

## Hills & Dales

### Notice of Privacy Practices

Effective Date: April 14, 2004

**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.**

If you have any questions about this notice, please contact our Privacy Officer at (563) 556-7878.

#### OUR ASSURANCE REGARDING MEDICAL INFORMATION:

We understand that health, including mental health, information about you is personal. We are committed to protecting your health information. We create a record of the care and services you receive from Hills & Dales. We need this record to provide you with quality services and to follow certain legal and licensure requirements. This notice applies to all of the records of your services created by Hills & Dales in regards to protected health information (PHI).

This notice will tell you about the ways in which we may use and give out health information about you. We also explain your rights and the responsibilities we have regarding the use and giving out of health information.

We are required by law to:

- Make sure health information that identifies you is kept private;
- Give you this notice of our legal responsibilities with respect to your health information; and
- Follow the terms of this notice that is currently in effect.

#### WHO WILL FOLLOW THIS NOTICE:

This notice describes our agency's practices and that of:

- Any health care professional authorized to enter or review information in your treatment record;
- All programs of Hills & Dales;
- Any member of a volunteer group we allow to help you while you are being helped by a Hills & Dales staff;
- All employees, staff, students or other Hills & Dales personnel and committee members.
- Hills & Dales programs follow the terms of this notice except those listed above. In addition, these programs may share health information with each other for treatment, payment or agency operations purposes described in this notice.

#### HOW WE MAY USE AND DISCLOSE THE HEALTH INFORMATION ABOUT YOU:

**For Treatment:** We may use health information about you to provide you with health care, treatment or services. We may give out the minimum necessary health information about you to doctors, nurses, health care interns or students, clergy, social workers, counselors, direct care staff, pharmacists or others who are involved in your care. For example, we may give out information to a case manager/income maintenance manager to coordinate your services.

Different departments of the agency also may share health information about you in order to coordinate your medical and mental health treatment. For example, our health department may disclose health information that may affect your diet with the dietary department.

We may also give out your health information to staff and others working outside of Hills & Dales who serve on agency committees that impact you. For example, members of the agency's Human Rights Committee may discuss your health information for purposes of determining the appropriateness of restrictive programming.

We may also give out your health information to other health care providers for purposes related to your service. For example, a referral to a specialist or a school nurse.

**For Payment:** We may use and disclose health information about you so that the treatment and services you receive from Hills & Dales may be billed to and payment may be collected from you, an insurance company or a third party payer such as a county. For example, we may contact your health insurer to certify that you are eligible for benefits and what type of benefits. We may provide your insurance company with details regarding your service to determine if the insurer will cover or pay for your treatment.

We may also give out health information to other health care providers and entities to assist in their billing and collection efforts.

**For Health Care Operations:** We may use and give out health information about you for use of agency operations. These uses and disclosures are necessary to run the agency and make sure that all of the individuals being served receive quality services. For example, we may use health information for the purpose of quality assurance and improvement; reviewing the performance or qualifications of our staff; licensing; accreditation; business planning and development; and general administrative activities. Personal health information will be taken out unless it is necessary for regulatory staff or other persons to review our work.

Individual's records will be handled by authorized people and stored in designated secure areas. Only authorized people will have access to both open and closed files.

We may use or give out health information during meetings held on your behalf to discuss your treatment and/or services needs. Individuals in these meetings may include, but is not limited to Program Directors/Administrators, a nurse, family/support person, physical/occupational therapist, psychologist, or direct care staff.

**Appointment Reminders:** We may use or give out health information to contact you as a reminder that you have an appointment for health/treatment services.

**Business Associates:** There are some services provided in our agency through contracts with business associates. Examples include, financial audits, computer software vendors, etc. We may disclose your health information to our business associates so they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Treatment Alternatives:** We may use and give out health information to tell you about possible treatment options that may be of interest to you.

**Health-Related Benefits and Services:** We may use and give out health information to tell you about health-related benefits, health services or health education classes that may be of interest to you.

**Fundraising Activities:** We may use information about you in order to help us raise money for Hills & Dales. We will not use any health information for agency marketing or fund raising without written authorization.

**Hills & Dales Directories/Rosters of Persons Served:** Hills & Dales keeps a list of persons being served. We maintain rosters at the ICF/MR and Community sites for the agency to conduct its business and for the agency's staff and advocate committee(s) to perform their duties in regard to your services, treatment and training. These lists may be used for administrative support to get phone calls to appropriate staff. We may also give out health information about you to agencies helping with a disaster relief effort (i.e. fire, tornado) so that your family can be told about your location and condition.

Hills & Dales also keeps a list of persons we have served which includes name, date of admission, and discharge.

**Individuals Involved in Your Services or Payment for Your Services:** Hills & Dales may release health information about you to a caregiver that may be a friend or family member. We may also give information to someone who helps pay for your services.

**Research:** Sometimes, with your written permission, we may use and give out health information about you for research purposes. We will ask you for specific permission if the research asks for your specific name, address or other types of information.

**As Required By Law:** We will give out health information about you when required to do so by federal, state or local law.

**SPECIAL SITUATIONS NOT REQUIRING AUTHORIZATION:**

**Military:** If you are a member of the armed forces, we may give out health information about you as required by military authorities. We may also give out health information about foreign military personnel to the appropriate foreign military authority.

**Worker's Compensation:** We may give out health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks (Health and Safety to you and/or others):** We may give out health information about you for public health activities. We may use and give out health information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births or deaths;
- To report child or dependent adult abuse or neglect;

- To report reactions to medications, medication errors or problems with products;
- To let people know about recalls of products they may be using;
- To let a person know who may have been exposed to a disease or may be at risk for catching or spreading a disease or condition; or
- To let the appropriate government authorities know if we believe an individual has been the victim of abuse, neglect or domestic violence. We will only make this known when required or authorized by law.

**Health Oversight Activities:** We may give out health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to oversee the healthcare system, government programs and follow civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may give out health information about you in response to a court or administrative order. We may also give out health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

**Law Enforcement:** We may give out health information if asked to do so 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 the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About the death we believe may be the result of a criminal act;
- About criminal conduct in a Hills & Dales program, 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.

- If you are under the custody of law enforcement, we may give out health information about you to the law enforcement officials or agency to provide you the necessary health care, to protect your health and safety or the health and safety of others or the safety and security of the agency.

### **Coroners, Medical Examiners and Funeral**

**Directors:** We may give out health information to a coroner or medical examiner. This may be necessary, for example to identify the person who died or find the cause of death. We may also give out health information about residents/consumers of the agency to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:** We may give out health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations for their protection.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

You have the following rights regarding health information we collect about you:

**Right to Inspect and Copy:** You have the right to look at and receive a copy of health information that may be used to make decisions about your services. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To look at and/or receive a copy of health information that may be used to make decisions about you, contact the person managing your services. If you ask for a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies in order to give you your copies.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may ask

that the denial be reviewed. The Executive Director will review the denial. We will accept the outcome of the review.

**Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to correct the information. You have the right to request a correction as long as the information is kept by or for Hills & Dales.

- To ask for a correction, you must do so in writing and give it to the Contact Person with Hills & Dales. In addition, you must have a reason that supports your request.
- We may deny your request for correction if it is not in writing or does not include a valid reason to support the request. In addition, we may deny your request if you ask us to change information that:
  - Was not created by us or the person or entity that created the information is no longer available to make the correction;
  - Is not part of the health information kept by or for Hills & Dales;
  - Is not part of the information which you would be allowed to inspect and copy, or
  - Is already accurate and complete.

### **Right to an Accounting of Disclosures:**

You have the right to request an “accounting of disclosures.” This is a list of the times we gave out health information about you to others except for purposes of treatment, payment and operations identified about.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2004. Your request should tell us in what form you want the list (for example, on paper or electronically). You may ask for one free list in a 12-month time period. For additional lists, we may charge you for the costs of providing the list. We will tell you the cost and you

may choose to change your request at that time before any costs are added.

**Right to Request Restrictions:**

You have the right to ask for a limitation on the health information we use or give out about you for treatment, payment or health care operations. You also have the right to ask for a limit on the health information we give out about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a limitation, you must request the limitation in writing to the Contact Person with Hills & Dales at 1011 Davis Street, Dubuque, Iowa 52001. In your request, you must tell us what information you wanted to limit, whether you want to limit the use or giving out of health information or both or to whom you want the limits to apply.

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

**Right to Request Confidential Communication:**

You have the right to ask that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work, home or by mail.

To ask for confidential communications, you must make your request in writing to the Contact Person with Hills & Dales. We will not ask you the reason for your request. We will accept all reasonable requests. Your request must tell us how or where you wish to be contacted.

**Right to a Paper Copy of this Notice:**

You may have the right to receive a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by reaching the Contact Person with Hills & Dales at (563)556-7878.

**CHANGES TO THIS NOTICE:**

We have the right to change this notice. We have the right to make the changed notice effective for health 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 at the 1011 Davis Street and the Stoneman Road sites of Dubuque, Iowa.

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Contact Person(s) (Director of Residential Operations or Director of Community Operations) with Hills & Dales, 1011 Davis Street, Dubuque, Iowa 52001; (563)556-7878. The Privacy Officer will be notified of any complaints and the resolution. The Privacy Officer may be involved in the complaint resolution. If we cannot settle your concern, you also have the right to file a written complaint with the Office for Civil Rights, U.S. Department of Health and Human Services.

**The quality of your care will not depend on nor will you be penalized for filing a complaint.**

**OTHER USES OF MEDICAL INFORMATION:**

Other uses and giving out health 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 give out health information about you, you may take back that permission; after which, we will no longer use or give out health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any information we have already given out with your permission, and that we are required to keep our records of the care that we provided to you.