

PRIVACY NOTICE

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.

The content of this joint notice applies to Hawarden Regional Healthcare, Hawarden Regional Healthcare Clinics and the entire Medical Staff and any emergency room physicians with whom they contract.

Hawarden Regional Healthcare, Hawarden Regional Healthcare Clinics and our medical staff are committed to providing our regional community the highest quality health care available. This commitment extends to offering the best technological medical advances through services we provide, equipment used in the rendering of those services and ongoing education for our employees to maintain skills that are reflective of current standards of care throughout the country. Patients in our facility experience small town caring, warmth and the familiar faces of our staff while receiving the best medical care anywhere.

We regard the confidentiality of care we provide to you as a sacred trust. Our patients have the right to expect that any information collected about them during the course of illness, injury, hospitalization and/or rehabilitation (known as your protected health information) be maintained in a secure manner. This notice is to let you know how we safeguard that information; to whom information may be disclosed; and how you may access the information we currently have regarding your confidential medical care.

UNDERSTANDING YOUR MEDICAL RECORD INFORMATION:

Each time you visit Hawarden Regional Healthcare or Hawarden Regional Healthcare Clinics 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. The record set also includes financial data and may be maintained in paper or electronic format. The information serves as documentation of the care you've received for communication between health care professionals, subsequent care, payment of care, legal purposes and a tool to improve the quality of care and services we provide in the future.

Understanding what is in your record and how it is used will help you to:

- ⇒ Make certain the information is accurate;
- ⇒ Better understand who, what, when, where and why others may access your health information;
- ⇒ Make a more informed decision when giving your permission for your health information to be sent or released to others.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION:

Although your medical record is the physical property of this facility, the information belongs to you. You have certain rights regarding the use and disclosure of this information. To further understand these rights, examples of uses and disclosures of your protected health information appear later in this document.

Right to See and Obtain Copies Of Your Medical Information

In most cases, you have the right to look at or obtain copies of your medical information that we have, but you must make the request in writing. If we don't have your information but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and how you can have the denial reviewed.

If you request copies of your medical information, we may charge a fee for the copying, mailing, or other supplies associated with your request.

Right to Amend or Update Your Medical Information

If you believe that there is a mistake in your medical information, or that a piece of information is missing, you have the right to request that we correct the existing information or add the missing information. The request must be made in writing and you must provide a reason for the change. We will respond within 60 days of receiving your request. We may deny your request if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the medical information is:

- ⇒ Correct and complete;
- ⇒ Not created by us;
- ⇒ Legally not allowed to be looked at and copied for you;
- ⇒ Not part of our records.

Our written denial will tell you the reasons for the denial and will tell you how to file a written statement of disagreement with the denial.

Right to Obtain An Accounting of Disclosures

You have the right to obtain an accounting of any disclosures we have made regarding your medical record. This accounting

will not include uses or disclosures, such as:

- ⇒ Those made for treatment, payment, health care operations;
- ⇒ Those made directly to you, authorized by you or to any person whom you have indicated as being involved in your care;
- ⇒ Our facility directory or other types of notification made without your objection;
- ⇒ Those made in emergency or disaster relief situations for notification of your condition;
- ⇒ Those made for national security/intelligence purposes;
- ⇒ Law enforcement officials in custodial situations;
- ⇒ Incidental disclosures, i.e., overheard conversations, etc.;
- ⇒ Those made prior to six years of your request or before April 14, 2003.

We will provide the accounting at no cost to you, however if you make more than one request in a twelve-month period, we may charge you a fee for each additional request. We will notify you of the cost involved and you may choose to withdraw or change your request at that time.

Right to Request Limits on Use and Disclosure of Information

You have the right to ask that we limit how we use and disclose your medical information. We will consider your written request but are not legally required to accept it. If we accept your request, we will abide by its content except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

Right to Choose How We Send Information to You

You have the right to ask that we send information to you at an alternate address or by alternate means. We must agree to your written request so long as we can easily provide it in the format you requested.

Right to a Paper Copy of this Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Right to Withdraw Your Authorization for Use/Disclosure

Any use or disclosure of your protected health information, except as explained in this notice, will be made only with your express, and written authorization. Furthermore, you have the right to revoke such authorization. Of course, we are unable to take back any disclosures we have already made with your permission.

OUR ORGANIZATIONAL RESPONSIBILITIES:

This organization, [including all employed individuals, any volunteers we may involve in your care, and members of our medical staff and/or health care providers to whom we've extended privileges], is required to:

- ⇒ As a requirement of law, 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 at alternative locations.

We reserve the right or may be required by law to change our privacy practices, which may result in changes of this notice. We further reserve the right to make the revised or changed privacy practices notice effective for medical information we already have about you as well as any information we receive in the future. The revised notice will be available at points throughout the facility with the version number and implementation date included on the notice. Each time you visit our facility for treatment, the current version of this notice will be available to you.

DO YOU HAVE QUESTIONS OR CONCERNS?

Privacy Officer
1111 11th Street
Hawarden, IA 51023 (712) 551-3124

If you feel that your privacy rights have been violated in any way, Hawarden Regional Healthcare and Hawarden Regional Healthcare Clinics encourage you to file a complaint. You will not be retaliated in any way for filing such a complaint. Complaints can be lodged verbally or in writing by contacting the Privacy Officer.

You may also make a complaint with the Secretary of the Department of Health and Human Services.

If you have questions regarding any of the information in this notice or about how you can exercise any rights attributed to you under the law, please feel free to contact our Privacy Officer listed above.

EXAMPLES OF USES AND DISCLOSURES:

In an effort to help you better understand the uses and disclosures of your protected health information, we offer the

following examples. Although not an inclusive list, it will give you a general sense of the ways in which your information is used.

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 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 the team will then record the actions they took and their observations. In that way, your 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 this facility.

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. Information to a payer may also be disclosed prior to treatment to obtain prior approval or to determine whether your health plan will cover your treatment. Billing information may also be shared with members of our medical staff, providers of ambulance services, and other providers involved with your care.

We will use your health information for operations.

There are many examples of health care operations. For example, information in your record may be used to assess the care and outcomes in your case and others like it to continually improve the quality and effectiveness of the health care and services we provide.

We will use your health information in other permitted ways:

1. There are some services we are unable to provide, and so we contract with others called business associates to perform them for us. To protect your information, we require our business associates to appropriately safeguard your information.
2. Unless you notify us that you object, we will use your name, location in the facility, and general condition for directory purposes. This information may be provided to members of the clergy and to other people who ask for you by name. Clergy may also have information regarding your religious affiliation.
3. We may use or disclose information to notify or assist in notifying a family member or another person responsible for your care as to your location and general condition in cases of emergency or disaster relief.
4. Health professionals, using their best judgment, may disclose to a family member, 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.
5. We may contact you to remind you of appointments for health related activities or alternative treatments or services that may be of interest to you.
6. Fundraising activities on behalf of this facility.

There are disclosures of your protected health information we are required or permitted by law to make without your authorization. Included are:

- ◆ Disclosures required by law.
- ◆ Disclosures for public health activities including reporting of vital statistics such as births, death, injury and disease for the purpose of preventing or controlling disease or disability.
- ◆ Disclosures about victims of abuse, neglect or domestic violence. We will tell you if we make this disclosure.
- ◆ Disclosures for health oversight activities of the health care system, government benefit programs and compliance with program standards.
- ◆ Disclosures for judicial and administrative proceedings in response to a court order or subpoena.
- ◆ Disclosures for law enforcement purposes including information to locate a suspect or missing person or related to injuries suspected to be the result of a crime.
- ◆ Disclosures about decedents to funeral directors, medical examiners and/or coroners to allow them to carry out the scope of their duties.
- ◆ Disclosures and use for research purposes by entities that have met appropriate criteria and have established protocols to ensure the privacy of your health information.
- ◆ Disclosures for cadaveric organ, eye or tissue donation purposes.
- ◆ Disclosures to avert a serious threat to health or safety.
- ◆ Disclosures for specialized government functions including matters of national security, military and veteran issues, correctional institutions and protection of the President.
- ◆ Disclosures for workers' compensation to comply with state laws relating to the provision of benefits for work-related injuries and/or illness, or to the employer to allow them to carry out responsibilities for workplace medical surveillance.

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