

Notice of Privacy Practices of Health Information

April 14, 2003 rev. 2007, 2013

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.

Who will follow this notice:

This notice describes the privacy practices of Henry County Health Center, consisting of the Hospital, its units and departments, such as Emergency, Surgery, Radiology, Pathology, and its independent medical staff, including the physicians and other clinicians that supply primary care, radiology, emergency department, anesthesia, surgical, and other services at the Hospital, which are operating as an Organized Health Care Arrangement.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

Our Responsibilities

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.
- Prohibited to sell your protected health information without the express written authorization from you.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact our Health Information Services Director/Privacy Officer at [385-6133].

If you believe your privacy rights have been violated, you can file a complaint with the Health Information Services/Privacy Officer or with the Department of Health and Human Services. The complaint form can be obtained from the Privacy Officer and when completed should be return to the Privacy Officer at Henry County Health Center in the Health Information Systems department. There will be no retaliation for filing a complaint.

We will use your health information for treatment.

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 expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from Henry County Health Center.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement Director, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. When services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition in the event of an emergency.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors/Coroners/Medical Examiners: We may disclose health information to funeral directors consistent with applicable law to carry out their duties. Coroners and Medical Examiners may need to use this information in order to identify a deceased person or determine the cause of death.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You do have the right to opt out of receiving any information from us or a business associate of HCHC.

Fund raising: We may contact you as part of a fund-raising effort. However you do have the right to opt out of receiving fundraising communications from us or a business associate of HCHC.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws both state and federal relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

State Health Registries: As required by law, we may disclose your health information to those agencies collecting data for birth registry, death registry, tumor registry, farm injuries, head injury, and burn registry.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Mental Health Institution/Medium Security Units (men and women): We may disclose your health information to the physician of the institution that you are a "resident" of while receiving services at Henry County Health Center.

Law enforcement: We may disclose health information for law enforcement purposes as required by law, in the course of a criminal investigation or if impediment would cause damage to national security or in response to a valid subpoena or court order.

Reports: Your health information may be released to entities (such as the Iowa Hospital Association) for compilation of statewide data comparisons with other hospitals.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Your Rights Regarding Electronic Health Information Exchange

As explained above, health care providers and health plans may use and disclose your health information without your written authorization for purposes of treatment, payment, and health care operations. Until now, providers and health plans have exchanged this information directly by hand-delivery, mail, facsimile, or e-mail. This process is time consuming, expensive, not secure, and often unreliable.

Electronic health information exchange, or HIE, changes this process. New technology allows a provider or a health plan to submit a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other HIE participants.

An organization known as the Iowa Health Information Network, or IHIN, regulates HIOs operating in Iowa. Only properly authorized individuals may access information through an HIO operating in Iowa, and only for purposes of treatment, payment, or health care operations.

Under Iowa law, you have the right to decide whether providers and health plans can access your health information through an HIO. You have two choices. First, you can permit authorized individuals to access your electronic health information through an HIO for treatment, payment, or health care operations only. If you choose this option, you do not have to do anything.

Second, you can restrict access to all of your electronic health information through any HIO operating in Iowa with the exception of access by properly authorized individuals as needed to report specific information as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

If you wish to restrict access, you must complete and submit the required form to IHIN. You must provide specific information needed to put your requested restrictions in place. The form is available at <http://www.tbd>. You cannot request restrictions on access to certain information and permit access to all other information; your choice is to permit access to all of your information or restrict access to all of your information.

For your protection, each request is subject to verification procedures which may take several days to complete. Your failure to provide all information on the required form may result in additional delay.

Once your request has been processed, your electronic health information no longer will be available through HIOs operating in Iowa except for mandatory reporting requirements. You may change your mind at any time and permit access by submitting another request to IHIN.

Please understand your decision to restrict access to your electronic health information through an HIO will limit your health care providers' ability to provide the most effective care for you. By submitting a request for restrictions, you accept the risks associated with that decision.

If you have questions regarding electronic health information exchange or HIOs, please visit <http://www.tbd.org> for additional information.

Your decision to restrict access to your electronic health information through an HIO does not impact other disclosures of your health information. Providers and health plans may continue to share your information directly through other means (such as by facsimile or secure e-mail) without your specific written authorization.

Your Health Information Rights

Although your health record is the physical property of Henry County Health Center, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment and the hospital's general health care operation, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided by our facility. Although we will consider your request, please be aware that we are not obligated to accept it or to abide by it. You can as an individual restrict disclosure of protected health information to your health plan for which you have paid for the services in full. For more information about this right see 45 Code of Federal Regulations (C.F.R.) §164.522(a).
- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the HIS

- Director/Privacy Officer at Henry County Health Center. We will attempt to accommodate all reasonable requests. For more information about this right see 45 Code of Federal Regulations (C.F.R.)§164.522(b).
- You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. If you request copies, we will charge you the reasonable rates that are posted in the Health Information Services Department. You may request that the copies of your protected health information be in an electronic format if you so desire. You may contact the ROI Specialist 385-6139 for more information regarding release of information. For more information about this right see 45 Code of Federal Regulations (C.F.R.)§164.524.
 - If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by our facility to make such requests. For a request form, please contact the Privacy Officer. For more information about this right see 45 Code of Federal Regulations (C.F.R.)§164.526.
 - You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (After April 14, 2003 and not to exceed 6 years). We ask that such requests be made in writing on a form provided by our facility. Please note that an accounting will not apply to any of the following types of disclosures: Disclosures made for reasons of treatment, payment or general health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You may not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter you will be charged a reasonable fee set forth by the Health Information Services Department here at Henry County Health Center. For more information about this right see 45 Code of Federal Regulations (C.F.R.) §164.528.
 - You have the right to be notified in the event that a breach of unsecured protected information occurs.
 - You have the right to obtain a paper copy of the Notice of Information Practices upon request from the Patient Access personnel upon your presentation to Henry County Health Center for services. You can print a copy of this notice from our web site at www.hchc.org.
 - You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing to the Privacy Officer/Health Information Services Director.

We reserve the right to make changes to this notice at any time. If we make changes you will be notified of these changes upon your next visit to our facility.