, 2016

**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.**

This Notice applies to all of the health records that identify you and the care you receive at UnityPoint Health - Keokuk.

If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you. What type of medical information is covered by this Notice? “Medical information” covered by this Notice is information that identifies you or could be used to identify you that is collected from you or created or received by UnityPoint Health - Keokuk and that relates to your past, present or future physical or mental health condition, including health care services provided to you and payment for such health care services.

If you have any questions about this notice, please contact Compliance Officer, UnityPoint Health - Keokuk, Phone # 319.526.8760.

***Section A: Who Will Follow This Notice and Where?***

This notice describes UnityPoint Health - Keokuk’s practices and applies to:

- Any health care professional authorized to enter information into your medical chart.
- All departments and units of UnityPoint Health - Keokuk.
- Any member of a volunteer group we allow to help you while you are in UnityPoint Health - Keokuk.
- All employees, staff and other personnel of UnityPoint Health - Keokuk.

This document will be used for the UnityPoint Health - Keokuk entities as follows: Hospital Facilities, Ambulatory Services, Walk-In Care Facilities, Staff and Contracted Physicians, Emergency Care Facilities, Primary Care Center, and Home Health Services. UnityPoint Health - Keokuk, the independent contractor members of its medical staff (including your physician), and other health care providers affiliated with UnityPoint Health - Keokuk have agreed to share your medical information among themselves, as permitted by law, for purposes of your treatment, payment or health care operations by participating in an “organized health care arrangement.” This enables us to better address your health care needs.

***Section B: Our Pledge Regarding Medical Information.***

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated or maintained by UnityPoint Health - Keokuk, whether made by UnityPoint Health - Keokuk personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Use our best efforts to keep medical information that identifies you private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Notify you in the event your unsecured medical information has been accessed, used, acquired or disclosed to an unauthorized person in a manner that compromises the security or privacy of your medical Information and
- Follow the terms of the notice that is currently in effect.

***Section C: How We May Use and Disclose Medical Information About You.***

We may share your medical information in any format we determine is appropriate to efficiently coordinate the treatment, payment, and health care operation aspects of your care. For example, we may share your information orally, via fax, on paper, or through electronic exchange.

We also ask you for consent to share your medical information in the Admission Agreement you sign before receiving services from us. This consent is required by state law for some disclosures and allows us to be certain that we can share your medical information for the all reasons described below. If you do not want to consent to these disclosures, please contact the Compliance Officer to determine if we can accept your request.

The following provides an overview of the different ways in which Keokuk Health Systems is permitted to use and disclose medical information.

**Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or UnityPoint Health - Keokuk personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of Keokuk Health Systems also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

**Payment.** We may use and disclose medical information about you so that the treatment and services you receive at UnityPoint Health - Keokuk may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at UnityPoint Health - Keokuk so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Health Care Operations.** We may use and disclose medical information about you for UnityPoint Health - Keokuk's operations. These uses and disclosures are necessary to run UnityPoint Health - Keokuk and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of staff in caring for you.

In certain circumstances, we may also disclose your medical information to other entities covered by HIPAA for their health care operations if such entity has had a relationship with you. For example, another health care provider that treated you may want to know your condition to review the quality of the services you received from them.

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at UnityPoint Health - Keokuk.

**Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Fundraising Activities.** We may use information about you to contact you in an effort to raise money for UnityPoint Health - Keokuk and its operations. We may disclose information to a Foundation related to UnityPoint Health - Keokuk so that the Foundation may contact you to raise money for UnityPoint Health - Keokuk. We would release only contact information, such as your name, address, phone number, gender, age, health insurance status, and the dates you received treatment or services at UnityPoint Health - Keokuk, the department you were treated in, the doctor you saw, and your outcome information. If you do not want UnityPoint Health - Keokuk to contact you for fundraising efforts, you must notify us in writing. UnityPoint Health - Keokuk, Attn: Business Development Director, 1600 Morgan, Keokuk, IA 52632.

**Patient Directory.** We may include certain limited information about you in UnityPoint Health - Keokuk's patient directory while you are a patient at UnityPoint Health - Keokuk. This information may include your name, location in UnityPoint Health - Keokuk, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. This information, as well as your religious affiliation, may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in UnityPoint Health - Keokuk and generally know how you are doing. You can elect not to have such information shared in this manner by notifying us of your wishes.

**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. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in UnityPoint Health - Keokuk. 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. If you do not want us to share your information as described in this paragraph, please inform us of your wishes

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition.

We may also disclose medical information about you to people preparing to conduct a research project if necessary for the research so long as the medical information they review does not leave the hospital. If required by law, we will ask for your permission to use or disclose your medical information for research.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Such disclosures may be made to someone able to help prevent the threat. We may also use or disclose medical information if needed for law enforcement to identify or apprehend an individual under certain circumstances.

#### ***Section D: Special Situations***

**Organ and Tissue Donation.** We may release medical information to organizations that procure, bank, or transplant organs, eyes or tissue as necessary to facilitate organ, eye, or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may also disclose information to entities that determine eligibility for or entitlement to or provide certain veterans' benefits.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Public Health Activities.** We may share medical information for certain public health activities and safety purposes. Examples include the following:

- To prevent or control disease, injury or disability;
- To report vital events such as births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to report suspected abuse, neglect or domestic violence to the appropriate government authority.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- 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 under certain limited circumstances;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at UnityPoint Health - Keokuk; and
- In emergency circumstances to report a crime; the location of the crime or victims; and the identity, description and location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of UnityPoint Health - Keokuk to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the provision of health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety, security, and good order of the correctional institution.

### **Section E: Your Rights Regarding Medical Information About You**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy some of the 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. When your medical information is contained in an electronic health record, as that term is defined in federal laws and rules, you have the right to obtain a copy of such information in an electronic format if requested and you may request that we transmit such copy directly to an entity or person designated by you, provided that any such request is in writing, is signed, and clearly identifies the person to whom we are to send such information. If you request a copy of the information, we may charge a fee for the costs of labor, supplies for creating the copy, and postage (if necessary). We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept by or for the hospital. You must make such request in writing and provide a reason that supports your request. Failure to do so may result in denial of your 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 designated record set;
- Is not part of the information which you would be permitted to inspect; or
- Is accurate and complete.

If your request is denied, we will provide a written explanation of the denial and your rights within 60 days.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you, excluding some disclosures as provided in applicable laws and rules, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, disclosures for notification purposes and certain other types of disclosures made to correctional institutions or law enforcement agencies. Your request must state the time period for which you want to receive the list of disclosures, which may not date back more than six years from your request. 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 that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction on the medical information we use or disclose about you for treatment, payment or health care operations. 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, disclosures to your spouse.

**We are not required to agree to your request,** unless you ask us not to disclose medical information to your health plan where you or someone else (other than your health plan) have paid for medical services out of pocket in full. Please also know that you have to request a restriction of disclosure and pay for all follow-up care and referrals related to that initial health care service that was restricted in order to ensure that none of your medical information with respect to such service is disclosed to your health plan.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. 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.

**Right to 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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, [www.unitypoint.org/keokuk](http://www.unitypoint.org/keokuk)

**Right to Decline Participation in Health Information Exchange.** UnityPoint Health - Keokuk is electronically capable of sending the medical information our facility has in your medical record through an interface to Iowa's state health information exchange (IHIN). This exchange of information would contain a summary of your most relevant medical information, which may include at minimum available information regarding your demographics, insurance, problem list, medication list, radiology reports, and lab reports. Making your medical information available through IHIN promotes efficiency and quality of care, as other providers throughout the state and in other states can access your medical information to treat you. You may choose not to allow your medical information to be shared through IHIN, it is not a condition of receiving care. If you do not want your medical information shared through IHIN please let the registration clerk know and she will provide a form to you allowing you to opt out. At any time you may also contact the Compliance Officer at the address below or obtain information on opting out from the Iowa Department of Public Health at <http://www.iowahealth.org/provider/privacy-security/opt-out/> or at 866-924-4636. Once we process your request, other health care providers will not be able to view your medical information from our facility through the IHIN. This means that it may take longer for your health care providers to get medical information they may need. However, even if you do not want to participate in a state health information exchange, certain state law reporting requirements, such as the immunization registry, will still be fulfilled through health information exchange, and some states still allow health care providers to access your medical information through a regional or state health information exchange if needed to treat you in an emergency. You may contact the following individual to obtain a copy of the form you will need to opt out at: Compliance Officer, UnityPoint Health - Keokuk, 1600 Morgan St., Keokuk, IA 52632

#### **Section F: Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in UnityPoint Health - Keokuk, as well as on our website. The notice will contain on the first page, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will make available a copy of the current notice in effect.

#### **Section G: Complaints**

If you believe your privacy rights have been violated, you may file a complaint with UnityPoint Health - Keokuk or with the Secretary of the Department of Health and Human Services. To file a complaint with UnityPoint Health - Keokuk, all complaints must be submitted in writing to Compliance Officer, 1600 Morgan St., Keokuk, IA 52632. **You will not be retaliated against for filing a complaint.**

#### **Section H: Other Uses of Medical Information That Require Your Authorization**

The following types of uses and disclosures of medical information will be made only with your written permission:

- Uses and disclosures not described above.
- **Psychotherapy Notes.** Psychotherapy notes are notes that your psychiatrist or psychologist maintains separate and apart from your medical record. These notes require your written authorization for disclosure unless the disclosure is required or permitted by law, is to defend against a lawsuit brought by you, or is used to treat you or to train students.
- **Marketing.** We must get your permission to use your medical information for marketing unless we are having a face-to-face talk about the new health care product or service, or unless we are giving you a token gift to tell you about the new health care product or service. We must also tell you if we are receiving payment from someone else to tell you about a new health care item or service.
- **Selling Medical Information.** We will not sell your medical information without your permission and we must tell you if we are receiving payment.

If you provide us with authorization 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 to you.