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NOTICE OF PRIVACY PRACTICES

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

This facility is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. This facility is required by law to provide you with this notice so that you will understand how we may use or share your medical information. We are required to adhere to the terms outlined in this notice. If you have any questions about this notice, please contact the Facility HIPAA Designee, Nichole Hageman. The HIPAA Facility Designee name is also posted at each nurse station.

This notice describes the practices of this facility and its affiliates (together the “affiliated covered entity”). This facility is required by law to provide you with this notice regarding our legal obligations with respect to your protected health information and to adhere to the terms of the notice currently in effect.

UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION

Each time you visit a facility, a record of your visit is made. Typically, this record contains information about your condition and the treatment that we provide. We use and/or disclose this information to:

- *Plan your care and treatment
- *Communicate with other health professionals involved in your care
- *Educate health professionals
- *Provide information for medical research
- *Provide information to public health officials
- *Evaluate and improve the care we provide

Understanding what is in your record and how your health information is used helps you to:

- *Ensure it is accurate
- *Better understand who may access your health information
- *Make informed decisions when authorizing disclosure to others

HOW WE MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe the ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use or disclose information will fall into one of the categories.

For Treatment: We may use medical information about you to provide you with medical treatment. We may disclose medical information about you to doctors, nurses, therapists, or other facility personnel who are involved in taking care of you at a facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can plan your meals. Different departments of a facility also may share medical information about you in order to coordinate your care and provide medication, lab work, and x-rays. We may also disclose medical information about you to people outside the facility who may be involved in your medical care after you leave a facility. This may include family members, or visiting nurses to provide care in your home.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at a facility may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose medical information about you for health care operations. This is necessary to ensure that all of our residents receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff. We may also combine medical information about many residents to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, therapists, and other personnel for review and learning purposes. We may remove information that identifies you so others may use it to study health care and health care delivery without learning the identities of residents.

OTHER ALLOWABLE USES OF YOUR MEDICAL INFORMATION

Business Associates: There are some services provided in our facility through contracts with business associates. Examples include medical directors, outside attorneys and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Providers: Many services provided to you, as part of your care at our facility, are offered by participants in one of our organized healthcare arrangements. These participants include a variety of providers such as physicians (e.g., medical doctors, podiatrist, dentist, optometrist), therapists (e.g., physical therapist, occupational therapist, speech therapist), portable radiology units, clinical labs, hospice caregivers, pharmacies, psychologists, LCSWs, and suppliers (e.g., prosthetic, orthotics).

Treatment Alternatives: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Facility Directory: We may use medical information about you in the facility directory while you are a resident. This information may include your name, and location in the facility,

Individuals Involved in Your Care or Payment for Your Care: We may disclose medical information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the facility. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

As Required By Law: We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would only do this to help prevent the threat.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Although your health record is the property of the facility, the information belongs to you. You have the following rights regarding your medical information:

Right To Inspect and Copy: With some exceptions, you have the right to review and copy your medical information. *You must submit your request in writing to the Facility HIPAA designee with a copy to the Administrator. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.*

Right To Amend: If you feel that medical information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right as long as the information is kept by or for the facility. *You must submit your request in writing to the Facility HIPAA designee with a copy to the Administrator. In addition, you must provide a reason for your request.*

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the facility; or
- Is inaccurate or incomplete.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of your medical information, other than those made for purposes such as treatment, payment or health care operations.

You must submit your request in writing to the Facility HIPAA Designee and a copy to the Administrator. Your request must state a time period, which may not be longer than 6 years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically.) The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of additional costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right To Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you may request that we limit the medical information we disclose to someone who is involved in your plan of care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit in writing to the Facility HIPAA Designee with a copy to the Administrator. In your request, you must tell us 1) what information you want to limit; 2) Whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right To Request Alternate Communications: You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

You must submit your request in writing to the Facility HIPAA Designee with a copy to the Administrator. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice even if you have agreed to receive the notice electronically. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the HIPAA Designee/Administrator.

SPECIAL SITUATIONS

Military and Veterans: If you are a member of the armed forces, we may disclose medical information about you as required by military authorities. We may also disclose medical information about foreign military personnel to the appropriate military authority.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with a resident's need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project so long as the medical information they review does not leave the facility.

Public Health Risks: We may disclose medical information about you for public health purposes, including:

- *Prevention or control of disease, injury, disability
- *Reporting births or deaths
- *Reporting child abuse or neglect
- *Reporting reactions to medications or problems with products
- *Notifying people of recalls of products
- *Notifying a person who may have been exposed to a disease or may be at risk for contracting a spreading disease.
- *Notifying the appropriate government if we believe a resident has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may disclose medical information when requested by a law enforcement official:

- *In response to a court order, subpoena, warrant, summons or similar process;
- *To identify or locate a suspect, fugitive, material witness, or missing person;

*About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;

- *About a death we believe may be the result of criminal conduct;
- *About criminal conduct at the facility; and
- *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;

Coroners, Medical Examiners and Funeral Directors: We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties

National Security and Intelligence Activities: We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

HITECH: (Health Information Technology for Economic and Clinical Health Act of 2009) is designed to improve health care quality, safety, and efficiency. Included are rules regarding: Privacy, Security, Enforcement and Breach Notification.

The Privacy Rule: addresses the Use and Disclosure of PHI by Covered Entities and Business Associates and establishes individuals' privacy rights to understand and control how their health information is used.

The Security Rule: establishes requirements for protecting electronic PHI (administrative, technical and physical safeguards).

The Enforcement Rule: establishes both civil money penalties ("CMP's") and federal criminal penalties, as well as procedures for agency enforcement and factors for assessing CMPs.

The Breach Notification Rule: requires notification to HHS (United States Department of Health and Human Services), the individual and potentially the media following a Breach of Unsecured PHI.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility or on the website. The notice will specify the effective date on the first page, in the top right-hand corner. In addition, if material changes are made to this notice, the notice will contain an effective date for the revisions and copies can be obtained by contacting the facility administrator.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the facility, contact The Administrator. All complaints must be submitted in writing. **You will not be retaliated against for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION

Other 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 provide us permission to use or disclose medical about you, you may revoke that permission, in writing, at any time. If you revoke permission, we will no longer use or disclose medical information about you for the reason covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.