

## **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. [45 CFR 164.520 (b)(1)(i)]**

Northeast Iowa Community Action Corporation is required by law to maintain the privacy of protected health information and to provide patients with notice of its legal duties and privacy practices of protected health information. [45 CFR 164.520(b)(1)(v)(A)]

**Use or Disclosure of Protected Health Information For Treatment, Payment and Health Care Operations.** Northeast Iowa Community Action Corporation may use or disclose your protected health information (information from your record) to provide treatment services to you, for payment purposes or for health care operations, without a written authorization from you. We may disclose protected health information for treatment services, to another health care provider for payment activities, or to another health care agency for health care operations activities. [45 CFR 164.520(b)(ii)(A) and 164.506(c)(1)-(4)]

*Treatment* means provision, coordination, or management of your care by a health care provider, including coordination or management of your care with another provider not in our clinic; consultation between health care providers about your care; or referring you to another provider. Northeast Iowa Community Action Corporation may disclose protected health information to its own or other health care providers who need such information for your care. [definition taken from 45 CFR 164.501]

*Payment* means our activities to provide or receive reimbursement for health care services to a patient, including, for example, determinations of eligibility or coverage; billing, claims management, collection activities, and related health care data processing; review of health care services for medical necessity, coverage under a health plan, appropriateness of care, or justification of charges; utilization review activities; and certain reimbursement-related disclosures to consumer reporting agencies. Northeast Iowa Community Action Corporation may send a bill to your insurance company that includes information that identifies you as our patient, your diagnosis, and procedures and supplies used. [definition taken from 45 CFR 164.501]

*Health Care Operations* include activities such as conducting quality assessment and improvement of care; reviewing the competence or qualifications of health care professionals; conducting training programs for health care providers and other staff; accreditation, certification, licensing, and credentialing activities; conducting or arranging for medical review, legal services, and auditing functions; business planning and development; and business management and general administrative activities. Northeast Iowa Community Action Corporation quality improvement team may use information in a patient's health record to assess the care and outcomes, Northeast Iowa Community Action Corporation may also disclose a patient's health record to another health care provider who treated the patient for quality assessment activities. [definition taken from 45 CFR 164.501]

*Appointment Reminders, Treatment Options, and Other Health-Related Services:* Northeast Iowa Community Action Corporation may contact you to remind you of appointments, information about treatment, and other health-related benefits and services that may be of interest to you. [45 CFR 164.520(b)(iii)(A)]

*Fund-Raising* Northeast Iowa Community Action Corporation may contact you to raise funds for Northeast Iowa Community Action Corporation. [45 CFR 164.520(b)(iii)(B)]

**Other Permitted Or Required Uses And Disclosures.** Northeast Iowa Community Action Corporation may also use or disclose your protected health information without your written authorization if permitted or required by law. We will use our professional judgment and disclose your information with your best interest in mind whenever possible. These are described below. [45 CFR 164.520(b)(ii)(B)]

Permitted Uses and Disclosures Where a Patient Has the Opportunity to Agree or Object. While the uses and disclosures described below may be done without a patient's written authorization, the patient must usually be given an opportunity to agree or object. To get more information regarding this, see the contact information at the end of this *Notice*. [45 CFR 164.510]

*Directory Information:* Northeast Iowa Community Action Corporation may use a patient's name, location at Northeast Iowa Community Action Corporation, general condition, and religious affiliation in a patient directory for its facility. Northeast Iowa Community Action Corporation may disclose the directory information to members of the clergy and, except for a patient's religious affiliation, to anyone who asks for a patient by name. [45 CFR 164.510(a)(1)]

*To Those Involved with a Patient's Care:* Northeast Iowa Community Action Corporation may disclose to a family member, other relative, close personal friend of a patient, or any other person identified by a patient, protected health information directly relevant to that person's involvement with the patient's care or payment related to the patient's care. [45 CFR 164.510(b)(1)(i)] (However, according to another law for family planning services, we must get your consent to release your information. [42 CFR 59.11])

*For Notification of a Patient's Location, General Condition, or Death:* Northeast Iowa Community Action Corporation may use or disclose protected health information to notify or assist in notifying a family member, a patient's personal representative, or another person responsible for a patient's care of a patient's location, general condition, or death. [45 CFR 164.510(b)(1)(ii)]

*For Disaster Relief Purposes* Northeast Iowa Community Action Corporation may use or disclose protected health information to an organization authorized to assist in disaster relief efforts for the purpose of coordinating notification to a family member, a patient's personal representative, or another person responsible for a patient's care of a patient's location, general condition, or death. [45 CFR 164.510(b)(4)]

**Other Permitted or Required Uses and Disclosures.** So long as the privacy rule requirements are followed, the uses and disclosures described below may be done without your written authorization and without giving you an opportunity to agree or object. To obtain additional information on these uses and disclosures, see the contact information at the end of this *Notice*. [45 CFR 164.512]

*Required by Law:* Northeast Iowa Community Action Corporation may use or disclose protected health information to the extent as required by law, complies with the law, and is limited to the requirements of the law. [45 CFR 164.512(a)]

*Public Health Activities:* Northeast Iowa Community Action Corporation may disclose protected health information for public health activities. These include, for example, disclosure:

- (i) to public health authority to collect or receive information for the prevention or control of disease, injury or disability or to a public health or other authority to receive reports of child abuse or neglect [45 CFR 164.512(b)(i) and (ii)];
- (ii) to a person under the jurisdiction of the Federal Drug Administration (FDA) regarding a regulated product or activity for which there is a responsibility related to the quality, safety, or effectiveness of the FDA product or activity [45 CFR 164.512(b)(iii)];
- (iii) if authorized, to someone who may have been exposed to a communicable disease [45 CFR 164.512(b)(iv)];
- (iv) or to an employer about an employee to whom NAME OF ORGANIZATION provides health care at the employer's request to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether the employee has a work-related illness or injury. [45 CFR 164.512(b)(v)]

*Abuse, Neglect, or Domestic Violence:* Northeast Iowa Community Action Corporation may disclose protected health information about a patient whom we reasonably believe to be a victim of abuse, neglect, or domestic violence to a government authority as required by law; where the individual agrees to the disclosure; or where expressly authorized by law. [45 CFR 164.512(c)(iii)]

*Health Oversight Activities:* Northeast Iowa Community Action Corporation may disclose protected health information to a health oversight agency for activities, including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for the oversight of the healthcare clinic, government benefit programs, or compliance with governmentally-regulated program standards or civil rights laws. Where the patient is the subject of the investigation or activity, there are restrictions on when such information may be used for disclosed. [45 CFR 164.512(d)]

*Judicial and Administrative Proceeding:* Northeast Iowa Community Action Corporation may disclose protected health information in a judicial or administrative proceeding in response to a court or administrative tribunal order, or a subpoena, discovery request, or other lawful process not accompanied by a court or tribunal order. [45 CFR 164.512(e)]

*Law Enforcement Purposes:* Northeast Iowa Community Action Corporation may disclose protected health information for a law enforcement purpose to an official. [45 CFR 164.512(f)]

*Coroners, Medical Examiners, and Funeral Directors:* Northeast Iowa Community Action Corporation may disclose protected health information to coroners or medical examiners for the purpose of determining a cause of death, or other duties as authorized by law. Northeast Iowa Community Action Corporation may also disclose protected health information to funeral directors as necessary to carry out their duties. [45 CFR 164.512(g)]

*Organ Donation:* Northeast Iowa Community Action Corporation may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs and tissue. [45 CFR 164.512(h)]

*Research:* Northeast Iowa Community Action Corporation may use or disclose your protected health information for research under certain conditions. [45 CFR 164.512(i)]

*Threat to Health or Safety:* Northeast Iowa Community Action Corporation may use or disclose protected health information to other organizations or individuals to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; or to identify or apprehend someone who may have caused serious physical harm to another person or who appears to have escaped from custody. [45 CFR 164.512(j)]

*Other Specialized Government Functions:* Northeast Iowa Community Action Corporation may use or disclose protected health information related to military and other government functions, for example, for members of the armed forces. [45 CFR 164.512(k)]

*Workers' compensation:* Northeast Iowa Community Action Corporation may disclose protected health information as authorized by laws relating to workers' compensation. [45 CFR 164.512(l)]

*Mental Health, Psychotherapy and Marketing:* Uses and disclosures of psychotherapy notes, mental health care, treatment for substance abuse and marketing may be more protected than for other forms of health information. [45 CFR 164.508(a)(2) and (3)]

**Uses And Disclosures Requiring An Authorization.** Except as presented in this *Notice*, Northeast Iowa Community Action Corporation will use and disclose protected health information only with your written authorization. You may revoke an authorization at any time except to the extent Northeast Iowa Community Action Corporation has acted in reliance on the authorization. [45 CFR 164.520(b)(1)(ii)(E)]

**Patient Rights.** You have the following rights concerning your protected health information:

*Right to Request Restrictions:* You have the right to request restrictions on uses and disclosures of protected health information to carry out treatment, payment, or health care operations. You also have the right to restrict the notification of your location, general condition, or death.

Northeast Iowa Community Action Corporation is not required to agree to the restriction. [45 CFR 164.520(b)(1)(iv)(A) and 164.522(a)]

*Right to Confidential Communications:* The patient has the right to receive confidential communications of protected health information from us. Northeast Iowa Community Action Corporation may not require an explanation from the patient as to the reason for the request. [45 CFR 164.520(b)(1)(iv)(B) and 164.522(b)]

*Right of Access:* You have the right of access your protected health information. [45 CFR 164.520(b)(1)(iv)(C) and 164.524]

*Right to Amend:* You have the right to amend your protected health information. Northeast Iowa Community Action Corporation may deny the request under certain circumstances, for example, if we determine that the information is accurate and complete. [45 CFR 164.520(b)(1)(iv)(D) and 164.526]

*Right to an Accounting:* With some exceptions, the patient has the right to receive an accounting of disclosures of protected health information. The right to an accounting does not include disclosure outlined in an authorization. [45 CFR 164.520(b)(1)(iv)(E) and 164.528]

*Right to Receive a Copy of this Notice:* The patient has the right, upon request, to obtain a paper copy of this *Notice* from Northeast Iowa Community Action Corporation. [45 CFR 164.520(b)(1)(iv)(F)]

**CHANGES TO THIS NOTICE.** Northeast Iowa Community Action Corporation is required to follow the terms of the current *Notice* [45 CFR 164.520(b)(1)(v)(B)]

Northeast Iowa Community Action Corporation reserves the right to change this *Notice* and to make the new *Notice* provisions effective for all protected health information. Should Northeast Iowa Community Action Corporation practices change, the revised *Notice* will be made available to you upon request and will be posted at our clinic (IF APPLICABLE: will be posted on our web site). [45 CFR 164.520(b)(1)(v)(C) and (c)(2)(iii)]

**FOR MORE INFORMATION, TO REVOKE AN AUTHORIZATION, OR TO REPORT A PROBLEM.**

To ensure that we comply with laws and regulations, for information and questions regarding this *Notice*, and your rights, you may contact Northeast Iowa Community Action Corporation 563-382-8436 ext. 138. [45 CFR 164.520(b)(1)(iv) and (vii) and 164.530(a)(1)(ii)]

If you want to revoke an existing authorization, you may contact Northeast Iowa Community Action Corporation 563-382-8436 ext. 138. [45 CFR 164.508 (c)(2)(i)(B) and 164.520(b)(ii)(E)]

If you have a complaint regarding your privacy rights, or believe a patient's privacy rights have been violated, you may file this with Northeast Iowa Community Action Corporation in writing,

Northeast Iowa Community Action Corporation PO Box 487 Decorah, Iowa 52101 or with the Secretary of the United States Department of Health and Human Services. To file a complaint with Northeast Iowa Community Action Corporation please contact Lori R. Egan Director of Health Services Northeast Iowa Community Action Corporation PO Box 487 Decorah, Iowa 52101. All complaints must be submitted in writing. There will be no retaliation against you for filing a complaint. *[45 CFR 164.520(b)(1)(vi) and (vii)]*

**EFFECTIVE DATE.** April 1,2007 *[45 CFR 164.520(b)(1)(vi) and (vii)]*