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. Please read it carefully.

We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices. This notice applies to health information about you that we maintain in a record. If you have any questions about this notice or your rights with respect to your health information, please contact our Privacy Officer.

We reserve the right to change our privacy practices and to make changes to this notice. Any change will be effective for any future information we collect after the date of the change. We will provide a copy of this Notice to any current patient who requests it and to all current patients who have not previously received it. We will be held to the terms of the Notice in effect at the time of our treatment of you.

If you have any questions about this Notice, please contact our Privacy Officer.

Contact Information

St. Luke’s Healthcare
Attention: Privacy Officer
2720 State Blvd.
Des Moines, IA 50312
(515) 279-3649

We provide only professional (non-personal) services. For personal services, please contact the organization directly.

We reserve the right to make changes to our privacy practices and to this notice, and to use and disclose health information in a new way or to disclose it to a new entity without giving you notice. Any changes to this Notice will be made in accordance with state and federal law. If we make any changes, the changes will apply to all of your health information that we maintain, whether it was recorded before or after the effective date of the change. To the extent required or permitted by law, we may notify you in writing of the change.

Effective Date of Notice: August 24, 2020

RESEARCH

Under certain circumstances, we may use or disclose your health information for research, subject to certain requirements. We may also disclose your health information for research purposes, subject to certain requirements. We will obtain your authorization for uses and disclosures of your health information other than those specified as permitted or required by law, or as otherwise required by HIPAA regulations. If you request in writing that we not disclose your health information for research, we will abide by your request. If you request in writing that we not disclose your health information for research, we will abide by your request. If you request in writing that we not disclose your health information for research, we will abide by your request.

We may also disclose health information to you for public health purposes, public health activities, or to carry out activities authorized by law.

We may disclose health information as otherwise required by law. For example, we may disclose health information to patients who are HIV-positive, or patients who have been exposed to a disease or are suspected of having a disease. We may also disclose health information to patients who are HIV-positive, or patients who have been exposed to a disease or are suspected of having a disease. We may also disclose health information to patients who are HIV-positive, or patients who have been exposed to a disease or are suspected of having a disease.

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