



## NOTICE OF PRIVACY PRACTICES

Version: 04142003.1

Effective Date: April 14, 2003

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 Kossuth Regional Health Center 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.

KRHC 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 KRHC will use and disclose your PHI.

This Notice applies to the delivery of health care by KRHC and its medical staff in the main hospital, outpatient departments, clinics, Community Health and Hospice of the Heartland. This Notice also applies to the utilization review and quality assessment activities of Mercy Medical Center of North Iowa’s network of hospitals and clinics known as Mercy Health Network- North Iowa (MHN-NI) of which KRHC is a member.

### I. Permitted Use or Disclosure

- A. **Treatment:** KRHC will use and disclose your PHI in the provision and coordination of health care to carry out treatment functions.
- ◆ KRHC 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.
  - ◆ Spiritual care providers are members of our care staff and will be a part of KRHC’s team of care providers who use your medical information to provide health care services to you when you are in KRHC’s facilities.
  - ◆ Different departments will share medical information about you in order to coordinate specific services, such as lab work, x-rays and prescriptions.

- ◆ KRHC also will disclose your medical information to people or entities outside KRHC who will be involved in your medical care after you leave KRHC, such as family members, clergy and others who will provide services that are part of your care.
- ◆ KRHC 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, i.e., pathology, radiology, etc.
- ◆ KRHC will use and disclose your PHI to inform you of, or recommend possible treatment options or alternatives that will be of interest to you.
- ◆ KRHC will use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at KRHC.
- ◆ If you are an inmate of a correctional institution or under the custody of a law enforcement officer, KRHC will disclose your PHI to the correctional institution or law enforcement official.

**B. Payment:** KRHC 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.
- ◆ KRHC will disclose PHI to collection agencies and other subcontractors engaged in obtaining payment for care.

**C. Health Care Operations:** KRHC 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 KRHC, and for educational purposes.

- ◆ For instance, KRHC 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:** KRHC will use and may also disclose some of your PHI to a related foundation for certain fundraising activities. For example, KRHC will use your demographic information (e.g., name,

address and other contact information, age, gender, and insurance status) and the dates KRHC provided service to you. Any communication sent to you will let you know how you may opt out of receiving similar communications in the future. KRHC may disclose limited PHI to a company contracted to conduct fundraising for KRHC. This company will use your PHI only for the purposes of fundraising for KRHC. (If you wish to opt-out, you may do so by contacting the Privacy Official, in writing, at Kossuth Regional Health Center, 1515 S. Phillips, Algona, IA 50511.

- ◆ **Medical Research:** KRHC 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:** KRHC 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. KRHC will also send you information based on your own health concerns. KRHC 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. KRHC 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.

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.

## **II. Permitted Use or Disclosure with an Opportunity for You to Agree or Object**

**A. Family/Friends:** KRHC will disclose PHI about you to a friend or family member who is involved in your medical care. KRHC will also give information to someone who helps you pay for your care. In addition, KRHC

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. KRHC Directory:** KRHC will include certain limited information about you in the KRHC Directory while you are a hospital patient at KRHC. This information will include your name, location in KRHC, and your religious affiliation. This is to facilitate visits by family and friends as well as delivery of flowers and gifts. 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 KRHC Directory. If you request to opt out of the Facility Directory, we cannot inform visitors of your presence, location, or general condition.
- C. Spiritual Care:** Directory information including your religious affiliation will be given to a member of the clergy, such as a priest or minister, even if they don't ask for you by name. Your name, location and general condition will be disclosed to members of the religious community if they present themselves to visit at KRHC. It is not our policy to notify your local religious organization that you are in KRHC. A spiritual care provider may be called in to consult regarding your care. Spiritual care providers are members of the health care team at KRHC. You have a right to request that your name not be given to any member of the clergy.
- D. Promotional Communications:** KRHC 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. KRHC does maintain a database of individuals for promotional communications, disease management, health promotion, and fundraising purposes. This database includes individuals to whom KRHC may have sent health improvement materials and news about KRHC previously and also individuals who have donated to KRHC or who have expressed an interest in donating to KRHC or other health-related activities. You may be included in this database. KRHC sends information to the individuals in this database about the programs and services of KRHC. If you wish to be deleted from this database, you may notify in writing, the Privacy Official at Kossuth Regional Health Center 1515 S. Phillips, Algona, Iowa 50511.
- E. Media Conditions Reports:** KRHC may release information for an update to the media if the media requests information about you using your full name and unless you have requested that we not release the information. The following information may then be disclosed: your condition described in general terms that do not communicate specific medical information, such as "good", "fair", "serious", or "critical".

### III. Use or Disclosure Requiring Your Authorization

- A. **Marketing:** KRHC is not permitted to provide your PHI to any other person or company for marketing to you of any products or services. KRHC will send you information about services and products that could benefit your health unless you have requested that we not do so.
- B. **Research:** KRHC 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, KRHC 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.

### IV. Use or Disclosure Permitted by Public Policy or Law without your Authorization

- A. **Law Enforcement Purposes:** KRHC 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.

**Required by Law:** KRHC will disclose PHI about you when required by federal, state or local law to make reports or other disclosures. KRHC also will make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order or subpoena. KRHC will disclose your medical information to government agencies concerning victims of abuse, neglect or criminal acts with life threatening injuries. KRHC 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. KRHC will make certain disclosures that are required in order to comply with workers' compensation or similar programs.

- B. **Coroners, Medical Examiners, Funeral Directors:** KRHC 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. KRHC will also disclose your medical information to funeral directors as necessary to carry out their duties.
- C. **Organ Procurement:** KRHC will disclose PHI to an organ procurement

organization or entity for organ, eye or tissue donation purposes.

- D. Health or Safety:** KRHC will use and disclose PHI to avert a serious threat to health and safety of a person or the public. KRHC will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. KRHC 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.

## **V. Your Health Information Rights**

Although we at KRHC must maintain all records concerning your hospitalization and treatment by KRHC, 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. KRHC 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;
- ◆ If disclosing the information would threaten the safety of any officer, employee or other person at the correctional institution or who is responsible for transporting you;
- ◆ You are involved in a clinical research project and KRHC 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;
- ◆ KRHC 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, KRHC will allow the review of its decision by a health care professional that KRHC 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 KRHC. KRHC will respond to your request within 30 days of its receipt. If KRHC cannot, KRHC will notify you in writing to explain the delay and the date by which we will act on your request. In any event, KRHC 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 KRHC maintains it. However, KRHC will deny your request for amendment if:

- ◆ KRHC 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 KRHC denies your request for changes in your PHI, KRHC will notify you in writing with the reason for the denial. KRHC will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that KRHC include your request for amendment and the denial any time that KRHC discloses the information that you wanted changed. KRHC 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 KRHC, including your reason to support the requested amendment. KRHC will respond to your request within 60 days of its receipt. If KRHC cannot, KRHC will notify you in writing to explain the delay and the date by which the KRHC will act on your request. In any event, KRHC 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 the KRHC made, except for the following disclosures:

- ◆ To carry out treatment, payment or health care operations;
- ◆ To the individual themselves;
- ◆ For a facility directory;
- ◆ 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.
- ◆ Any release made with your prior written authorization.

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 KRHC. You must include the time period of the accounting, which may not be longer than 6 years. KRHC will respond to your request within 60 days from its receipt. If KRHC cannot, then KRHC will notify you in writing to

explain the delay and the date by which KRHC will act on your request. In any event, KRHC will act on your request within 90 days of its receipt.

In any given 12-month period, KRHC 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, KRHC 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 KRHC 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.

## **VI. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with KRHC or with the Secretary of the Department of Health and Human Services. To file a complaint with KRHC, please contact in writing, KRHC's Privacy Official, 1515 S. Phillips St., Algona, Iowa 50511. All complaints must be submitted in writing directly to KRHC's Privacy Official. KRHC assures you that there will be no retaliation for filing a complaint.

## **VII. Sharing and joint use of your Health Information**

In the course of providing care to you and in furtherance of KRHC's mission to improve the health of the community, KRHC 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 KRHC participate together to deliver health care to you at KRHC. Both KRHC 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 KRHC. Physicians and allied health care providers are members of the KRHC's medical staff and will have access to and use your PHI for treatment, payment and health care operations

related to your care within KRHC. KRHC will disclose your PHI to the medical staff for payment, treatment and health care operations.

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

**C. Membership in Mercy Health Network – North Iowa:** KRHC as a member of Mercy Medical Center of North Iowa’s network of Hospitals and clinics known as 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. KRHC will abide by the terms of our own Notice of Privacy Practices in using your PHI for treatment, payment or health care operations.

**Affiliations:** KRHC is affiliated with the following health care organization:  
Mercy Health Network – North Iowa

KRHC will share your PHI with this organization for purposes of your treatment, payment and health care operations.

## **VIII. Additional Information**

For further information regarding the issues covered by this Notice of Privacy Practice, please contact: Privacy Official, Kossuth Regional Health Center, 1515 S. Phillips, Algona, IA 50511, 515-295-2451.

## **IX. Changes to this Notice**

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