

Allen Hospital and Your Rights



unitypoint.org



UnityPoint Health
Allen Hospital

You are a full partner in your hospital care.

When you are well informed, participate in treatment decisions and communicate openly with your physician and other health professionals, you help make your care as effective as possible.

We respect your personal preferences and values. UnityPoint Health - Allen Hospital promotes the rights, interests and well-being of our patients. It is our policy that these rights shall be respected, and no patient shall be required to waive these rights as a condition of treatment.

As a patient, parent, or legally responsible representative of a patient, you have the right to:

The Right to Respect

1. Be treated kindly and respectfully by all hospital personnel (including volunteers and students), other patients, visitors, and personal representatives or family members.
2. Know that Allen Hospital will not discriminate or permit discrimination based on color, national origin, sex, age, race, ethnicity, religion, culture, language, physical or mental disability, socio-economic status, sexual orientation, or gender identity expression.
3. Be free from abuse, harassment, neglect, exploitation, aversive therapy, corporal punishment, or denial of basic needs.
4. Be treated in an environment that preserves dignity and supports your positive self-image.
5. Receive care in a safe and secure environment for you and your personal property.
6. Have your cultural, psychosocial, spiritual and personal values, beliefs, and preferences respected.
7. Exercise cultural and spiritual beliefs that do not interfere with the well-being of others. Certain cultural and spiritual beliefs may nevertheless interfere with the planned course of your medical therapy. You may exercise your cultural and spiritual beliefs and take actions as are legally recognized and permissible in the State of Iowa.
8. Receive safe and effective care, treatment, and services regardless of your ability to pay.
9. Be free from restraints or seclusion of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff.

The Right to Access

10. Receive access to treatment, care, or services within the capability, capacity, and mission of Allen Hospital, in compliance with law, regulations, and payment policies.
11. Receive effective communication. When written information is provided, it is appropriate to your age, understanding and language appropriate to the populations we serve.
12. Have language interpreters available at no cost to you.

13. Be provided with information which meets the needs of patients with vision, speech, hearing, language or cognitive impairments.
14. Expect unrestricted access to communication. If visitors, mail, telephone calls, or other forms of communication are restricted as a component of your care, you will be included in any such decision.
15. Have the hospital support your right to access protective and advocacy services by providing a list of community resources.

The Right to Information

16. Be informed in writing of your rights before patient care is furnished or discontinued whenever possible.
17. Expect that your family member (or representative) AND primary care physician, as identified by you, will be notified promptly by hospital staff of your inpatient admission.
18. Be informed of the hospital rules and regulations applicable to your conduct as a patient.
19. Receive information about rights as a Medicare beneficiary at admission.
20. Be informed of your health status.
21. Receive complete and current information concerning your diagnosis, treatment, and prognosis in terms you can understand. When it is not medically advisable to give such information, it should be made available to an appropriate person on your behalf.
22. Know the name, identity, and professional status of the physician or other practitioners providing care, services, and treatment to you at the time of service.
23. Know the name of the physician or other practitioner who is primarily responsible for your care, treatment, and services within 24 hours after admission.
24. Access information contained in your medical records within a reasonable timeframe. See UnityPoint Health System policies: Release of Protected Health Information-No Authorization Required, Release of Protected Health Information-Authorization Required, and Release of Protected Health Information-Substance Abuse/Mental Health and HIV/AIDS.
25. Access, request amendment to, and receive an accounting of disclosure regarding health and clinical services information as permitted by law.
26. Examine your bill and receive an explanation of the charges regardless of the source of payment for your care within a reasonable period of time following receipt of a request.

The Right to Receive Visitors

27. Be informed of your visitation rights, including any clinical restrictions or limitations on such rights.

- 28. Be informed of the right, subject to your consent, to receive the visitors you designate, including but not limited to: spouse, domestic partner (including same sex domestic partner), another family member or friend, and your right to withdraw or deny such consent at any time.
- 29. Know that Allen Hospital is committed to ensuring that all visitors enjoy full and equal visitation privileges consistent with your preferences.

The Right to Medical Treatment and Decision Making

- 30. Participate in developing, approving, and implementing your plan of care.
- 31. Make informed decisions and be involved in resolving concerns about your care, treatment and services. With your permission and as appropriate by law, your family will be involved in the care, treatment, and service decisions.
- 32. Be given an explanation of any proposed procedure or treatment. The explanation should include a description of the nature and purpose of the treatment or procedure, the known risks or serious side effects, and treatment alternatives.
- 33. Know that Allen Hospital’s informed consent policy includes what care, treatment, and services require informed consent, exceptions to informed consent, when a surrogate decision maker can give informed consent, and all the elements that comprise informed consent.
- 34. Receive appropriate assessment and management of pain.
- 35. Receive medical evaluation, service, and/or referral indicated by the urgency of your situation. When medically permissible, you may be transferred to another facility only after having received complete information and explanation concerning the need for an alternative to such a transfer. The facility to which you will be transferred must first accept the transfer.
- 36. Be informed by the practitioner of any continuing healthcare requirements following discharge.
- 37. Refuse medical care, treatment, or services to the extent permitted by law and regulations and be informed of the medical consequences of such refusal. When you are not legally responsible, your surrogate decision maker, as allowed by law, has the right to refuse care, treatment, or services on your behalf.
- 38. Request transfer of your care to another physician or facility.
- 39. Consult with a specialist of your choosing at your request and expense if a referral is not deemed medically necessary by your attending physician.
- 40. Be involved in decisions subject to internal or external review that result in denial of care, treatment, services, or payment based upon your assessed medical needs.
- 41. Know if your care involves any experimental methods of treatment, and if so, you have the right to consent to or refuse

- to participate which will not compromise your access to care, treatment, and services.
- 42. Have a surrogate decision-maker, as identified by law, to make decisions about your care, treatment, and services.
- 43. Have an advanced directive, such as a living will, a healthcare power of attorney, or IPOST, and have hospital staff and practitioners who provide your care in the hospital comply with these directives. These documents express your choices about your future care or name someone to make healthcare decisions if you are unable. If you have a written advanced directive, you should provide a copy to the hospital, your family, and your doctor. If you have an IPOST, you should bring it with you to the hospital upon your admission. You may review and revise your advanced directive at any time. The existence or lack of an advanced directive does not determine an individual’s access to care, treatment, or services.
- 44. Be informed about the outcomes of your care, treatment, and services including unanticipated outcomes that you must be knowledgeable about to participate in current and future decisions affecting your care, treatment, and services.
- 45. Know that the Hospital informs you or your surrogate decision maker of unanticipated outcomes of your care, treatment, and services that relate to sentinel events.

The Right to Privacy

- 46. Receive care and treatment that maintains your personal privacy and dignity. Discussions about your care, examination, or treatment are confidential and should be conducted discretely. You have the right to exclude those persons not directly involved in your care. If you desire to have private telephone conversations, you will have access to private space and telephones appropriate to your needs.
- 47. Expect that all communications and clinical records pertaining to your care will be treated confidentially.

The Right to File a Complaint

- 48. Use the Allen Hospital grievance (complaint) resolution process for submitting a written or verbal grievance to the Patient Safety Program Manager, your caregivers, your healthcare practitioners, or administration. You may freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment, and services. If you submit a complaint or grievance, it will be investigated. Action will be taken to resolve the concern either verbally or in writing when appropriate.
- 49. Receive a written response to your grievance from the hospital.
- 50. Refer concerns or grievances regarding quality of care, premature discharge, or beneficiary complaints to appropriate organization.

A. Iowa Department of Inspections and Appeals at 515 281-4115 or at Health Facilities Division, Lucas State Office Building, Des Moines, Iowa 50319.

B. Livanta, LLC | BFCC-QIO
 10820 Guilford Road, Suite 202
 Annapolis Junction, MD 20701-1105
 Medicare Helpline: 1-888-755-5580 | Fax 1-844-420-6671
 Website: https://livantaqio.com/en/Beneficiary/Quality_Of_Care

LivantaCares Medicare Helpline
 The LivantaCares Medicare Helpline app is the fastest way to address your Medicare health care concerns and to receive notifications on the status of your case. It is now GPS enabled to receive timely notification regarding your Medicare rights. There are no phone trees to navigate and the wait time to speak with a specialist is under 30 seconds. You can contact the Medicare Quality Improvement Program with ease. Livanta is a US Government authorized Medicare contractor.



C. The Joint Commission
 (Accreditation of Healthcare Organizations):

- Website: www.jointcomission.org, using the "Report a Patient Safety Event" link in the "Action Center" on the home page of the website
- By phone: 800-994-6610
- By fax: 630-792-5636
- By mail: The Office of Quality and Patient Safety (OQPS), The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181

As a patient, you have the responsibility:

1. To provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health, including advanced directives, reporting perceived risks in your care, unexpected changes in your condition, and whether you clearly comprehend a contemplated course of action and what is expected.
2. To follow the treatment plan recommended by the practitioner primarily responsible for your care. This may include following the instructions of nurses and other healthcare professionals as they implement the practitioner's orders and enforce the applicable hospital rules and regulations.
3. For your actions if you refuse treatment or if you do not follow the practitioner's instructions.
4. To assure that the financial obligations of your care are fulfilled as promptly as possible.
5. To follow hospital rules and regulations affecting patient care and conduct.
6. To be considerate of the rights of other patients and hospital personnel, and for assisting in the control of noise, smoking, and the number of visitors in your room.
7. To ask questions when you do not understand what you have been told about your care or what you are expected to do.
8. To make your concerns, complaints, or grievances related to patient care known to your caregiver, a patient representative, or other Allen Hospital official.

Complaints

We believe that these rights and responsibilities contribute to more effective patient care and greater satisfaction. If you do not believe these rights and responsibilities are being adequately upheld, please talk with your nurse or contact the Patient Advocate.

Patient Advocate

Unity Point Health – Allen Hospital
 1825 Logan Avenue
 Waterloo, IA 50703
319-235-3567 or 3567 on your room phone

President and CEO

Unity Point Health – Allen Hospital
 1825 Logan Avenue
 Waterloo, IA 50703
319-235-3987 or 3987 on your room phone

Allen Hospital supports the patient's right to access protective services, including but not limited to guardianship, advocacy and child or adult protective services. You have the right to access state client advocacy groups and to file a complaint if you have a concern about patient abuse, neglect or misappropriation of your property in our facility.

Confidentiality

Your right to confidentiality is included in your rights as a patient. All Allen Hospital employees are bound to confidentiality by hospital policy and professional and personal ethics. Only persons with legitimate interests, who must utilize information found in clinical records or communications in order to carry out their duties and responsibilities to the patient and the hospital, may have access to this information. In addition, patient information to which employees have access either formally or informally shall not be disclosed or discussed outside the realm of professional responsibility.

Privacy

We are required by federal law to maintain the privacy of your medical information and give you our Notice of Privacy Practice that describes our privacy practices, our legal duties and your rights concerning your medical information. This Notice is included in this brochure and is also available in a separate brochure in either English or Spanish and will be offered to you at the time you are admitted, or prior to receiving outpatient care.

Do Not Announce Status

Confidentiality about your health status is important. Information can only be given to immediate family. You may want to designate a family contact to provide updates to others. We will strive to protect your privacy during your stay. Patients who wish to have complete privacy and avoid all outside contacts may request Do Not Announce/No Publication status. With this level of confidentiality, our staff will neither confirm nor deny a patient's presence at the hospital. Room and telephone numbers will not be disclosed. Flowers, mail or other parcels will be returned to the sender.

As an Allen patient, you should have been provided with information that will help you make decisions on medical care you might need in the future. Competent adults have the right to refuse or accept medical treatment after being informed of the procedures and risks.

However, there is growing concern over how medical care decisions will be made when patients are unable to make decisions for themselves. Today, medical technology presents us with a number of treatments that prolong life. Some people do not wish such treatment, while others wish to take advantage of every treatment available.

Often decisions must be made when the patient is no longer able to state his or her wishes.

A growing number of people are stating their healthcare choices in writing while they are still able to make these decisions. These legal documents are called Advance Directives, more commonly known as a Living Will and Durable Power of Attorney for Healthcare. You should talk to your physician about the effects of withholding or withdrawing different treatments. It is also a good idea to discuss your decision with your family. While it is not necessary to consult your attorney for your Advance Directive to be a legally binding document, it is often helpful. Let your nurse know if you need assistance with Advance Directives while you are here. An Advance Directive is a document stating your healthcare choices or naming someone to make those choices for you if you become unable to do so.

Iowa law provides two types of Advance Directives:

- 1. The Declaration Relating to Use of Life-Sustaining Procedures, known as a Living Will**
- 2. The Durable Power of Attorney for Healthcare**

It is important to know that healthcare decisions can be made on your behalf without an Advance Directive. Others will make these decisions, in consultation with your physician, and these decision makers should be guided by your intentions. However, you will have greater assurance that your wishes will be carried out if you have an Advance Directive.

A **Living Will** is a document directing your physician that certain life-sustaining procedures should be withheld or withdrawn if you are in a terminal condition and unable to decide for yourself. A terminal condition is an irreversible condition that, without life-sustaining procedures, will result in death in a relatively short time or in a state of permanent unconsciousness from which there is no likely recovery. The determination of a terminal condition must be made by the attending physician following consultation with another physician. A life-sustaining procedure is any mechanical or artificial means which sustains, restores or supplants a vital body function and which would only prolong the dying process for a terminal patient. A mechanical respirator is an example.

A Living Will takes effect only when you have a terminal condition and are unable to make decisions. Iowa's Living Will Law does not permit withholding or withdrawing nutrition or hydration (food or water) unless they are provided intravenously or by a feeding tube.

In addition, medication or medical procedures necessary to provide comfort or to ease pain are not life sustaining, and will not be withheld under a Living Will. It should be noted that the Iowa General Assembly made changes to the Living Will Law in 1992, so if you completed a Living Will before April 23, 1992, your Living Will may not allow for withdrawal or withholding of intravenous feeding or feeding tubes. It may not apply if you are not about to die but are in a permanent state of unconsciousness with no likely hope of future recovery. It will only apply in those situations if you specifically stated it should. If you did not specify those cases, you may want to complete a new Living Will. You should consult your attorney for advice.

Durable Power of Attorney for Healthcare is a document through which you name another person - known as your attorney-in-fact or agent - to make healthcare decisions for you if you become unable. This person is required to make those decisions according to your document or other directions you provide. If your wishes are not known, your agent shall make decisions in your best interest.

The person you name in a Durable Power of Attorney for Healthcare should be someone you trust and who agrees to be your agent. The law does not allow this person to be your doctor, nurse or other person providing healthcare to you on the date you sign the document; or any employee of the doctor, nurse or any hospital or healthcare facility providing care to you, unless that employee is a close relative.

Your agent can make any decision you can make regarding treatment of your physical or mental condition, including withdrawal of intravenous feeding or feeding tubes. In all cases, your agent must act according to your wishes, and if you wish, you may limit your agent's scope of authority. It is important to discuss your wishes with the person who will be your agent, and you may also state them on the Durable Power of Attorney form. It is advisable to name an alternate agent in case the person you appoint becomes unable or unwilling to act on your behalf.

A Living Will is a directive to your physician; while Durable Power of Attorney for Healthcare lets you name an agent that will direct the physician. A Living Will applies only if it is your intention to have life-sustaining procedures withheld or withdrawn, and you are in a terminal condition. Durable Power lets you specify the healthcare you want or don't want, and its application is not restricted to terminal conditions or decisions about life-sustaining procedures. However, both documents apply only when you are unable to make your own decisions.

If you are uncertain about which documents are best for you, consult your physician or attorney for guidance. UnityPoint Health - Allen Hospital ensures that the wishes of the patients and their families or designated representatives are followed whenever possible, in the hospital's capacity or to the extent permitted by law.

Iowa Physician Orders for Scope of Treatment (IPOST)

The Iowa Physician Orders for Scope of Treatment, known as IPOST, is a double-sided, one-page document, salmon in color, that allows a person to communicate his or her preferences for key life-sustaining treatments including: resuscitation, general scope of treatment, artificial nutrition and more. IPOST is appropriate for an individual who is frail, elderly or who has a chronic, critical medical condition or terminal illness.

In the last stages of illness, health decisions can be complicated health providers. IPOST helps health providers guide and support patients and their families during this sensitive time. A completed IPOST creates a clear declaration of the patient's healthcare treatment choices and ensures that the patient's wishes are fulfilled at the prescribed time. Contact your case manager or social worker to learn more or to fill out the form.

If you need information on Advance Directives, or if you have questions about preparing your own Advance Directive, tell your nurse, or contact the nursing station on your unit.

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.

We are required by law to maintain the privacy of your health information and to give you our Notice of Privacy Practices (this “Notice”) that describes our privacy practices, legal duties and your rights concerning your health information.

We follow the confidentiality protections of 42 C.F.R. Part 2 for substance use disorder-related records and the Affiliates who operate Part 2 programs also follow the privacy practices described in Appendix A.

WHO WILL FOLLOW THIS NOTICE

THE UNITYPOINT HEALTH ACE. This Notice describes the privacy practices of the UnityPoint Health Affiliated Covered Entity (the “UnityPoint Health ACE”), the participants of which are listed in Appendix B (the “Affiliates”).

THE UNITYPOINT HEALTH OHCAS. This Notice may be followed by participants of one or more of the Organized Health Care Arrangements (“OHCAs”) listed in Appendix C, if designated as following a joint notice. The participants of the OHCAs must be able to share your health information freely for treatment, payment and health care operations relating to the purposes of the OHCAs as described in this Notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following are general descriptions of the types of uses and disclosures we may make of your health information without your permission. Where state or federal law restricts one of the described uses or disclosures, we follow the requirements of such law.

TREATMENT. We will use and disclose your health information for treatment. For example, nurses, physicians, students and others who are involved in your care at a UnityPoint Health Affiliate can view your health information in our electronic medical record system. We will also disclose your health information to your physician and other practitioners, providers and health care facilities that provide care for you at their sites, for their use in treating you. For example, if you are transferred from one of our hospitals to a nursing facility, we will send health information about you to the nursing facility.

PAYMENT. We will use and disclose your health information for payment purposes. For example, we will use your health information to prepare your bill and we will send health information to your insurance company with your bill. We may also disclose health information about you to other health care providers, health plans and health care clearinghouses for their payment purposes. For example, if you are brought in by ambulance, the information collected will be given to the ambulance provider for its billing purposes. If state law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes.

HEALTH CARE OPERATIONS. We may use or disclose your health information for our health care operations. For example, medical staff members or members of our workforce may review your health information to evaluate the treatment and services provided, and the

performance of our staff in caring for you. In some cases, we will furnish other qualified parties with your health information for their health care operations. The ambulance company, for example, may also want information on your condition to help them know whether they have done an effective job of providing care. If state law requires, we will obtain your permission prior to disclosing your health information to other providers or health insurance companies for their health care operations.

CONTACTING YOU. We may contact you for a variety of reasons, such as to remind you of an appointment for treatment or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. If you provide us with your mobile telephone number, we may contact you by call or text message at that number for treatment-related purposes such as appointment reminders, wellness checks, registration instructions, etc. We will identify UnityPoint Health as the sender of the communication and provide you with a way to “opt out” and not receive further communication in this manner. With your consent, we may contact you on your mobile phone for certain other purposes.

FUNDRAISING. We may use and disclose your health information for the purpose of raising money for one or more of our organizations listed in Appendix B. For example, we may disclose certain information about you to a foundation supporting an Affiliate so that the foundation may contact you to raise money on behalf of the Affiliate. You will have the right to opt out of receiving such communications with each solicitation. Please note that we will promptly process your request to be removed from our fundraising list, and we will honor your request unless we have already sent a communication prior to receiving notice of your election to opt out.

FACILITY DIRECTORY. We may disclose certain information about you while you are an inpatient at any UnityPoint Health hospital unless prohibited by state or federal law. You have the right to request that your name not be included in the directory.

FAMILY, FRIENDS OR OTHERS. We may disclose certain information about you to a family member, your personal representative or another person identified by you if you do not object or we think it’s in your best interest to do so. If any of these individuals are involved in your care or payment for care, we may also disclose such health information as is directly relevant to their involvement. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or individual responsible for your care may be notified of your location and condition.

REQUIRED BY LAW. We will use and disclose your information as required by federal, state or local law, including disclosures to the Secretary of the Department of Health and Human Services to evaluate our compliance with privacy laws.

PUBLIC HEALTH ACTIVITIES. We may disclose health information about you for public health activities, including:

- to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability;
- to appropriate authorities authorized to receive reports of child abuse and neglect;
- to FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products;
- 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; and
- with parent or guardian permission, to send proof of required immunization(s) to a school.

ABUSE, NEGLECT OR DOMESTIC VIOLENCE. To the extent required or permitted by law, we may notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence.

HEALTH OVERSIGHT ACTIVITIES. We may disclose health information to a health oversight agency for activities authorized by law.

LEGAL PROCEEDINGS. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order or in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

LAW ENFORCEMENT. We may disclose certain health information to law enforcement authorities for law enforcement purposes, such as:

- as required by law, including reporting certain wounds and physical injuries;
- 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 if we obtain the individual's agreement or, under certain limited circumstances, if we are unable to obtain the individual's agreement;
- to alert authorities of a death we believe may be the result of criminal conduct;
- information we believe is evidence of criminal conduct occurring on our premises; and
- in emergency circumstances to report a crime; the location of the crime or victims or the identity, description or location of the person who committed the crime.

DECEASED INDIVIDUALS. Following your death, we may disclose health information to a coroner or to a medical examiner and to funeral directors as authorized by law. We are required to apply safeguards to protect your health information for 50 years following your death.

ORGAN, EYE OR TISSUE DONATION. We may disclose health information to organ, eye or tissue procurement, transplantation or banking organizations or entities.

RESEARCH. Under certain circumstances, we may use or disclose your health information for research, subject to certain safeguards. We may disclose health information about you to people preparing to conduct a research project, but the information will stay on site.

THREATS TO HEALTH OR SAFETY. Under certain circumstances, we may use or disclose your health information to prevent a serious and imminent threat to health and safety.

SPECIALIZED GOVERNMENT FUNCTIONS. We may use and disclose your health information for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, its agents or the law enforcement official your health information.

WORKERS' COMPENSATION. We may disclose health information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

INCIDENTAL USES AND DISCLOSURES. There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

HEALTH INFORMATION EXCHANGES. We participate in one or more electronic health information exchanges, which permit us to exchange health information about you with others who are permitted to access your health information. Please note that the records of all of our patients will be accessible through the HIEs with which we participate, regardless of the state affiliation and our patients' locations of care. If you do not want your health information shared with providers through an HIE, you may contact the Privacy Officer at the contact information below to obtain information on how to opt out. If required by law to inform you of our participation in a specific HIE, we have listed the HIE on Appendix D.

BUSINESS ASSOCIATES. We will disclose your health information to our business associates and allow them to create, use and disclose your health information to perform their services for us. For example, we may disclose your health information to an outside billing company who assists us in billing insurance companies.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

There are many uses and disclosures we will make only with your written authorization. These include:

- **Uses and Disclosures Not Described Above.** We will obtain your authorization for uses and disclosures of your health information that are not described in the Notice above.
- **Psychotherapy Note.** Many uses or disclosures of psychotherapy notes require your authorization.
- **Marketing.** We will not use or disclose your protected health information for certain marketing purposes without your authorization.
- **Sale.** Unless otherwise permitted by law, we will not sell your protected health information to third parties without your authorization.

If you provide authorization for the disclosure of your health information, you may revoke it at any time by giving us notice in accordance with our authorization policy and the instructions in our authorization form. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization.

YOUR RIGHTS

ACCESS TO HEALTH INFORMATION. You have the right to request paper or electronic access to inspect and obtain a copy of the health information we maintain about you, with some exceptions. We will provide the information to you in the form and format you requested, assuming it is readily producible. If not, we will produce it another readable electronic form we agree to. We may charge a cost-based fee for producing and sending copies or, if you request one, a summary. If you direct us to transmit your health information to another person, we will do so, provided your signed, written direction clearly designates the recipient and location for delivery.

REQUEST FOR RESTRICTIONS. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care or payment for your care. We are not always required to agree to your request, except if you request that we not disclose certain health information to your health plan for payment or health care operations purposes if (1) you pay out-of-pocket in full for all expenses related to that service either at the time of service or within timeframes specified by our written policies and (2) the disclosure is not otherwise required by law.

Certain independent providers provide services at the Affiliates. You must make a separate request to each of these covered entities from whom you will receive services that are involved in your request for any type of restriction. Contact the UnityPoint Health ACE or Affiliate Privacy Officer at the contact information listed below if you have questions regarding which covered entity/providers will be involved in your care.

AMENDMENT. You may request that we amend certain health information that we keep in your records if you believe that it is incorrect or incomplete. We are not required to make all requested amendments. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

ACCOUNTING. You have the right to receive a list of certain disclosures of your health information made by us or on our behalf. The first list in any 12-month period will be provided to you for free; you may be charged a fee for each subsequent list you request within the same 12-month period.

CONFIDENTIAL COMMUNICATIONS. You have the right to request that we communicate with you about your health information in a different way or at a different place. We will agree to your request if it is reasonable and specifies the alternate means or location to contact you.

NOTICE IN THE CASE OF BREACH. You have the right to receive notice of an access, acquisition, use or disclosure of your health information that is not permitted by HIPAA, if such access, acquisition, use or disclosure compromises the security or privacy of your PHI (we refer to this as a breach).

HOW TO EXERCISE THESE RIGHTS. All requests to exercise these rights must be in writing. We will follow written policies to handle requests, respond to you within the stated timeframes and as required by law, and notify you of our decision or actions and your rights. For more information or to obtain request forms, contact the Privacy Officer using the contact information at the end of this Notice.

COMPLAINTS. If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint with the UnityPoint Health ACE using the contact information at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

ABOUT THIS NOTICE

We are required to follow the terms of the Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and notice provisions effective for all health information that we maintain. Before we make such changes effective, we will make available the revised Notice by posting it in physical locations where we deliver care, where copies will also be available. The revised Notice will also be posted on our website at www.unitypoint.org. You are entitled to receive this Notice in writing at any time. For a written copy, please contact the Privacy Officer using the contact information at the end of this Section.

This Notice does not form a contract with you.

CONTACT INFORMATION

Please refer to Appendix B for contact information for the providers/facilities covered under this Notice of Privacy Practices.

You may also contact the Privacy Officer for UnityPoint Health by sending written communications to Privacy Officer, UnityPoint Health, 1776 West Lakes Parkway, Suite 400, West Des Moines, IA 50266, emailing UPH_PrivacyOfficer@unitypoint.org or calling (515) 241-4652.

EFFECTIVE DATE OF NOTICE: December 20, 2021.

APPENDIX A:

In addition to the privacy protections afforded to all medical records under HIPAA, the confidentiality of substance use disorder records are protected by another federal law referred to as Part 2. Certain UnityPoint Health Affiliates operate Part 2 covered programs, and this Appendix is intended to provide patients of those programs with a summary of the laws and regulations governing substance use disorder treatment records, which can be found at 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2 (“Part 2”).

DISCLOSURES OF INFORMATION SUBJECT TO FEDERAL SUBSTANCE USE DISORDER RULES

The following is a summary of the limited circumstances under which we may acknowledge your presence or disclose information about you to individuals outside UnityPoint Health without your permission.

Medical Emergencies. We may disclose your information to medical personnel to the extent necessary to meet a bona fide medical emergency during which you are unable to provide prior informed consent of the disclosure. We may also disclose your identifying information to medical personnel of the Food and Drug Administration (“FDA”) who assert a reason to believe that your health may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

Research: Under certain circumstances, we may disclose your information for scientific research, subject to certain safeguards.

Audit and Evaluations. We may disclose information to others for specific audits or evaluations, including those who provide financial assistance to UnityPoint Health or those who conduct audits and evaluations necessary under federally-funded health care programs and federal agencies with oversight of those programs.

Reporting Certain Criminal Conduct. The following information is not protected by Part 2:

- Information related to your commission of a crime on the premises of a UnityPoint Health facility;
- Information related to your commission of a crime against UnityPoint Health personnel; and
- Reports of suspected child abuse and neglect made under state law to the appropriate state or local authorities.

Individuals Involved in Your Care. Depending on your age and mental capacity and the location of your services, we may be permitted to make certain disclosures of your information to your guardian, for payment purposes, and your guardian may be permitted to consent to disclosures of your information.

Deceased Patients. We may disclose your information relating to cause of death under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

Judicial Proceedings. We may disclose information about you in response to a court order and subpoena that comply with the requirements of the regulations.

Qualified Service Organizations. We will disclose your information to our qualified service organizations to the extent necessary for these entities to provide services to UnityPoint Health.

VIOLATIONS OF LAWS AND REGULATIONS. A violation of the federal law and regulations governing the confidentiality of substance use disorder records is a crime. Suspected violations may be reported to the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment at 5600 Fishers Lane Rockville, MD 20857 or (240) 276-1660 or to the US Attorney for the district in which the violation occurred.

Central District of Illinois

One Technology Plaza
211 Fulton Street, Suite 400
Peoria, IL 61602
(309) 671-7050

Southern District of Iowa

U.S. Courthouse Annex
110 East Court Avenue # 286
Des Moines, Iowa 50309-2053
(515) 473-9300

Northern District of Iowa

111 7th Ave, SE
Box #1
Cedar Rapids, IA 52401
(319) 363-6333

Western District of Wisconsin

222 West Washington Ave,
Suite 700
Madison, WI 53703
(608) 264-5158

APPENDIX B:**PRIVACY OFFICER CONTACT INFORMATION AND LIST OF PROVIDERS/FACILITIES COVERED UNDER THIS NOTICE OF PRIVACY PRACTICES.****IOWA**

Allen Health Systems, Inc. dba: - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

- **UnityPoint Health - Waterloo** - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

Allen Memorial Hospital Corporation dba: - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

- **Allen Hospital** - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

Anamosa Area Ambulance Service - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

Black Hawk-Grundy Mental Health Center, Inc - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

Buena Vista Regional Medical Center - Privacy Officer
1525 W 5th Street, Storm Lake IA 50588 - 712-213-8687

Center for Alcohol and Drug Services, Inc. - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

Central Iowa Health System - Privacy Officer
UPH_CentrallIAPrivacyOfficer@unitypoint.org - 515-241-8199

Central Iowa Hospital Corporation dba: - Privacy Officer
UPH_CentrallIAPrivacyOfficer@unitypoint.org - 515-241-8199

- **Ankeny Medical Park** - Privacy Officer
UPH_CentrallIAPrivacyOfficer@unitypoint.org - 515-241-8199

- **Blank Children's Hospital** - Privacy Officer
UPH_CentrallIAPrivacyOfficer@unitypoint.org - 515-241-8199

- **Iowa Lutheran Hospital** - Privacy Officer
UPH_CentrallIAPrivacyOfficer@unitypoint.org - 515-241-8199

- **Iowa Methodist Medical Center** - Privacy Officer
UPH_CentrallIAPrivacyOfficer@unitypoint.org - 515-241-8199

- **John Stoddard Cancer Center** - Privacy Officer
UPH_CentrallIAPrivacyOfficer@unitypoint.org - 515-241-8199

- **Methodist West Hospital** - Privacy Officer
UPH_CentrallIAPrivacyOfficer@unitypoint.org - 515-241-8199

- **UnityPoint Health - Des Moines** - Privacy Officer
UPH_CentrallIAPrivacyOfficer@unitypoint.org - 515-241-8199

Clarke County Hospital - Privacy Officer
800 S Filmore, Osceola IA 50213 - 641-342-5442

Finley Tri-States Health Group, Inc. - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

Greater Regional Medical Center dba: - Privacy Officer
1700 West Townline, Creston IA 50801 - 641-782-3651

- **Greater Regional Health** - Privacy Officer
1700 West Townline, Creston IA 50801 - 641-782-3651

Greene County Medical Center - Privacy Officer
1000 W Lincoln Way, Jefferson IA 50129 - 515-386-0122

Grinnell Regional Medical Center - Privacy Officer
UPH_CentrallIAPrivacyOfficer@unitypoint.org - 515-241-8199

Grundy County Memorial Hospital - Privacy Officer
201 E "J" Avenue, Grundy Center IA 50638 - 319-824-5082

Humboldt County Memorial Hospital - Privacy Officer
1000 N. 15th Street, Humboldt IA 50548 - 515-332-7686

Iowa Physicians Clinic Medical Foundation dba: - Privacy Officer
UPH_UPCPrivacyOfficer@unitypoint.org - 515-440-5200

- **UnityPoint Clinic** - Privacy Officer
UPH_UPCPrivacyOfficer@unitypoint.org - 515-440-5200

Loring Hospital - Privacy Officer
211 Highland Avenue, Sac City IA 50583 - 712-662-7105

Lucas County Health Center - Privacy Officer
1200 N 7th Street, Chariton IA 50049 - 641-774-3229

Marengo Memorial Hospital dba: - Privacy Officer
300 W May Street, Marengo IA 52301 - 319-642-8080

- **Compass Memorial Healthcare** - Privacy Officer
300 W May Street, Marengo IA 52301 - 319-642-8080

North Central Iowa Mental Health Center, Inc. dba: - Privacy Officer
UPH_WesternIAPrivacyOfficer@unitypoint.org - 515-574-6675

- **Berryhill Center** - Privacy Officer
UPH_WesternIAPrivacyOfficer@unitypoint.org - 515-574-6675

Northwest Iowa Hospital Corporation dba: - Privacy Officer
UPH_WesternIAPrivacyOfficer@unitypoint.org - 515-574-6675

- **St. Luke's Regional Medical Center of Sioux City** - Privacy Officer
UPH_WesternIAPrivacyOfficer@unitypoint.org - 515-574-6675

Pocahontas Community Hospital - Privacy Officer
606 NW 7th Street, Pocahontas IA 50574 - 712-335-3501

Siouxland Pace, Inc. - Privacy Officer
UPH_WesternIAPrivacyOfficer@unitypoint.org - 515-574-6675

Sioux Valley Memorial Hospital Association dba: - Privacy Officer
300 Sioux Valley Drive, Cherokee IA 51012 - 712-225-3368

- **Cherokee Regional Medical Center** - Privacy Officer
300 Sioux Valley Drive, Cherokee IA 51012 - 712-225-3368

St. Luke's Healthcare - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

St. Luke's Health Resources dba: - Privacy Officer
UPH_WesternIAPrivacyOfficer@unitypoint.org - 515-574-6675

- **Occupational Medicine** - Privacy Officer
UPH_WesternIAPrivacyOfficer@unitypoint.org - 515-574-6675

St. Luke's Methodist Hospital - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

St. Luke's/Jones Regional Medical Center dba: - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

- **Jones Regional Medical Center** - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

Stewart Memorial Community Hospital - Privacy Officer
1301 W Main Street, Lake City IA 51449 - 712-464-4139

Story County Medical Center - Privacy Officer
640 S 19th Street, Nevada IA 50201 - 515-382-7717

Sumner Community Club dba: - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

- **Community Memorial Hospital** - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

The Dubuque Visiting Nurse Association - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

The Finley Hospital dba - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

- **UnityPoint at Home – Dubuque** - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

The Robert Young Center for Community Mental Health dba:
Privacy Officer - UPH_ILPrivacyOfficer@unitypoint.org
309-672-4831

- **Robert Young Center** - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

- **The Robert Young Mental Health Center** - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

Trinity Health Enterprises, Inc. - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

Trinity Medical Center - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

Trinity Regional Medical Center - Privacy Officer
UPH_WesternIAPrivacyOfficer@unitypoint.org - 515-574-6675

Unity HealthCare dba: - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

- **Trinity Muscatine** - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

UnityPoint At Home dba: - Privacy Officer
UPH_UPAHPrivacyOfficer@unitypoint.org - 515-557-3236

- **Paula J. Baber Hospice Home (IPU)** - Privacy Officer
UPH_UPAHPrivacyOfficer@unitypoint.org - 515-557-3236

- **Taylor House (IPU)** - Privacy Officer
UPH_UPAHPrivacyOfficer@unitypoint.org - 515-557-3236

- **UnityPoint Hospice** - Privacy Officer
UPH_UPAHPrivacyOfficer@unitypoint.org - 515-557-3236

UnityPoint Health – Marshalltown - Privacy Officer
UPH_EasternIAPrivacyOfficer@unitypoint.org - 319-235-3920

Yunker Rehabilitation Therapy Services, LLC - Privacy Officer
UPH_CentrallIAPrivacyOfficer@unitypoint.org - 515-241-8199

ILLINOIS

Center for Alcohol and Drug Services, Inc. - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

Iowa Physicians Clinic Medical Foundation dba: - Privacy Officer
UPH_UPCPrivacyOfficer@unitypoint.org - 515-440-5200

- **UnityPoint Clinic** - Privacy Officer
UPH_UPCPrivacyOfficer@unitypoint.org - 515-440-5200

Methodist Health Services Corporation - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

Pekin Memorial Hospital dba: - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

- **UnityPoint Health Pekin** - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

Proctor Hospital - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

The Methodist Medical Center of Illinois - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

The Robert Young Center for Community Mental Health dba:
Privacy Officer - UPH_ILPrivacyOfficer@unitypoint.org
309-672-4831

- **Robert Young Center** - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

- **The Robert Young Mental Health Center** - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

Trinity Health Enterprises, Inc. - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

Trinity Medical Center - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

UnityPoint at Home - Privacy Officer
UPH_UPAHPrivacyOfficer@unitypoint.org - 515-557-3236

UnityPoint Health – Central Illinois - Privacy Officer
UPH_ILPrivacyOfficer@unitypoint.org - 309-672-4831

WISCONSIN

Meriter Enterprises, Inc. - Privacy Officer
UPH_WIPrivacyOfficer@unitypoint.org - 608-417-5834

- **Meriter Laboratory** - Privacy Officer
UPH_WIPrivacyOfficer@unitypoint.org - 608-417-5834

Meriter Health Services, Inc. - Privacy Officer
UPH_WIPrivacyOfficer@unitypoint.org - 608-417-5834

Meriter Hospital, Inc. - Privacy Officer
UPH_WIPrivacyOfficer@unitypoint.org - 608-417-5834

APPENDIX C:

UnityPoint Health participates in one or more Organized Health Care Arrangements (“OHCAs”). OHCAs can take one of two forms. First, an OHCA can be a clinically integrated care setting in which patients receive health care services from more than one independent health care provider. Next, an OHCA can be an organized system of health care in which multiple independent covered entities participate in joint health care-related activities including utilization review, quality assessment and improvement activities, or certain payment activities.

This Appendix lists the OHCAs in which UnityPoint Health participates and describes whether and to what extent the OHCA participants follow this Notice.

MEDICAL STAFF

The UnityPoint Health ACE Affiliate Hospitals and the members of their respective medical staffs participate in an OHCA. Our medical staff is made up of physicians, nurse practitioners and other eligible health care professionals who provide health care services in our hospitals, clinics and other sites. The medical staff will follow this Notice when using or disclosing health information related to inpatient or outpatient hospital services rendered through our facilities.

UNITYPOINT HEALTH’S ACOS

The UnityPoint Health ACE and providers of UnityPoint Health’s Accountable Care Organization (“ACO”) also participate in an OHCA. We share information with providers in the ACO to carry out the health care operations of the ACO, which may include, for example, information regarding a physician’s compliance with ACO protocols in the physician’s treatment of you.

UnityPoint Health-Meriter, Iowa Physicians Clinic Medical Foundation (UPC), UnityPoint at Home participate in an OHCA with University of Wisconsin Hospitals and Clinics Authority (UWHC) and University of Wisconsin Medical Foundation (UWMF). UWHC and UWMF are collectively referred to as UW Health. These members participate in a joint operating agreement to clinically align their operations within a geographic area to provide timely access and coordinated medical care within the Madison region and surrounding communities. The members share information to carry out their joint health care operations under the joint operating agreement, including, for example, business planning activities and coordinating managed care contracting.

Robert Young Center participates with other behavioral health services agencies in the Independent Practice Association Network established by Illinois Health Practice Alliance, LLC. The participants share in joint quality activities and/or share financial risk for the delivery of health care with other participants.

All independent practitioners are solely responsible for their judgment and conduct in treating or providing professional services to patients and for their compliance with state and federal laws. Nothing in this Notice is meant to imply or create an employment relationship between any independent physician or other practitioner and us. This Notice does not change or limit any consents for treatment or procedures the patient may sign during the time the patient receives care from any of us.

When applicable, we use a joint Notice of Privacy Practices and a joint Acknowledgement Form with independent physicians and other practitioners to reduce paperwork and make it easier to share information to improve your care. The OHCA does not cover the information practices of practitioners in their private offices or at other practice locations.

APPENDIX D:

LIST OF HEALTH INFORMATION EXCHANGES REQUIRED TO BE DISCLOSED

Iowa Health Information Network (IHIN)

To opt out or for more information visit ihin.org.

PLAIN LANGUAGE SUMMARY OF UNITYPOINT HEALTH FINANCIAL ASSISTANCE POLICY

UnityPoint Health (“UPH”) offers financial assistance to many people who have health care needs and are not able to pay for care. UnityPoint Health does not want a person’s ability to pay their bill to stop them from getting care. This is a summary of the UnityPoint Health Financial Assistance Policy (FAP).

AVAILABILITY OF FINANCIAL ASSISTANCE

You may be able to get financial assistance if you are not able to pay your health care bill. UnityPoint Health gives financial assistance for required medical services. Optional services, such as cosmetics, will not receive financial assistance.

ELIGIBILITY REQUIREMENTS

Total income of the people living in the home is used to determine if you will get assistance. If this income is below 200% of the Federal Poverty Level (FPL), you will not have to pay your hospital bill. Incomes between 200 and 600% of the FPL guidelines will not pay more than the amounts generally billed to individuals who have insurance, and may be eligible for additional discounts. If you have a lot of assets, you may not get financial assistance. Please refer to Unity Point Health’s full financial assistance policy for a complete explanation and details.

WHERE TO FIND INFORMATION

- There are many ways to find information about the FAP application process, or get copies of the FAP or FAP application form. To apply for financial assistance you may:
- Download the information online at www.unitypoint.org/FAP
- Request the information in writing by mail to: FINA Team, 6200 Thornton, Suite #100, Des Moines, IA 50321 or by visiting the cashier’s office of the UPH Hospital.
- Request the information by calling the UnityPoint Health Central Billing Office at (888) 343-4165

AVAILABILITY OF TRANSLATIONS

The Financial Assistance policy, application form, and the plain language summary can be offered in the following languages: English, Spanish, Chinese, African, Arabic, French, German, Hmong, Korean, Laotian, Serbo-Croatian, and Vietnamese. It can also be offered in large print. UnityPoint Health may elect to use translation aids, translation guides, or use a qualified bilingual interpreter by request. For information about translation of UPH’s Financial Assistance forms, please go to the Hospital cashier’s office or call a representative at (515) 241-7000.

HOW TO APPLY

You will need to fill out a financial assistance form. The completed form and requested documents will need to be sent to UnityPoint Health for review. If you need help with the form, you may contact the UPH Central Billing Office at (888) 343-4165. When done, the application and requested documents should be mailed to: FINA Team, 6200 Thornton, Suite #100, Des Moines, IA 50321.

