

H.I.P.A.A.
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
STORY COUNTY MEDICAL CENTER NOTICE OF PRIVACY PRACTICES



This information explains your rights as a patient/resident and how your health information will be protected.

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY*

Protected Health Information

While receiving care at our facility, information regarding your medical history, treatment and payment for your health care may be originated and/or received by us. Protected Health Information (PHI) is any information which can be used to identify you and which relates to your past, present or future medical condition, the health care you receive or payment for your health care.

Our Responsibilities

Federal law imposes certain obligations and duties upon us as a covered health care provider with respect to your Protected Health Information. Specifically, we are required to:

- Provide you with notice of our legal duties and our facility's policies regarding the use and disclosure of your Protected Health Information;
- Maintain the confidentiality of your Protected Health Information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your Protected Health Information unless under the law we are authorized to release your Protected Health Information without your authorization, in which case you will be notified within a reasonable period of time;
- Allow you to inspect and copy your Protected Health Information during our regular business hours;
- Act on your request to amend Protected Health Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate Protected Health Information by alternative means or methods; and
- Abide by the terms of this notice.

How Your Protected Health Information May be Used and Disclosed

Generally, your Protected Health Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule.

- Treatment, Payment, or Health Care Operations.

Treatment Purposes

We may use or disclose your Protected Health Information for treatment purposes. During your care at our facility, it may be necessary for various personnel involved in your care to have access to your Protected Health Information in order to provide you with quality care. For example, information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her plan of care to be carried out by members of your health care team. Members of your health care team will

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then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment, In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services which may be of interest to you.

Situations may also arise when it is necessary to disclose your Protected Health Information to health care providers outside our facility who may also be involved in your care. For example, we would provide a subsequent health care provider with copies of various reports that should assist him or her in treating you once you have been dismissed or transferred from the hospital.

Payment Purposes

Your Protected Health Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Health Information so that treatment and services provided by us may be billed and collected from you, your insurance company, or other third party payer. It may also be necessary to release Protected Health Information to obtain prior approval from your health insurance, We may also release your Protected Health Information to another health care provider or individual or entity covered by the HIPAA privacy regulations who has a relationship with you for their payment activities

Health Care Operations

Your Protected Health Information may also be used for health care operations, which are necessary to ensure our facility provides the highest quality of care. For example, your Protected Health Information may be used for quality assurance or risk management purposes. We may at times remove information which could identify you from your record so as to prevent others from learning who the specific patients are. In addition, we may release your Protected Health Information to another individual or entity covered by the HIPAA privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review evaluation or training of health care professionals or students.

Patient Directory

Our facility maintains a patient directory. Unless you object, your name, location in the facility, general condition, and religious affiliation will be contained in the directory. The directory is disclosed to members of the clergy and except for religious affiliation, to other persons who specifically ask for the information by your name. You are not obligated, however, in any way, to consent to the inclusion of your information in the facility directory. Please notify facility personnel if you do not wish to be included in the directory or if you wish for information or disclosure to be limited in some way.

Notification and Communications to Individuals Involved In Your Care

Unless you have informed us otherwise, your Protected Health Information may be used or disclosed by us to notify or assist in notifying a family member or other person responsible for your care. In most cases, Protected Health Information disclosed for notification purposes will be limited to your name, location and general condition. In addition, unless you have informed us otherwise, Protected Health Information may be released to a family member, relative or close personal friend who is involved in your care to the extent necessary for them to participate in your care. In the event you wish for any of these uses or disclosures to be limited, please contact facility personnel.

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Disaster Relief

We may disclose your Protected Health Information to an organization assisting in disaster relief efforts; however, we will first ask your permission to disclose such information. If seeking your permission is not feasible, we will disclose the information if in our professional judgment we determine the disclosure is in your best interests or that you would not have objected to the disclosure.

Fund-raising Activities

We may use your Protected Health Information for the purpose of contacting you as part of a fund-raising effort. Only demographic information and the dates health care was provided to you will be used or disclosed in connection with fund-raising efforts. If you do not wish to be contacted for fund-raising activities, you may contact the Foundation Director at 433-8470 to have your name removed from our fund-raising list.

Research Purposes

In some instances, your Protected Health Information may be used or disclosed for research purposes. All research projects which use Protected Health Information are subject to a special approval process which will, among other things evaluate the precautions used to protect patient medical information. In many cases, information which identifies you as the patient will be removed.

Special Circumstances

Situations may arise which warrant us to use or disclose Protected Health Information without your consent or authorization. The law specifically allows us to use or disclose Protected Health Information without your consent or authorization in the following special circumstances.

Public Health

We are allowed to use or disclose your Protected Health Information for public health activities and purposes. Examples of public health activities which would warrant the use or disclosure of your Protected Health Information include.

- Preventing or controlling disease, injury or disability;
- Reporting births or deaths;
- Reporting the abuse or neglect of a child or dependent adult;
- Reporting reactions to medications or problems with products; or
- Notifying individuals exposed to a disease who may be at risk for contracting or spreading the disease.

Health Oversight Activities

Your Protected Health Information may be used or disclosed to a health oversight agency for activities authorized by law. Examples of health oversight activities include audits, investigations, inspections or judicial /administrative proceedings which you are not the subject of. In most cases, the oversight activity will be for the purpose of overseeing the care rendered by our facility or our facility's compliance with certain laws and regulations.

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Judicial and Administrative

If you are involved in a lawsuit or other administrative proceeding, we may release your Protected Health Information in response to a court or administrative order requesting the release. In some instances, we may also release Protected Health Information pursuant to a subpoena or discovery request but only if efforts have been made by the requester to provide you with notice of the request and you have failed to object or the object on was resolved in favor of disclosure, or in the alternative, the requester has obtained a protective order protecting the requested information.

Victims of Abuse or Neglect

Other than child and dependent adult abuse which is covered under public health activities, we may use or disclose your Protected Health Information to a protective services or social services agency or other similar government authority if we reasonably believe you have been the victim of abuse, neglect or domestic violence as long as you agree to such disclosure and we feel it is necessary to prevent serious harm to you or other individuals. If you are incapacitated and unable to agree to such a disclosure, we may release your Protected Health Information for this purpose but only if failure to release it would materially and adversely effect a law enforcement activity and the information will not be used, in any way, against you.

Law Enforcement

We may also release your Protected Health Information to a law enforcement official for the following purposes:

- Pursuant to a court order, warrant, subpoena/summons, or administrative request;
- Identifying or locating a suspect, fugitive, material witness or missing person;
- Regarding a crime victim, but only if the victim consents or the victim is unable to consent due to incapacity and the information is needed to determine if a crime has occurred, non-disclosure would significantly hinder the investigation, and disclosure is in the victim's best interest;
- Regarding a decedent, to alert law enforcement that the individual's death was caused by suspected criminal conduct; or
- By emergency care personnel if the information is necessary to alert law enforcement of a crime, the location of a crime, or characteristics of the perpetrator.

Coroner, Medical Examiners, Funeral Homes

Protected Health Information regarding a decedent may be released to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death or other duties as authorized by law. Protected Health Information regarding a decedent may also be disclosed to funeral directors if necessary to carry out their duties.

Specialized Government Functions

Your Protected Health Information may be used or disclosed for a variety of government functions subject to some limitations. These government functions include:

- Military and veterans activities;
- National security and intelligence activities;

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- Protective service of the President and others;
- Medical suitability determinations for Department of State officials;
- Correctional institutions and law enforcement custodial situations, or
- Provision of public benefits.

Organ Donation

Your Protected Health Information may be used or disclosed by us to entities engaged in the procurement, banking or transplantation of organs, eyes or tissues for the purpose of facilitating such donation and transplantation.

Workers' Compensation

We are allowed to disclose your Protected Health Information as authorized and to the extent necessary to comply with laws relating to workers compensation or other programs providing benefits for work related injuries or illness without regard to fault.

More Stringent Laws

Some of your Protected Health Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, substance abuse, and mental health information are often given more protection. In the event your Protected Health Information is afforded greater protection under Federal or State law, we will comply with the applicable law.

Your Rights

Federal law grants you certain rights with respect to your Protected Health Information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your Protected Health Information;
- Request that certain uses and disclosures of your Protected Health Information be restricted; provided, however, if we may release the information without your consent or authorization, we have the right to refuse your request;
- Access to your Protected Health Information; provided, however, the request must be in writing and may be denied in certain limited situations;
- Request that your Protected Health Information be amended;
- Obtain an accounting of certain disclosures by us of your Protected Health Information for the past six years;
- Revoke any prior authorizations or consents for use or disclosure of Protected Health Information, except to the extent that action has already been taken; and
- Request communications of your Protected Health Information are done by alternative means or at alternative locations.

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Important Contact Information

This notice has been provided to you as a summary of how we will use your Protected Health Information and your rights with respect to your Protected Health Information. If you have any questions or for more information regarding your Protected Health Information, please contact the Privacy Officer at (515) 382-7717.

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting the Privacy Officer at (515)-382-7717. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for the filing of a complaint.

Effective

This notice became effective on April 1, 2003. Please note, we reserve the right to revise this notice at any time. A current notice of our privacy practices may be obtained from Patient Registration at (515)-382-2111 or the Privacy Officer at (515)-382-7717. A current notice of privacy practices will also be located on the Story County Medical Center website at www.storymedical.org.

* Please note, we reserve the right to revise our practices with respect to Protected Health Information and to amend this notice. Should our information practices change, we will post the revised notice in the facility and on the website (www.storymedical.org) and have revised notices available for review at the Registration desk. In addition a current notice of our privacy practices may be obtained from Patient Registration at (515)-382-2111 or the Privacy Officer at (515)-382-7717.