NOTICE OF PRIVACY PRACTICES

INTRODUCTION
This notice describes how medical information about you may be used and disclosed and tells you how you can get access to this information. We are required to maintain certain legal safeguards that protect the privacy of your health information. We are required to abide by the terms of this Notice or any updated Notice in effect when we disclose or use your personal health information. We also conform to the requirements of state and federal laws. This Notice will become effective on November 15, 2016. We reserve the right to change our Practices and make new provisions for handling health information, if we make any changes, we will make the new Notice available upon request.

INFORMATION WE COLLECT
We collect health information about you from a number of sources. This notice applies to all of the UnityPoint Health entities that we might associate with. It also applies to the health information of the persons covered under the list of health information exchanges required to be disclosed. We maintain this health information in a variety of ways, including paper records and electronic records.

USE OR DISCLOSURE OF HEALTH INFORMATION
We use or disclose your health information for treatment, payment, and healthcare operations as described below. Other uses and disclosures not listed below are prohibited under this Notice unless you authorize them in writing.

TREATMENT
We may use or disclose health information to provide you with treatment or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may use or disclose health information to other health care providers, health plans, workers compensation or similar programs that provide benefits for work-related injuries or illness.

PAYMENT
We may use or disclose health information for payment purposes, such as:
- to identify or locate a suspect, fugitive, material witness or missing person;
- as required by law, including reporting certain wounds and physical injuries;
- for the exclusive purpose of notifying patients or their physicians of products under FDA jurisdiction, and that the information will be used by FDA or an FDA-recognized organization to evaluate the safety of such products;
- for the purpose of carrying out activities to detect or prevent fraud, abuse, or misuse of any program under Title XXI, and that these activities will be used only to detect or prevent fraud, abuse, or misuse of such program;
- in connection with the detection or prosecution of criminal activities.

BUSINESS ASSOCIATES: We may disclose your health information to our business associates for purposes of accomplishing certain functions or activities. When we use or disclose your health information for these purposes we must first enter into a contract requiring the business associate to appropriately safeguard the health information.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION
We may use or disclose health information about you only with your written authorization, unless otherwise described in this Notice or as required or permitted by law.

ADDITIONAL RIGHTS
We are required to abide by the terms of any authorization you give us. However, we may not condition payment, delivery of services or facilities, or eligibility for services or benefits on an individual's authorization to use or disclose protected health information. This means that if you authorize us to disclose your health information to another provider for your care, we may also disclose your health information without your authorization in order to carry out the treatment, payment, and healthcare operations activities described in this Notice.

You have the right to receive an accounting of certain disclosures we make of your health information to an outside billing company who assists us in billing insurance companies.

CONFIDENTIALITY AND SECURITY
You have the right to request a restriction of certain uses and disclosures of your health information. If you request a restriction of uses and disclosures, we are not required to agree to the restriction. If we agree to the restriction, we are not required to disclose the information for treatment, payment, or healthcare operations purposes. However, we will honor the restriction if we agree to it. You should be aware that the restriction may impact your ability to receive medical benefits.

You have the right to restrict the mode of communication and provide you with a way to “opt out” and not receive further communication in this Notice.

ACCESS TO HEALTH INFORMATION
You have the right to request access to your health information. You may request access to your health information in writing. If you request access by mail or phone, you must allow us to charge a fee for services and supplies provided to make the requested copy. We may require that you provide written notice of the time period in which you want the response. We will respond to your request within 30 days of receipt. We may require that you sign a form to indicate that you wish to request access to your health information. We will notify you of any cost or limitation on your request.

CORRECTING HEALTH INFORMATION
You have the right to ask us to correct health information, including information that you believe is inaccurate or incomplete. Otherwise, we are not required to change our records. You must make a written request for an amendment. The request must identify the information to be amended and specify the reason for the amendment.

REPORTING BREACHES
You have the right to be notified of a breach. We will notify you if we discover or reasonably suspect that your health information has been acquired by an unauthorized person or accessed without authorization. If the breach compromises the security or privacy of your PHI, we will notify you in writing. This mailing will be sent to your last known address.

You have the right to request an electronic copy of your health information, if you consent and we maintain your records in electronic form. If you request an electronic copy of your health information, we will make the information available to you in any format, to the extent technically feasible. We may charge a reasonable fee for providing this copy of your health information. You will be notified of the cost and the timeframe for the delivery of the information.

You have the right to restrict the uses and disclosures of your health information for treatment, payment, or health care operations purposes. If you request a restriction, we are not required to agree to the restriction.

You have the right to request an accounting of certain disclosures we make of your health information that was not for treatment, payment, or healthcare operations purposes, if you request an accounting of such disclosures in writing, for a period of up to 12 months prior to your request. We will respond to your request within 60 days of receipt. We may charge a reasonable fee for accounting of disclosures of health information. We will notify you in writing of the cost of the accounting.

You have the right to request an accounting of certain disclosures we make of your health information that was not for treatment, payment, or healthcare operations purposes, if you request an accounting of such disclosures in writing, for a period of up to 12 months prior to your request. We will respond to your request within 60 days of receipt. We may charge a reasonable fee for accounting of disclosures of health information. We will notify you in writing of the cost of the accounting.

You can file a complaint with the Secretary of Health and Human Services or with the HHS Office for Civil Rights if you believe your privacy rights have been violated. You may file a complaint by writing to the HHS Secretary. We cannot retaliate against you if you file a complaint.

INFORMATION ABOUT THE HHS SECRETARY
If you believe your privacy rights have been violated, you may file a complaint with the HHS Secretary. You may file a complaint by writing to the HHS Secretary.

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NOTICE OF PRIVACY PRACTICES
This Notice describes the privacy practices of the UnityPoint Health entities that we may affiliate with. This Notice applies to all of the health information we collect and maintain about you. We take steps to protect your health information from unauthorized access and use. We use certain legal safeguards that protect the privacy of your health information. We are required to abide by the terms of this Notice or any updated Notice in effect when we disclose or use your personal health information. We also comply with the requirements of state and federal laws.