

THE METH-WICK COMMUNITY
Notice of Privacy Practices
REVISED EFFECTIVE SEPTEMBER 23, 2013

HOME & HEALTH SERVICES IS A DEPARTMENT OF METH-WICK COMMUNITY. AS SUCH, METH-WICK'S "NOTICE OF PRIVACY PRACTICES" ALSO APPLIES TO HOME & HEALTH CLIENTS.

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 respect the privacy of your protected health information and are committed to maintaining our residents' confidentiality. This Notice applies to all information and records related to your care that our facility has received or created. This includes information received or created by our employees, staff, volunteers, and physicians. This Notice informs you about the possible uses and disclosures of your protected health information by The Meth-Wick Community. It also describes your rights and our obligations regarding your protected health information.

Our employees, staff, volunteers, and physicians as well as other physicians who treat you may have access to information in your chart for the purposes described below. This Notice applies to any member of any volunteer group or trainee we allow to help you.

We are required by law to:

- maintain the privacy of your protected health information;
- provide to you this detailed Notice of our legal duties and privacy practices relating to your protected health information;
- abide by the terms of the Notice that are currently in effect.
- inform you of any unauthorized access, use or disclosure of your unencrypted confidential information in the event its security or privacy is compromised (i.e., in the event that a reportable breach occurs as provided by the HIPAA Final Omnibus Rule. We will provide such notice to you without unreasonable delay but in no case later than sixty days after we discover the breach.

I WITH YOUR ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THIS NOTICE, METH-WICK MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.

You will be asked to sign a form acknowledging that you have received this notice. With this acknowledgment Meth-Wick can disclose your protected health information for purposes of treatment, payment, and health care operations, unless Iowa law requires us to obtain your consent or authorization in writing. We have described these uses and

disclosures below and provide examples of the types of uses and disclosures we may make in each of these categories. Not every use or disclosure in a category will be listed.

Treatment. We will use and disclose your protected health information in providing you with treatment and services. We may disclose your protected health information to facility and non-facility personnel who may be involved in your care, such as physicians, hospice, home health agencies, hospitals, nurses, nurse's aides, social workers, physical therapists, laboratories, pharmacies, and other professionals or entities that provide health related services or products to you. These include, but are not limited to, St. Luke's Hospital, Mercy Hospital, University of Iowa Hospitals and Clinics, St. Luke's Hospice, Hospice of Mercy, Hospice Compassus, St. Luke's Home Health, Mercy Home Health, Rehabworks, Iowa Department for the Blind, Milestones Adult Day Health Center, Weland Clinical Laboratories, Dr. James Bell, Dr. Michael Orosz, Dr. David Hemmes, Physicians' Clinic of Iowa, Internists P.C., Cardiologists P.C., Hy-Vee Pharmacy, Sample Pharmacy, Main Health Care Pharmacy, Medicap Pharmacy, A Avenue Pharmacy, Abbe Center for Community Mental Health, Cedar Center Psychiatric Group, Care Pro Health Services, Hanger Prosthetics & Orthotics, and Aging Services. We also may disclose protected health information to individuals or providers who will be involved in your care after you leave the facility in the event you leave Meth-Wick. In addition, we may refer you to health care providers such as radiologists with whom you may not have direct patient contact. These providers are called "indirect treatment providers." "Indirect treatment providers" are required to comply with the privacy requirements of state and federal law and keep your medical information confidential.

Payment. We may use and disclose your protected health information so that we can bill and receive payment for the treatment and services you receive at the facility. For billing and payment purposes, we may disclose your protected health information to your representative, an insurance or managed care company, Medicare, Medicaid or another third party payer. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service.

Health Care Operations. We may use and disclose your protected health information for facility operations. These uses and disclosures are necessary to manage the facility and to monitor our quality of care. For example, we may use protected health information to evaluate our facility's services, including the performance of our staff.

II. WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU FOR OTHER SPECIFIC PURPOSES.

Facility Directory. Unless you object, we will include certain limited information about you in our facility directory. This information may include your name, location on the campus, and telephone number. Our directory does not include specific medical information about you. We may release information from our directory to people who ask for you by name. We may also provide the directory information, including your religious affiliation, to a member of the clergy.

Posted Directory. Unless you object, we may include your name and living unit number on a directory posted at the entrance of your building.

Name on Door. Unless you object, we may post your name outside of the door of your living unit.

Photos Posted on Meth-Wick Campus. Unless you object, we may post photos of you within the Meth-Wick campus to highlight resident activities and event on our website, in *Life at Meth-Wick*, or on our Facebook page.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your protected health information, to a family member or close personal friend, including clergy, who is involved in your care. We may also give such information to someone who helps pay for your care.

Welcome in *Life at Meth-Wick*. Unless you object, we will publish a welcome to you upon your move to Meth-Wick in the *Life at Meth-Wick* newsletter. This welcome will include brief biographical information about you, which you have provided through your social history interview, as well as the location to which you are moving within the Meth-Wick campus.

Disaster Relief. We may disclose your protected health information to an organization assisting in a disaster relief effort.

As Required By Law. We will disclose your protected health information when required by law to do so.

Public Health Activities. We may disclose your protected health information for public health activities. These activities may include, for example

- reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting abuse or neglect;
- reporting to the federal Food and Drug Administration concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls, or to comply with other FDA requirements;
- to notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition;
- for certain purposes involving workplace illness or injuries.

Reporting Victims of Abuse, Neglect, or Domestic Violence. If we believe that you have been a victim of abuse, neglect, or domestic violence, we will use and disclose your protected health information to notify a government authority if required or authorized by law, or if you agree to the report.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for oversight activities authorized by law. They may include, for

example, audits, investigations, inspections, and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. We may disclose your protected health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process. Efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

Law Enforcement. We may disclose your protected health information for certain law enforcement purposes, including:

- disclosures required by law to comply with reporting requirement;
- to comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- when information is requested about the victim of a crime if the individual agrees or under other limited circumstances;
- to report information about a suspicious death;
- to provide information about criminal conduct occurring at the facility;
- to report information in emergency circumstances about a crime;
- where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your protected health information to a coroner, medical examiner, funeral director, or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities. We may also use and disclose protected health information about foreign military personnel as required by the appropriate foreign military authority.

Workers' Compensation. We may use or disclose protected health information to comply with laws relating to workers' compensation or similar programs.

National Security and Intelligence Activities. We may disclose protected health information to authorized federal officials conducting national security and intelligence

activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

Health-Related Benefits and Services. We may use or disclose protected health information to inform you about health-related benefits and services that may be of interest to you.

Business Associates. Meth-Wick from time to time will hire “business associates,” who render services to Meth-Wick. We may disclose your medical information to such business associates without consent or authorization. Business associates are required to maintain and comply with the privacy requirements of state and federal law and keep your medical information confidential. Examples of our business associates include, but are not limited to Shuttleworth & Ingersoll, P.L.C., J.W. Morton & Associates, and Sodexo

Appointment Reminders. Unless you tell us otherwise, we may use or disclose protected health information to remind you about appointments.

III. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PROTECTED HEALTH INFORMATION.

We will use and disclose your protected health information (other than as described in this Notice or required by law) only with your written Authorization. You may revoke your Authorization to use or disclose protected health information in writing, at any time. If you revoke your Authorization, we will no longer use or disclose your protected health information for the purposes covered by the Authorization, except where we have already relied upon the Authorization.

The following are situations in which we will seek your authorization:

- We will obtain your authorization for uses and disclosures of your health information that are not described in this Notice.
- We will disclose mental health information about you only if you have signed an authorization consistent with Iowa law.
- We will disclose AIDS or HIV related information, or substance abuse treatment information, **only** with written authorization.
- We will not use or disclose your protected health information for marketing purposes.
- We will not sell your protected health information to third parties.

IV. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights regarding your protected health information at the facility:

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your protected health information for treatment, payment or health care operations. You also have the right to restrict the protected health information we disclose about you to a family member, friend, or other person involved in your care or the payment of your care. For example, you may request that your spouse or child who is involved in your care not receive certain information about your condition. To request a restriction, you must make your request in writing to your Meth-Wick social worker.

We are not required to agree to your requested restriction (except that while you are competent you may restrict disclosures to family members or friends), and except when the disclosure is to a health plan or other payer for purposes of carrying out payment or health care operations, and you have paid for the services yourself, unless such a disclosure is required by law. Your social worker must inform you of Meth-Wick's decision within 30 days of your request. If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

Right of Access to Protected Health Information. You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care, subject to some limited exceptions. For any medical information maintained by us in an electronic medical record, your written request may include a request to provide a copy in electronic form. In addition, we will transmit information from your electronic medical record directly to a person or entity of your choosing if the request is made in writing and you sign an authorization. We may charge a reasonable, cost based fee for our costs in copying and mailing your requested information. For an electronic copy of your electronic medical record, we may charge only the cost of preparing the electronic copy.

You may make your request for access by contacting your Meth-Wick social worker who must act upon your request within 30 days. We may deny your request to inspect or receive copies in certain limited circumstances, unless we give you notice that we will need an additional thirty days to compile the records. If you are denied access to your protected health information, in some cases you have a right to request review of the denial. A licensed health care professional designated by the facility, who did not participate in the decision to deny, would perform this review.

Right to Request Amendment. You have the right to request the facility to amend any protected health information maintained by the facility for as long as the information is kept by or for the facility. You must make your request in writing and can do so by requesting and filling out a Request to Amend Form from your Meth-Wick social worker who must act upon the request within 60 days of the request.

We may deny your request for amendment if the information

- was not created by the facility, unless the originator of the information is no longer available to act on your request;
- is not part of the protected health information maintained by or for the facility;
- is not part of the information to which you have a right of access;
- is already accurate and complete as determined by the facility.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and your right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of our disclosures of your protected health information. This is a listing of certain disclosures of your protected health information made by the facility or by others on our behalf. For paper records, you may request information going back six years, but you will not receive an accounting of disclosures for treatment, payment and health care operations. An accounting from your electronic medical record will go back only three years, but it will include disclosures for treatment, payment and health care operations for three years prior to the request.

To request an accounting of disclosures, you must submit a request in writing, to your Meth-Wick social worker. Your social worker must provide you with an accounting of disclosures, if any, within 60 days of receipt of the request. An accounting will include, if requested: the disclosure date; the name or the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization or request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free; for further requests, we may charge you for our costs.

Right to Request Confidential Communications. You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. You may make such a request by contacting your Meth-Wick social worker. We will accommodate your reasonable requests.

V. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint in writing with the facility or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint within the facility, contact Sue Schmitt, Meth-Wick Privacy Official at 319-297-8655.

We will not retaliate against you if you file a complaint.

VI. CHANGES TO THIS NOTICE

We will promptly revise this Notice whenever there is a material change in our uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice without further notice to you and to make the revised or new Notice provisions effective for all protected health information already received and maintained by the facility as well as for all protected health information we will receive in the future.

We will post copies of the current Notice or any amended notice on the Meth-Wick campus at the following locations: Custom Care nurses station, lobby level of The Manor, Arbor Place commons area, Woodlands lobby, and in the Community Care offices at Greenwood and Deer Ridge. In addition, we will post the current Notice on our website: www.methwick.org. Residents will not be individually informed of changes to the notice, but an announcement that there has been a change will be published in the *Life at Meth-Wick* newsletter. The amended notice will be available upon request.

You have the right to obtain a paper copy of this Notice. You may request a copy of this notice at any time by contacting Meth-Wick's Privacy Official.

VII. FOR FURTHER INFORMATION

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact Sue Schmitt, Meth-Wick Privacy Official, at 319-297-8655.