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. This Notice applies to all of our covered entities that participate in the Health Information Exchange of Iowa ("HIE"). Your health information is provided by or on behalf of any one of our covered entities.

We are required to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices. We also need your written authorization to use or disclose your health information for purposes not described in this Notice or to disclose your health information to anyone not described in this Notice.

If you have any questions about this Notice, please contact: Unified Health Privacy Office, 411 East 9th Street, Suite 330C, Waterloo, IA 50701 or 1-319-235-3913.

WHO WILL PROVIDE THIS NOTICE?
Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, 5600 Fishers Lane, Rockville, MD 20857.

THE UNIFORMED SERVICES. The military may be required to share your health information for treatment purposes with the VA system. If you are a veteran, this notice also applies to the Department of Veterans Affairs system.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION
The following categories of uses and disclosures are made for treatment, payment, or health care operations. You may not opt out of these categories of uses or disclosures. For certain uses or disclosures, we must seek your written authorization unless otherwise required by law.

TREATMENT USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We may use and disclose your health information for treatment. For example, nurses, other medical staff, or our business associates may use your health information in planning for your care and treatment. We may disclose your health information to people who are involved in your care, such as family, friends, or other people who may help provide you care at a UnityPoint Health Affiliate.

PAYMENT.
We may use or disclose your health information to obtain payment for the treatment we provide you. For example, if you have health insurance, we may need to submit information to your insurance company or HIE to obtain payment for the treatment you receive. We may also use or disclose your information to billing or collection companies to process your account.

Health Care Operations.
We may use or disclose your health information for the purposes of conducting quality assessment and improvement activities, planning, operations, and evaluation of the services, facilities, and quality of care we offer; education and training; or other activities necessary to our efficient operation.

FAMILY, FRIENDS OR OTHERS.
We may disclose health information that you have given permission to a family, friend, or other person involved in your care or treatment, or to an entity that supports that care or treatment (such as a foundation supporting an Affiliate so that the foundation may contact you to raise money on behalf of the Affiliate). We may disclose health information to your personal representative, if you have given permission. We may also disclose health information that you have given permission to a person with whom you have a close personal relationship.

USE DISCLOSURES REQUIRING YOUR AUTHORIZATION

SANCTIONS AND REMEDIES.
If you believe your privacy rights have been violated, you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201. To file a complaint with the Office for Civil Rights, call its toll-free number at 1-800-368-7200 or its TDD number at 1-800-538-7240, or write to Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 20201. If you believe your privacy rights have been violated, you may file a complaint with the HIE Privacy Office at 411 East 9th Street, Suite 330C, Waterloo, IA 50701 or 1-319-235-3913.

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