

Southeast Iowa Link - Notice of Privacy Practices (NOPP) Effective 12/26/2018

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. If you have any questions about this Notice please contact our Privacy Officer: Tami Gilliland, 615 S Jefferson St, Sigourney, IA 52591, 641-622-2383.

This notice of Privacy Practices describes how we may use and disclose your protected health information to carry our treatment, payment or health care operations and for other purposes that are permitted or required by law. It also 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.

We are required to abide by the terms of this Notice of Privacy Practices. 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 by calling the Court House at 622-2286 and requesting that a revised copy is sent to you in the mail or asking for one the next time you are at the Court House.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked to sign a consent form that you will find attached to the back of this notice. Regardless, if you sign the consent or not, we will use and disclose your protected health information for treatment, payment and health care operations. Your protected health information may be used and disclosed by our staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may be used and disclosed to pay your health care bills and to support the operation of the county. Following are examples of the types of uses and disclosures of your protected health care information that we are permitted to make whether or not you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that we may undertake.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides you care. We will also disclose protected health information to physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to a physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan, Medicare, or Medicaid may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support our own health care operations. These are necessary for us to operate KCPH and to maintain quality health care for our clients. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you. We may disclose protected health information about you to train our staff. We also may use the information to study ways to more effectively manage our organization.

We will share your protected health information with third party "Business Associates" that perform various activities (e.g.; billing) for us. 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 treatment alternatives or other health-related benefits and services that may be of interest to you. We may use and disclose protected health information about you to remind you of an appointment you have with us. We may also send you information about products or services that we believe may be beneficial to you. You may request that we communicate to you in a certain way or at a certain location, see Section 2 **Right to request to receive confidential communications from us by alternative means or at an alternative location.**

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. If this happens, we shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If we have attempted to obtain your consent but are unable to obtain your consent, we may still use or disclose your protected health information to treat you.

Required By Law: We may use or disclose protected health information about you when we are required to do so by law.

Public Health Activities: We may use or disclose your protected health information for public health activities and purposes. This includes reporting protected health information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease, injury or disability. Or, one that is authorized to receive reports of child abuse or neglect.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure and disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

Donations: If memorials are established for donations to our agency, the memorial may be published in a newsletter.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceedings in response to an order of the court or administrative tribunal. We also may disclose protected health information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met. 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 county premises
6. medical emergency (not on the county'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 cadaver organ, eye, or tissue donation purposes.

Research: We may disclose protected health information for research. Before we disclose protected health information, the research will have been approved through an approval process that evaluates the needs of the research project with our needs for privacy of your protected health information. We may, however, disclose protected health information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no protected health information will leave KCPH during that person's review of the information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel:

1. for activities deemed necessary by appropriate military command authorities
2. for the purpose of a determination by the Department of Veteran Affairs of your eligibility for benefits
3. to foreign military authority if you are a member of the foreign military service

We may also disclose your protected health information to authorized federal officials for national security and intelligence activities, including protective services to the President, certain federal officials, or foreign heads of state.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing you care.

Worker's Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Required Uses and Disclosures: Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying KCPH in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any effect on actions taken by us in reliance on it.

2. Your Rights

You have the following rights with respect to your protected health information and a brief description of these rights and how you may exercise those follows:

You have the right to inspect and copy your protected health information: You may inspect and obtain a copy of protected health information that is contained in medical, billing and any other records we use in making decisions about you for as long as we maintain the protected health information. Under federal law, however, you may not inspect or copy the following records:

1. psychotherapy notes
2. information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding
3. protected health information that is subject to law that prohibits access to protected health information

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

You have the right to request a restriction of your protected health information: 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.

To request a restriction, you may do so at the time you complete your consent form or at any time after that. If you request a restriction after that time, you should do so in writing to your case manager and tell us what information you want to limit, whether you want to limit use or disclosure or both, and to whom you want the limits to apply.

We are not required to agree to a restriction, but if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

You have the right to receive confidential communications by alternative means: You have the right to request that we communicate protected health information about you to you in a certain way or at a certain location. We will not require you to tell us why you are asking for the confidential communication. Please make this request in writing to your case manager. Your request must state how or where you can be contacted.

You have the right to amend your protected health information: You have the right to ask us to amend medical information about you. You have this right for so long as the medical information is maintained by us.

To request an amendment, you must submit your request in writing to your case manager. You request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the protected health information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend protected health information if we determine that the information:

1. was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment
2. is not part of the medical information maintained by us
3. would not be available for you to inspect or copy
4. information is accurate and complete

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreement with our denial. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with the subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or summary of that information) with any subsequent disclosure of the medical information involved.

You will also have the right to complain about our denial of your request.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information: This right applied 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, 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 occur after April 14, 2003 and up to six (6) years after that date. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

To request an accounting of disclosures, you must submit your request in writing to KCPH. Your request must state a time period for the disclosures. Usually, we will act upon your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide that accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

Right to obtain a paper copy of this notice: This is your paper copy of our Notice of Privacy Practices.

Complaints: You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with us, contact: Tami Gilliland; 101 South Main; Sigourney, Iowa 52591. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, US Department of Health and Human Services, 200 Independence Avenue SW, Washington D.C.

You will not be retaliated against for filing a complaint.

You may contact our Privacy Officer: Tami Gilliland at 641-622-2383 or commsvcs@keokukcountyia.com for further information about the complaint process.

This notice was published and becomes effective on December 26, 2018.