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Notice of Privacy Practices

Mitchell County Regional Health Center-PHO (herein MCRHC) has always been a leader in protecting patients' medical information. Maintaining patient privacy is part of our mission to serve the needs of the patient first. Controlled use of medical information by staff at MCHRC is essential to providing optimum patient care.

The Health Insurance Portability and Accountability Act of 1996 was created by the federal government. MCRHC is committed to complying with all applicable federal regulations. One new rule requires hospitals and clinics to provide all patients with a Notice of Privacy Practices. This notice describes how medical information about you is used. The hospitals and clinics are also required to keep records showing that patients have received the notice.

MCRHC is happy to provide the Notice of Privacy to you. We hope it will answer any questions you may have about how patient medical information is used here. In accordance with the federal government HIPAA rules, you will be asked to sign an acknowledgement form. Signing the form will show that you received the notice. It will in no way affect the care you receive at MCRHC.

If you have questions regarding the issues covered by this Notice of Privacy, please feel free to contact our Privacy Official at 641-732-6000.

Thank you for choosing MCRHC for your health care needs.

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 at Mitchell County Regional Health Center-PHO (herein MCRHC) are required by law to maintain the privacy of individually identifiable patient health information (this information is “protected health information” and is referred to herein as “PHI”). We are also required to provide patients with a Notice of Privacy Practices regarding PHI. We are required to post this Notice in a prominent place within our facility. We will only use or disclose your PHI as permitted or required by applicable state law. This Notice applies to your PHI in our possession including the medical records generated by us.

MCRHC understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how MCRHC will use and disclose your PHI.

This Notice applies to the delivery of health care by MCRHC and its medical staff in the main hospital, outpatient departments and clinics. This Notice also applies to the utilization review and quality assessment activities of Mercy Medical Center-North Iowa, Mason City Clinic and MCRHC as a partner with Mercy Health Network-North Iowa.

Permitted Use or Disclosure

- A. **Treatment:** MCRHC will use and disclose your PHI in the provision and coordination of health care to carry out treatment functions.
- ◆ MCRHC will disclose all or any portion of your patient medical record information to your attending physician, consulting physician(s), nurses, technicians, medical students and other health care providers who have a legitimate need for such information in your care and continued treatment.
 - ◆ Different departments will share medical information about you in order to coordinate specific services, such as lab work, x-rays and prescriptions.
 - ◆ MCRHC also will disclose your medical information to people or entities outside MCRHC who will be involved in your medical care after you leave, such as family members, clergy, and others who will provide services that are part of your care.
 - ◆ MCRHC will share certain information such as your name, address, employment, insurance carrier, emergency contact information and appointment scheduling information in an effort to coordinate your treatment with us and with other health care providers such as Radiologist of North Iowa, North Iowa Eye Clinic and Mayo Clinic.
 - ◆ MCRHC will use and disclose your PHI to inform you of, or recommend possible treatment options or alternatives that will be of interest to you.
 - ◆ MCRHC will use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at MCRHC.
 - ◆ If you are an inmate of a correctional institution or under the custody of a law enforcement Official, MCRHC will disclose your PHI to the correctional institution or law enforcement official.
- B. **Payment:** MCRHC will disclose PHI about you for the purposes of determining coverage, eligibility, funding, billing, claims management, medical data processing, stop loss / reinsurance and reimbursement.
- ◆ The medical information will be disclosed to an insurance company, third party payer, third party administrator, health plan or other health care provider (or their duly authorized representatives) involved in the payment of your medical bill and will include copies or excerpts of your medical records which are necessary for payment of your account. It will also include sharing the necessary information to obtain pre-approval for payment for treatment from your health plan.
 - ◆ MCRHC will disclose PHI to collection agencies and other subcontractors engaged in obtaining payment for care.
- C. **Health Care Operations:** MCRHC will use and disclose your PHI during routine health care operations including quality assurance, utilization review, medical review, internal auditing, accreditation,

certification, licensing or credentialing activities of MCRHC, and for educational purposes.

- ◆ For instance, MCRHC will need to share your demographic information, diagnosis, treatment plan and health status for population based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, and contacting health care providers and patients with information about treatment alternatives, in order for us to operate our business in an efficient, safe and legal manner.
- D. **Other Uses and Disclosures:** As part of treatment, payment and health care operations, we may also use your PHI for the following purposes:
- ◆ **Fundraising Activities:** MCRHC will use and may also disclose some of your PHI to Mitchell County Memorial Foundation for certain fund raising activities. For example, we may use certain information (e.g., name, address, phone, email, gender, age, type of insurance, date of service) to contact you in the future to raise money for MCRHC. The money raised will be used to expand and improve the (MCRHC’s) services and programs provided to our community. In addition, MCRHC may choose to include information about fundraising practices in newsletters and may post the information in fund development or foundation offices. Any communication sent to you will let you know how you may opt out of receiving similar communications in the future. (If you wish to opt-out, you may do so by contacting the Foundation Director at 641-732-6000.)
 - ◆ **Medical Research:** MCRHC may disclose your PHI without your Authorization to medical researchers who request it for approved medical research projects; however, with very limited exceptions such disclosures must be cleared through a special approval process before any PHI is disclosed to the researchers. Researchers will be required to safeguard the PHI they receive.
 - ◆ **Information and Health Promotion Activities:** MCRHC will use and disclose some of your PHI for certain health promotion activities. For example, your name and address will be used to send you newsletters or general communications. MCRHC will also send you information based on your own health concerns. MCRHC may send you this information if it has determined that a product or service may help you. The communication will explain how the product or service relates to your well being and can improve your health.
- E. **More Stringent State and Federal Laws:** The State law of Iowa is more stringent than HIPAA in several areas. State law is more stringent when the individual is entitled to greater access to records than under HIPAA and when under state law the records are more protected from disclosure than under HIPAA. Certain federal laws also are more stringent than HIPAA. MCRHC will continue to abide by these more stringent state and federal laws. The federal laws include applicable internet privacy laws, such as the Children’s Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

EXAMPLE: In Iowa the state offers greater protections which are addressed in the following statutes governing specific entities or medical conditions: birth defects, communicable diseases, infectious diseases, poisoning, drug and alcohol abuse, HIV testing and mental health conditions. All of Iowa’s state laws regarding its consent requirement continue to apply.

Permitted Use or Disclosure with an Opportunity for You to Agree or Object

- A. **Family/Friends:** MCRHC will disclose PHI about you to a friend or family member who is involved in your medical care. MCRHC will also give information to someone who helps you pay for your care. In addition, MCRHC will disclose PHI about you to an agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have a right to request that your PHI not be shared with some or all of your family or friends.
- B. **MCRHC Directory:** MCRHC will include certain limited information about you in the MCRHC Directory while you are a hospital patient at MCRHC. This information will include your name, location in MCRHC, and your religious affiliation. Your general condition (e.g. fair, stable, critical, etc.) will be logged in the directory located at the Nurse’s Station.

This is so your family and friends can visit you in MCRHC. The directory information, except for your religious affiliation, will also be disclosed to people who ask for you by name. You have the right to request that your name not be included in the MCRHC Directory. If you request to opt out of the Facility Directory, we cannot inform visitors of your presence or location

- C. **Spiritual Care:** Directory information including your name, location, and your religious affiliation will be given to a member of the clergy upon request even if they don't ask for you by name. You have a right to request that your name not be given to any member of the clergy. It is our policy not to notify your local religious organization unless it is your request.
- D. **Promotional Communications:** MCRHC does not share or sell your PHI to companies that market health care products or services directly to consumers for use by those companies to contact you, such as drug companies. MCRHC does maintain a database of individuals for promotional communications, disease management, and health promotion purposes. This database includes individuals to whom MCRHC may have sent health improvement materials and news about MCRHC previously and also individuals who have donated to MCRHC or who have expressed an interest in donating to MCRHC or other health-related activities. You may be included in this database. MCRHC sends information to the individuals in this database about the programs and services of MCRHC.
- E. **Media Conditions Reports:** MCRHC may release information for an update to the media if the media requests information about you using your full name and after we have given you an opportunity to agree or object. The following information may then be disclosed: your condition described in general terms that do not communicate specific medical information, such as "undetermined", "good", "fair", "serious", "critical", or "discharged".

Use or Disclosure Requiring Your Authorization

- A. **Marketing:** MCRHC is not permitted to provide your PHI to any other person or company for marketing to you of any products or services other than MCRHC's products or services unless you have signed an authorization.
- B. **Research:** MCRHC will use or disclose your PHI as part of research that includes providing you with treatment. For example, if you are part of a research study that includes treatment, MCRHC may require that you sign an authorization to allow the researchers to use or disclose your PHI for this research.
- C. **Other Uses:** Any uses or disclosures that are not for treatment, payment or operations and that are not permitted or required for public policy purposes or by law will be made only with your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time.

Use or Disclosure Permitted by Public Policy or Law without your Authorization

- A. **Law Enforcement Purposes:** MCRHC will disclose your PHI for law enforcement purposes as required by law, such as responding to a court order or subpoena, identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.
- B. **Required by Law:** MCRHC will disclose PHI about you when required by federal, state or local law to make reports or other disclosures. MCRHC also will make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order or subpoena. MCRHC will disclose your medical information to government agencies concerning victims of abuse, neglect or domestic violence. MCRHC will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Specialized government functions will warrant the use and disclosure of PHI. These government functions will include military and veteran's activities, national security and intelligence activities, and protective services for the President and others. MCRHC will make

certain disclosures that are required in order to comply with workers' compensation or similar programs.

- C. **Coroners, Medical Examiners, Funeral Directors:** MCRHC will disclose your PHI to a coroner or medical examiner. For example, this will be necessary to identify a deceased person or to determine a cause of death. MCRHC will also disclose your medical information to funeral directors as necessary to carry out their duties.
- D. **Organ Procurement:** MCRHC will disclose PHI to an organ procurement organization or entity for organ, eye or tissue donation purposes.
- E. **Health or Safety:** MCRHC will use and disclose PHI to avert a serious threat to health and safety of a person or the public. MCRHC will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. MCRHC will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA-regulated products or activities, including collecting and reporting adverse events, tracking and facilitating product recalls, etc. and post marketing surveillance. Any patient receiving a medical device subject to FDA tracking requirements may refuse to disclose, or refuse permission to disclose, their name, address, telephone number and social security number, or other identifying information for the purpose of tracking.

Your Health Information Rights

Although we at MCRHC must maintain all records concerning your hospitalization and treatment by MCRHC, you have the following rights concerning your PHI:

- A. **Right to Inspect and Copy:** You have the right to access your PHI and to inspect and copy your PHI as long as we maintain it except for: psychotherapy notes, information that will be used in a civil, criminal or administrative action or proceeding, and where prohibited or protected by law. MCRHC will deny your request for access to your PHI without giving you an opportunity to review that decision if:
 - ◆ You don't have the right to inspect the information; or it is otherwise prohibited or protected by law;
 - ◆ You are an inmate at a correctional institution and obtaining a copy of the information would risk the health, safety, security, custody or rehabilitation of you or other inmates;
 - ◆ The disclosure of the information would threaten the safety of any Official, employee or other person at the correctional institution or who is responsible for transporting you;
 - ◆ You are involved in a clinical research project and MCRHC created or obtained the PHI during that research. Your access to the information will be temporarily suspended for as long as the research is in progress;
 - ◆ MCRHC obtained the information that you seek access to from someone other than the health care provider under a promise of confidentiality and your access request is likely to reveal the source of the information; or
 - ◆ Under other limited circumstances. In these instances, however, MCRHC will allow the review of its decision by a health care professional that MCRHC has chosen. This person will not have been involved in the original decision to deny your request.

You agree to pay a reasonable copying charge. You must make your requests to access and copy your PHI in writing to MCRHC. MCRHC will respond to your request within 30 days of its receipt. If MCRHC cannot, MCRHC will notify you in writing to explain the delay and the date by which we will act on your request. In any event, MCRHC will act on your request within 60 days of its receipt.

- B. **Right to Amend:** You have the right to amend your PHI for as long as MCRHC maintains it. However, MCRHC will deny your request for amendment if:
 - ◆ MCRHC did not create the information;
 - ◆ The information is not part of the designated record set;
 - ◆ The information would not be available for your inspection (due to its condition or nature); or
 - ◆ The information is accurate and complete.

If MCRHC denies your request for changes in your PHI, MCRHC will notify you in writing with the reason for the denial. MCRHC will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that MCRHC include your request for amendment and the denial any time that MCRHC discloses the information that you wanted changed. MCRHC may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal.

You must make your request for amendment of your PHI in writing to MCRHC, including your reason to support the requested amendment. MCRHC will respond to your request within 60 days of its receipt. If MCRHC cannot, MCRHC will notify you in writing to explain the delay and the date by which MCRHC will act on your request. In any event, MCRHC will act on your request within 90 days of its receipt.

C. **Right to an Accounting:** You have a right to receive an accounting of the disclosures of your PHI that MCRHC made, except for the following disclosures:

- ◆ To carry out treatment, payment or health care operations;
- ◆ To you;
- ◆ To persons involved in your care;
- ◆ For national security or intelligence purposes;
- ◆ To correctional institutions or law enforcement officials; or
- ◆ That occurred prior to April 14, 2003.

For each disclosure, you will receive: the date of the disclosure, the name of the receiving organization and address if known, a brief description of the PHI disclosed and a brief statement of the purpose of the disclosure or a copy of the written request for the information, if there was one.

You must make your request for an accounting of disclosures of your PHI in writing to MCRHC. You must include the time period of the accounting, which may not be longer than 6 years. MCRHC will respond to your request within 60 days from its receipt. If MCRHC cannot, MCRHC will notify you in writing to explain the delay and the date by which MCRHC will act on your request. In any event, MCRHC will act on your request within 90 days of its receipt.

In any given 12-month period, MCRHC will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

D. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or health care operations functions or to prohibit such disclosure. However, MCRHC will consider your request but is not required to agree to the requested restrictions.

You also have an additional right to limit the release of PHI to family, friends, or in the facility directory. For example, you may ask that your name not be used in the waiting room or that information about your expected discharge date not be shared with your family.

E. **Right to Confidential Communications:** You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that MCRHC only contact you at work or by mail.

F. **Right to Receive a Copy of this Notice:** You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with MCRHC or with the Secretary of the Department of Health and Human Services. To file a complaint with MCRHC, please contact MCRHC's Complaint Intake Coordinator, at 641-732-6000. All complaints must be submitted in writing directly to MCRHC's Complaint Intake Coordinator, 616 North Eighth Street, Osage, IA 50461. MCRHC assures you that there will be no retaliation for filing a complaint.

Sharing and joint use of your Health Information

In the course of providing care to you and in furtherance of MCRHC's mission to improve the health of the community, MCRHC will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

A. **Medical Staff:** The medical staff and MCRHC participate together in an organized health care arrangement to deliver health care to you at MCRHC. Both MCRHC and its medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care services to you in MCRHC. Physicians and allied health care providers are members of MCRHC's medical staff and will have access to and use your PHI for treatment, payment and health care operations related to your care within MCRHC. MCRHC will disclose your PHI to the medical staff for payment, treatment and health care operations.

B. **Business Associates:** MCRHC will use and disclose your PHI to business associates contracted to perform business functions on its behalf including Mercy Health Network-North Iowa, its partner who performs certain business functions for MCRHC. Whenever an arrangement between MCRHC and another company involves the use or disclosure of your PHI, that business associate will be required to keep your information confidential.

C. **Partnership with Mercy Health Network-North Iowa:** MCRHC and partners with Mercy Health Network-North Iowa participate together for utilization review and quality assessment activities. We have agreed to abide by the terms of this Notice with respect to PHI created or received as part of utilization review and quality assessment activities of Mercy Health Network-North Iowa and its members. Members of Mercy Health Network-North Iowa will abide by the terms of their own Notice of Privacy Practices in using your PHI for treatment, payment or healthcare operations. As a partner of Mercy Health Network-North Iowa, MCRHC and other hospitals, and health care providers in the Mercy Health Network-North Iowa may share your PHI for utilization review and quality assessment activities of Mercy Health Network-North Iowa. Members of Mercy Health Network-North Iowa also use your PHI for your treatment, payment to MCRHC and/or for the health care operations permitted by HIPAA with respect to our mutual patients.

D. **MCRHC-PHO:** The following health care organizations are a part of Mitchell County Regional Health Center-PHO:

- Mitchell County Regional Health Center – Hospital
- Mitchell County Regional Health Center – Osage Clinic
- Mitchell County Regional Health Center – Stacyville Clinic
- Mitchell County Regional Health Center – St. Ansgar Clinic
- Mitchell County Regional Health Center – Riceville Clinic

MCRHC will share your PHI with these organizations for purposes of your treatment, payment and health care operations by these organizations.

Additional Information

For further information regarding the issues covered by this Notice of Privacy Practice, please contact: Mitchell County Regional Health Center-PHO, Attention: Privacy Official, 616 North Eighth Street, Osage, IA 50461-1498, phone 641-732-6000.

Changes to this Notice

MCRHC will abide by the terms of the Notice currently in effect. MCRHC reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. MCRHC will provide you with the revised Notice at your first visit following the revision of the Notice.