

# Notice of Privacy Practices



## Your Privacy Is Our Mission

Effective Date: 04/15/03  
Revised : 07/01/05



Decatur County Hospital  
and our  
Organized Health Care Arrangement

### INTRODUCTION

**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.**

We are required by law to maintain the privacy of your medical information and to give you our Notice of Privacy Practices (this "Notice") that describes our privacy practices, our legal duties and your rights concerning your medical information.

This notice applies to and will be followed by: Any health care professional authorized to enter information into your medical record; All employees of the Hospital; and all providers on the Medical Staff of Decatur County Hospital who, in conjunction with the Hospital have formed an "Organized Health Care Arrangement" (OHCA). (See description of the Hospital's Organized Health Care Arrangement, below).

We understand that medical information about you and your health is personal, and we are committed to protecting it.

### HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

Except where such use or disclosure is otherwise prohibited by state or federal law, the facility is permitted or required to use or disclose your medical information without your authorization (permission) in the following situations. Some, but not all, specific examples of the different types of disclosures have been listed.

**TREATMENT.** To provide you with medical treatment or services (e.g., provide information to doctors, nurses, technicians, students or other personnel who are involved in your care).

**PAYMENT.** To collect payment from you, an insurance company or a third party for the treatment and services you receive (e.g., submitting a claim to your insurance company).

**HEALTH CARE OPERATIONS.** For Facility health care operations (e.g., to evaluate our staff and internal processes). As part of the Facility's health care operations, certain limited information may be used or disclosed to conduct fundraising activities on behalf of the Facility.

You have the right to request that you not receive fundraising materials from the Facility.

### APPOINTMENTS AND HEALTH CARE SERVICES.

To provide you with appointment reminders or to notify you of possible treatment alternatives or health-related benefits or services.

**FACILITY DIRECTORY.** While you are an inpatient, your name, location in the Facility, general condition (e.g., fair, serious, etc.), and religious affiliation may be included in the Facility directory and released (except religious affiliation) to people who ask for you by name. This information and your religious affiliation may be given to a member of the clergy, even if they do not ask for you by name. You have the right to request that your name not be included in the directory.

**FRIENDS AND FAMILY.** To a friend or family member involved in your medical care or payment for your care. If you are available, such disclosures will be made only if we have obtained your permission, if you do not object to the disclosure after having the opportunity, or if it is reasonable for us, based on the circumstances, to assume you have no objection to such disclosure. If you are unavailable, incapacitated or in an emergency situation, the Facility may disclose limited information to these persons if the Facility determines disclosure is in your best interest.

**HEALTH CARE PROVIDERS.** To another health care provider involved in your treatment in order for that provider to treat you, bill for its services and conduct certain of its health care operations.

**DISASTER RELIEF.** To a public or private entity assisting in a disaster relief effort (e.g., to notify your family about your location, condition or death).

**PUBLIC HEALTH ACTIVITIES.** To public health authorities for public health activities as permitted or required by law (e.g., to report births, deaths, child abuse and neglect, immunizations and communicable diseases).

**ABUSE, NEGLECT AND DOMESTIC VIOLENCE.** The Facility may notify the appropriate government authority if it believes you have been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law, the Facility will only make this disclosure if you agree or under other limited circumstances when such disclosure is authorized by law.

**HEALTH SAFETY RISKS.** Under certain circumstances, when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

**ORGAN DONATIONS.** To organ procurement or organ, eye or tissue transplantation organizations, or to organ donation banks to facilitate organ or tissue donation and transplantation.

**MILITARY AND NATIONAL SECURITY.** If you are a member of the armed forces, as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. The Facility may also release your medical information to authorized federal officials for intelligence, counterintelligence, and other authorized national security activities.

**WORKER'S COMPENSATION.** To persons (e.g., employers, insurance carriers, attorneys) in order to comply with workers' compensation laws or other similar programs providing benefits for work-related injuries.

**HEALTH OVERSIGHT ACTIVITIES.** To a health oversight agency for activities authorized by law to monitor the health care system, government programs and compliance with civil rights laws (e.g., fraud and abuse investigations, inspections and licensure, or disciplinary actions).

**LEGAL PROCEEDINGS.** If you are involved in a lawsuit or dispute, in response to a court or administrative order. The Facility may also disclose medical information about you in response to a subpoena or other lawful process by someone else involved in the dispute, but only if the party seeking the information demonstrates that reasonable efforts have been made to notify you of the request or to obtain a protective order from the court.

**LAW ENFORCEMENT.** To law enforcement authorities for law enforcement purposes, such as (1) in response to a court order, subpoena, warrant, summons or similar process, (2) to identify or locate a suspect, fugitive, material witness or missing person, (3) if you are the victim of a crime, but only if your agreement is obtained or in response to a subpoena, (4) about a death which is believed to be the result of criminal conduct, (5) to report a crime that occurred on Facility premises, and (6) in emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime. The facility must comply with federal and state laws in making such disclosures.

## YOUR RIGHTS

**DECEASED INDIVIDUALS.** To a coroner or medical examiner as necessary to carry out their duties (e.g., to identify a deceased person or determine the cause of death), or to funeral directors as authorized by law.

**CORRECTIONAL INSTITUTIONS.** To a correctional institution where you are an inmate or to a law enforcement official who has custody of you for certain limited purposes (e.g., to provide you with healthcare).

**RESEARCH.** For research-related activities that meet all privacy law requirements.

**LIMITED MEDICAL INFORMATION.** Limited medical information to a third party for research purposes, public health activities and Facility health care operations. The party to whom we disclose the information is required to keep it confidential.

**REQUIRED BY LAW.** When required to do so by federal, state or local law (e.g., to report child or dependent adult abuse and violent wounds).

**INCIDENTAL DISCLOSURES.** Occasional incidental, unintended disclosures of your medical information which might occur during a permitted use or disclosure (e.g., information overheard during a discussion regarding your care with you or a member of your family). We will take reasonable steps to avoid these types of disclosures.

**BUSINESS ASSOCIATES.** Some of the activities described above are performed through contracts with outside persons or organizations, such as legal services. It may be necessary for the Facility to provide some of your medical information to outside business associates who assist the Facility with these activities. The Facility requires that its business associates appropriately safeguard the privacy of your information.

## **ORGANIZED HEALTH CARE ARRANGEMENT.**

Decatur County Hospital is a clinically integrated health care setting in which patients receive care from both hospital staff and independent providers who belong to the Medical Staff. The Hospital and its Medical Staff must be able to share protected health information freely for treatment, payment, and health care operations. Therefore, the Hospital and all eligible providers on the Hospital's Medical Staff have entered into an "Organized Health Care Arrangement" or OHCA. Under the OHCA, the Hospital and all eligible providers will

- (1) Use a joint notice of privacy practices (this Notice) for all inpatient and outpatient visits;
- (2) Obtain a single signed acknowledgement of receipt;
- (3) Share protected health information from inpatient and outpatient hospital visits with eligible providers so they can help the Hospital with its health care operations; and
- (4) Follow the privacy and information practices described in this Notice. Each OHCA participant is individually responsible to follow the practices in this Notice.

## **THIS NOTICE SERVES AS THE JOINT NOTICE OF PRIVACY PRACTICES OF THE ORGANIZED HEALTH CARE ARRANGEMENT FOR DECATUR COUNTY HOSPITAL.**

**YOU AND YOUR AUTHORIZATION.** The Facility must also disclose your medical information to you, as described later in this Notice. Uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you give us permission to use or disclose medical information about you, you may revoke (take back) that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons set forth in your written authorization. We are unable to take back any disclosures we have already made with your permission.

## YOUR RIGHTS

**ACCESS TO MEDICAL INFORMATION.** You may request to inspect and copy much of the medical information we maintain about you, with some exceptions. This includes most medical and billing records, but does not include psychotherapy notes. We may charge a fee for the costs of copying, mailing, and other supplies associated with your request.

**REQUEST FOR RESTRICTIONS.** You have the right to request a restriction on how we use or disclose your medical information for treatment, payment, or health care operations, or to certain family members or friends identified by you who are involved in your care or the payment for your care. We are not required to agree to your request, but will notify you if we are unable to agree.

**AMENDMENT.** You may request that we amend certain portions of your medical information if you believe that it is incorrect or incomplete. We may require you to give a reason to support your request. We are not required to make all requested amendments, but we will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

**ACCOUNTING.** You have the right to receive a list of certain disclosures of your medical information made by us or our business associates. You must state a time period for your request, which may not be longer than six years and may not include dates before April 14, 2003. The first list in any 12-month period will be provided to you for free; you may be charged a fee for each subsequent list you request within the same 12-month period.

**CONFIDENTIAL COMMUNICATIONS.** You have the right to request that we communicate with you about medical matters in a different manner or at a different place. We will agree to your request if it is reasonable, and you specify an alternative means or location to contact you.

**HOW TO EXERCISE THESE RIGHTS.** All requests to exercise these rights must be in writing. We will follow written policies to handle requests, and we will notify you of our decision or actions and your rights. Contact the clinic manager or our Privacy Officer at the contact information at the end of this Notice for more information or to obtain request forms.

**PAPER NOTICE.** You are entitled to receive a written copy of this Notice at any time.

## ABOUT THIS NOTICE

The Facility is required to abide by the terms of the Notice currently in effect. The Facility reserves the right to change the terms of this Notice and make the new Notice provisions effective for all of your medical information that it maintains, including that which it created or received while the prior Notice was in effect. If the Facility makes a material change to its privacy practices, it will amend its Notice. We will post a copy of the current Notice in the Facility. The Notice will state the effective date and date of any revisions.

## CONTACT INFORMATION

**COMPLAINTS.** If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer. You may also submit a complaint to the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

**QUESTIONS.** If you have questions about this Notice or our privacy policies, please contact the Privacy Officer.

You may contact our Privacy Officer for further information either by mail or by telephone:

Jeanne Vogel, Privacy Officer  
Decatur County Hospital  
1405 NW Church Street  
Leon, IA 50144  
641-446-2240



## Decatur County Hospital

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