



Effective date: September 23, 2013

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION  
ABOUT YOU MAY BE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO  
YOUR MEDICAL INFORMATION**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

### **OUR COMMITMENT TO YOUR PRIVACY**

Myrtue Medical Center (hereinafter referred to as “MMC”) is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records, both clinical and financial, regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

This notice provides you with the following important information:

- How MMC may use and disclose your identifiable health information;
- Your privacy rights in your identifiable health information; and
- MMC’s obligations concerning the use and disclosure of your identifiable health information.

**The terms of this notice apply to all records containing your identifiable health information that are created or retained by MMC. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records that MMC has created or maintained in the past, and for any of your records we may create or maintain in the future. We will post a copy of our current notice in each of our facilities in a prominent location, and you may request a copy of our most current notice during any visit. We will also keep posted our current notice on MMC’s website, [www.myrtuemedical.org](http://www.myrtuemedical.org). The effective date of our notice will be posted in the upper left-hand corner of the notice.**

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the privacy practices of the entities that are part of MMC, including:

- Any healthcare professional authorized to enter information into your medical records, including members of our medical staff;
- All departments, units and offices operated by MMC, including MMC;
- Any member of a volunteer group that assists you while you are patient of MMC;
- All employees, staff and other personnel of MMC; and
- All of the MMC hospitals and other affiliated entities.

All of these entities, individuals, sites and locations will follow the terms of this notice. In addition, these entities, individuals, sites and locations may share health information with each other for treatment, payment or healthcare operations purposes as described in this notice. Please realize that your personal doctor may use different notices or policies regarding health information created in his or her office.

## HOW WE MAY USE AND DISCLOSE YOUR IDENTIFIABLE HEALTH INFORMATION

The following categories describe different ways in which we may use and disclose your identifiable health information. For each category of uses or disclosures we will explain what we mean and provide examples. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories. **Unless we are otherwise prohibited from doing so,** we may use or disclose your information for the following purposes without your authorization:

- **Treatment.** We may use health information about you to provide you with health treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the MMC hospital or clinics. 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 an MMC dietitian if you have diabetes so that appropriate meals can be arranged. MMC may share health information about you with others in order to coordinate the different things you need, such as prescriptions, lab work, x-rays and follow-up care. To the extent permitted by law, we also may disclose health information about you to people outside MMC who may be involved in your healthcare (such as family members, home health agencies and others who provide services that are part of your care).
- **Payment.** We may use and disclose health information about you so that the treatment and services you receive from us may both be billed to and payment collected from you, and/or an insurance company or a third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We also may 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. We also may disclose your health information to other healthcare providers and health plans for the payment activities of those providers and plans. For example, we may provide your information to a physician who is not on our medical staff so that the physician may bill you or your insurer for the services you received from that physician. Alternatively, you may pay for a service yourself and instruct that we not provide information to your health plan.
- **Health Care Operations.** MMC may use and disclose health information about you for administrative and operational purposes. These uses and disclosures are necessary for our operations, and to make sure that all of our patients receive quality care. For example, we may use your health information to review our treatment and services and to evaluate our performance in caring for you. This may include sharing your information with organizations that affiliate with MMC. We may combine health information about some or all of our patients to decide what additional services we should offer, what services may not be needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, students in the medical field, and our personnel for review and learning purposes. We may also combine the health information we have with health information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are. We also may disclose your health information to certain other individuals and organizations, including physicians, hospitals and health plans, to assist with certain healthcare

operations activities of these individuals and organizations. Except for those individuals and organizations described in the section of this Notice entitled “Who Will Follow This Notice,” these individuals and organizations either have or had in the past a relationship with you.

The information we disclose about you will relate to this relationship. For example, we may disclose your health information to a hospital that is not affiliated with MMC if that hospital has treated you in the past, the information we disclose relates to that relationship, and the hospital intends to use your information for its quality assurance and improvement activities. Similarly, we may share your health information with your health plan for quality assurance and improvement purposes. These are but some of the various permissible uses and disclosures MMC may engage in as part of routine healthcare operations.

- **Business Associates.** We may provide health information to entities that provide services for MMC. We require these business associates to protect the health information we provide to them. For example, we may disclose name, phone number, address, zip code, age, gender, payer, dates, types, locations and providers of service to companies that conduct patient satisfaction surveys on our behalf. These companies measure patient satisfaction through phone surveys following doctor appointments, outpatient procedures and inpatient hospital stays.

All business associates maintain Business Associates Agreements with MMC that require these companies and all of their staff to maintain full security and confidentiality of all information shared.

- **Appointment Reminders.** We may use and disclose your limited health information to contact you as a reminder that you have an appointment for treatment or medical care.
- **Treatment Options.** We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose your health information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We are required to inform you that if you receive fundraising information from MMC, you can request to be removed from further communications. However, it is not the practice of MMC to use your health information for fundraising efforts.
- **Hospital/Facility Directory.** We may include certain limited information about you in our patient directory while you are receiving treatment at an MMC hospital or facility. This information may include your name, location in the facility and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. If you do not want your information included in MMC’s directory, upon your admission you should inform the personnel registering you. You may also tell your MMC caregiver who will assist in communicating your wishes to the appropriate registration personnel. NOTE: MMC will strive to comply with requests for restrictions to disclosure of this general information. Although no guarantees can be made, MMC will make every effort to comply with your requests for restrictions to disclosure of this general information.

- **Release of Information to Family/Friends.** We may disclose your health information to a family member, personal representative or friend that is helping you pay for your healthcare, or who assists in taking care of you. We may disclose your location or general condition to a family member or friend if they ask for you by name. In addition, we may disclose health 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. If you have specific objections or instructions regarding these communications, you may discuss them with your MMC caregivers.
- **As Required By Law.** We will use and disclose your health information when we are required to do so by federal, state or local law.

## USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe circumstances in which we may use or disclose your identifiable health information:

- **Public Health Risks.** We may disclose health information about you for state and federal public health activities. These activities generally include the following:
  - To report, prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - To send proof of immunization to a school whose state law requires the information for school entry;
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

We will only make these disclosures if you agree or when we are otherwise required or authorized by law to do so.

- **Health Oversight Activities.** We may disclose your health information to government health oversight agencies for activities authorized by law. These oversight activities include, for example, investigations, inspections, audits, surveys; licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the healthcare system in general.
- **Judicial and Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We also may disclose your health information in response to a subpoena, discovery request, or other lawful process by another party involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order from a court protecting the information requested.
- **Law Enforcement.** We may release health information if asked to do so by a local, state or federal 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 the victim of a crime in certain limited circumstances, if we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - Information we believe is evidence of criminal conduct occurring on our premises; and
  - In emergency circumstances to report a crime; including the location or victim(s) of the crime, or the description, identity or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about our patients to funeral directors as necessary to carry out their duties.
  - **Deceased Individuals.** We may release your medical information to a family member, personal representative, or other person(s) responsible for your care or payment of your care prior to your death, unless you have specifically stated otherwise. We may also release your medical information to any individual(s) responsible for carrying out the duties of executor(s) of your estate. We are required to apply these safeguards to protect your medical information for up to fifty (50) years following your death.
  - **Organ, Eye, or Tissue Donation.** We may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
  - **Research.** We may use and disclose health information about you for research purposes in certain circumstances. For example, a research project may involve comparing the health of all patients who received one medication to those who received another, for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, however, we may disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific health needs, so long as the health information they review does not leave our premises. We may disclose health information about you to a researcher if an Institutional Review Board or Privacy Board approves the researcher's access to your health information without your authorization.
  - **Serious Threats to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat and/or to any specifically identified victims of the threat.
  - **Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
  - **National Security and Intelligence Activities.** We may disclose your health information to federal officials for intelligence and national security activities authorized by law. We may also disclose your health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution, its agents, or the law enforcement official. Disclosure for these purposes would be necessary: (1) for the institution to provide healthcare services to you; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Workers' Compensation.** We may release health information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Marketing.** MMC will obtain your written authorization prior to using or disclosing your health information for marketing purposes, however, marketing materials can be provided to you in a face-to-face encounter without obtaining your written authorization. MMC may also communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatment, therapies, providers or care settings without your written authorization. MMC will disclose to you if we receive payment from or on behalf of a third party whose products or services are being described to you.

## **YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION**

You have the following rights regarding the identifiable health information we maintain about you and in most cases MMC has a form that may be completed to exercise the following rights:

- **Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way. For example, you may ask that we contact you at work or by U.S. Mail. To request that we contact you in a certain way or at a certain location, you must make your request in writing to the Administrator of the facility at which you are receiving care or to the MMC Privacy Officer, 1213 Garfield Ave, Harlan, IA 51537. We will not ask you the reason for your request, and we will accommodate any reasonable requests.

Your written request must specify how or where you wish to be contacted. You must provide us with a mailing address where you can receive correspondence and other communications from us related to payment for the services you have received from us. Please realize we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

- **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your health information for treatment, payment or healthcare operations purposes. You also have the right to request that we limit our disclosure of your health information to individuals involved in your care or the payment for your care, such as family members and friends. We will strive to comply with your request unless your information is needed to provide emergency treatment to you. In general, MMC is not required to agree to your request.

MMC agrees to honor any request we receive to not share certain health information with your health plan for payment or health care operations purposes related to a service(s) that you have paid for out-of-pocket and in full. Such restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive an Authorization from you, dated after the original date of your requested restriction, which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your original request for restriction.

NOTE: You are responsible to request a restriction to this information with each individual entity or department involved in the related service(s).

To formally request a restriction to your health plan, you must make your request in writing to the Administrator of the facility at which you are receiving care or the MMC Privacy Officer. In your request, you must describe in a clear and concise fashion: (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. MMC does not have the authority to bind anyone else to any restrictions to which MMC may agree.

- **Inspection and Copies.** You have the right to inspect and copy your health information that may be used to make decisions about your care, including your medical records and billing records, not including psychotherapy notes. MMC will respond to your request within 30 days, unless required by law to respond earlier.

If we maintain the medical information electronically in one or more designated record sets and you ask for an electronic copy, we will provide the information to you in the form and format you request, if it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it in another readable electronic format we both agree to. We may charge a cost-based fee for producing copies or, if you request one, a summary. If you direct us to transmit your medical information to another person, we will do so, provided your signed, written direction clearly designates the recipient and location for delivery.

To formally inspect or obtain a copy of health information that is maintained by or on behalf of MMC and that may be used to make decisions about you, you must submit your request in writing to the medical record custodian of the facility at which you received care or the MMC Privacy Officer. MMC may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy your health information under certain limited circumstances. For example, you may not be provided with your health information if it is determined that providing such information could cause harm to you or another person.

- **Amendment.** If you feel that health information MMC has about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for MMC.

To formally request an amendment of health information that is maintained by or on behalf of MMC about you, your request must be made in writing and submitted to the medical record custodian of the facility at which you received care, or the MMC Privacy Officer. In addition, you must provide a reason that supports your request.

MMC 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, MMC may deny your request if you ask to amend information that:

- Is accurate and complete;
  - Was not created by MMC, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the health information kept by or for MMC; or
  - Is not part of the information which you would be permitted to inspect and copy.
- **Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of your health information. An accounting of disclosures is a list of certain disclosures MMC has made of your identifiable health information. To request an accounting of disclosures made by MMC, you must submit your request in writing to the medical record custodian of the facility at which you received care, or the MMC Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, you may be charged for the costs of providing the list. You will be notified of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
  - **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this notice. 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 MMC Privacy Officer. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You also may obtain a copy of this notice at the following website: [www.myrtuemedical.org](http://www.myrtuemedical.org).

## **RIGHT TO FILE A COMPLAINT**

If you believe your privacy rights have been violated, you may file a verbal complaint with the MMC Privacy Officer. Privacy Officer... (712) 755-4285.

You may file a written complaint with Myrtue Medical Center, Attn: Privacy Officer at 1213 Garfield Ave, Harlan, Iowa 51537. You may also submit a complaint to the Office for Civil Rights, Department of Health & Human Services. You will not be penalized for filing a complaint.

## **RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES**

We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note we are required to retain records of your medical care. If you have any questions about this notice, please contact the MMC Privacy Officer @ (712) 755-4285.