

## Notice of Privacy Practices

**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.**

Effective Date: December 1, 2003

If you have any questions about this notice, please contact:

*Shirley Horak, Human Resources Coordinator*

### ***Purpose of This Privacy Notice***

This Notice of Privacy Practices is required under recent HIPAA regulations. This Notice describes how we may use and disclose your protected health information to carry out treatment, initiate payment, or conduct health care operations and for other purposes that are permitted or required by law. The Notice describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. **When you have read this notice, please sign and return the Acknowledgement of Receipt to the Human Resources Office.**

### ***Who Will Follow This Notice***

The Central Rivers AEA Board passed at its November 5, 2003 meeting board policy 401.24 outlining how the agency intends to handle HIPAA. The Human Resources Office staff have been trained on their responsibilities under the Act.

### ***Our Pledge Regarding Medical Information***

We understand that medical information about you and your health is personal, and we are committed to protecting it.

We are required by law to

- Make sure that medical information that identifies you is kept private.
- Provide you this notice of our legal duties and privacy practices regarding your medical information.
- Follow the terms of the notice that is currently in effect. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain a copy by calling the Human Resources Office and requesting that a revised copy be sent to you in the mail or pick one up in our office.

### ***How We May Use And Disclose Medical Information About You***

The following categories describe ways that we use and disclose medical information. Examples of each category are included. Not every use or disclosure in each category is listed; however, all of the ways we are permitted to use and disclose information falls into one of these categories:

- For Payment: We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party.
- For Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of our agency.
- We may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your

protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

- **We may use or disclose your protected health information, as necessary, to provide you with information about health-related benefits and services that may be of interest to you.**

**Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization:**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law.

***Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object***

We may use and disclose your protected health information to carry out the functions of the Human Resources Office including, flex benefit administration, administration of health insurance benefits, and information for determining premium renewal.

***Others Involved in Your Healthcare:*** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

***Emergencies:*** We may use or disclose your protected health information in an emergency treatment situation.

***Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object***

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

***Required By Law:*** We may use or disclose your protected health information to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

***Public Health:*** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

***Communicable Diseases:*** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

***Health Oversight:*** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

***Abuse or Neglect:*** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Workers' Compensation:** we may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

### **Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or

for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after December 1, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Shirley Horak, (319-273-8245) for further information about the complaint process.

**This notice was distributed and becomes effective on December 1, 2003.**

Amended: 11/03/10

Amended: 09/12/12

Reviewed: 11-2-16

Reviewed: 05-4-22