



Iowa Department of Human Services

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August 23, 2013

CIRCULAR LETTER NO. 25Q-MH/DS

ISSUED BY: Division of Mental Health and Disability Services

SUBJECT: Comm. 213, "Notice of Privacy Practices," revised.

Summary

Provide Comm. 213, "Notice of Privacy Practices," to all people receiving care from the Department's facilities. The flier explains how a person's "Protected Health Information" (PHI) is protected by state and federal law from unauthorized release and when releases may be made without the person's consent. The flier was revised to:

- ◆ Provide uniform language for each facility's flier.
- ◆ Clearly state in the "Usage and Disclosure" section that PHI will not be sold, used or disclosed for marketing or fundraising without the person's written authorization.
- ◆ Inform the person in the "Your Rights" section that the person will be provided notice of any unauthorized release of the person's unsecured PHI.
- ◆ Change the "Your Rights" section to:
 - Not release PHI, at the person's request, to the person's health plan to pay for the cost of health care items or services if the person has paid the facility 100% of those costs.
 - Inform the person that the person will be provided notice of any unauthorized release of the person's unsecured PHI.

Effective Date

September 1, 2013

Material Superseded

Destroy existing supplies of Comm. 213, "Notice of Privacy Practices," dated 4/03.

Additional Information

No later than the effective date:

- ◆ Provide the revised flier to all new or readmitted facility service recipients,
- ◆ Make the revised flier available to all current service recipients, and
- ◆ Post the revised flier in places clearly available for individuals to read.

Staff at the Clarinda Mental Health Institute may print supplies of Comm. 213, dated 8/13, from the sample as needed.

Refer questions about this circular letter to the division administrator for mental health and disability services.



Notice of Privacy Practices

While receiving care from this facility, information regarding your medical history, treatment and payment for your health care may be originated or received by us. Information which can be used to identify you and which relates to your medical care or your payment for medical care is protected by state and federal law ("Protected Health Information, also known as PHI").

Usage and Disclosure

Your PHI will not be sold, used or disclosed for marketing or fundraising. Psychotherapy notes will not be used or disclosed without written authorization. Except for the types of situations listed below, the facility shall obtain your specific written authorization for any other release of your PHI. You may cancel your authorization at any time, as long as your request is in writing, by submitting your written instructions to your social worker or the facility's Privacy Official.

Treatment

During your care at this facility, it may be necessary for various employees who are involved in your case to have access to your protected health information in order to provide you with quality care. Those employees may include, but are not limited to, physicians, nurses, social workers, rehabilitation staff, income maintenance workers, and dietitians. This facility provides multi-disciplinary care to the people we serve. Therefore, employees working in all areas of your care need access to your PHI.

It may also be necessary to release your PHI to health care providers outside the facility who are involved in your care. For example, the facility uses an external acute care facility for hospitalizations and clinic appointments. This facility must release relevant PHI to these agencies to ensure continuation of your medical care. In addition, the facility may have students that assist employees during their training or are here to do research. Those persons are required to sign confidentiality statements before they are allowed access to your PHI.

Payment

It is necessary for the facility to use or release PHI to you, your insurance company, or other third party payer, so that treatment and services provided by the facility may be billed and collected.

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!

Esta Notificación sobre Prácticas de Privacidad en español está a su disposición en la oficina del encargado de la privacidad que figura al dorso.

Bills requesting payment may include PHI, which identifies you, your diagnosis, and any procedures or supplies used. This facility may also release your PHI to another health care provider, individual or entity covered by the HIPAA privacy regulations for payment activities, including, but not limited to, Medicaid, Medicare or your personal health insurance carrier.

Health Care Operations

Your PHI may also be used for facility operations, which are necessary to ensure our facility provides the highest quality of care. For example, your PHI may be used by facility employees and by students or trainees at the facility for learning or quality assurance purposes.

As Required or Permitted By Law

Abuse Reporting: Sometimes facilities must report your PHI to legal authorities, such as law enforcement officials, court officials or government agencies. For example, the facility may have to report abuse, neglect, domestic violence or certain physical injuries, or respond to a court order.

Public Health Activities: Your protected health information may be required to be released to authorities to help prevent or control disease, injury or disability. This may include using your medical record to report certain diseases, information of concern to the Food and Drug Administration.

Health Oversight Activities: The facility may release your PHI to agencies that monitor, investigate, inspect, discipline or license those who work in the health care system.

Workers Compensation: The facility may release PHI to comply with laws relating to workers compensation or other similar programs established by law.

To Avoid a Serious Threat to Health or Safety: As required by law and standards of ethical conduct, we may release your PHI to the proper authorities if it is believed, in good faith, that it is necessary to prevent or minimize a serious and approaching threat to you or others' health or safety.

Law Enforcement: The facility may release your PHI for law enforcement purposes as required by law or in response to a court order, subpoena or warrant or other lawful process.

Specialized Government Functions: Your PHI may be used or disclosed for a variety of government functions, subject to some limitations. These government functions include:

- Military and veterans activities;
- National security and intelligence activities;
- Protected service of the President and others;
- Correctional institutions and law enforcement custodial situations; or
- Provision of public benefits.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or other administrative proceeding, we may release your PHI in response to a court order requesting the release.

Social Security Administration: The facility may release PHI for eligibility and benefit determinations.

The facility may release your PHI to coroners, medical examiners, and funeral directors so they can carry out their duties.

The facility may release your PHI to people involved with obtaining, storing or transplanting organs, for donation purposes.

Research Purposes

Your PHI may be used or released for research purposes. Such research might try to find out whether a certain treatment is effective in curing an illness. In such cases, information that identifies you will be removed.

Ways Your PHI can be Used if you are Given the Opportunity to Agree or Object

Notification and Communication with Family and Caregivers: Health professionals, using their best judgment, may release to a family member, other relative, 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.

Your Rights

Federal law grants you certain rights with respect to your PHI. Specifically, you have the right to:

- Receive notice of the facility's policies and procedures used to protect your PHI.
- Ask that certain uses and disclosures of your PHI be restricted including release to your health plan if the disclosure is for payment or health care operations and pertains to the health care item or service for which you have paid the facility 100% of the cost for a health care item or service.
- Ask to inspect and copy your PHI; however, the request must be in writing.
- Ask that your PHI be amended; however, the request must be in writing.
- Obtain an accounting of certain disclosures by the facility of your PHI since April 14, 2003.

- Request communication of your PHI by alternative means or at alternative locations.
- Receive notice of any unauthorized release of your unsecured PHI.

Our Responsibilities

Federal law also imposes certain obligations and duties upon the facility with respect to your PHI. Specifically, the facility is required to:

- Provide you with a notice of the facilities legal duties and this facility's policies regarding the use and disclosure of your Protected Health Information.
- Maintain the privacy of your PHI in accordance with state and federal law.
- Respond to your request to restrict certain uses and disclosures of your PHI.
- Allow you to inspect and obtain a copy of your PHI during the regular business hours and according to this facility's policy.
- Act on your request to amend your PHI within 60 days and notify you of any delay that would require the facility to extend the deadline by 30 days.
- Accommodate reasonable requests to communicate PHI by alternative means or methods.
- Abide by the terms of the notice currently in effect.

For More Information or to Report a Problem

This notice has been provided to you as a summary of how the facility will use your PHI and your rights with respect to your PHI. If you have any questions, or for more information regarding your PHI, please contact the Privacy Official at the phone number below.

If you believe your privacy rights have been violated, you may file a complaint by contacting the Privacy Official at the phone number listed below. You may also file a complaint with the Secretary of Health and Human Services. If you file a complaint, there will be no retaliation and you will continue to receive care and treatment.

This facility reserves the right to revise practices with respect to Protected Health Information and to amend this notice. Should you wish to obtain a revised Privacy Notice, contact the Privacy Official of this facility.

No person shall be discriminated against because of race, color, national origin, sex, sexual orientation, gender identity, religion, age, mental or physical disability, political belief or veteran status when applying for employment or when applying for or receiving benefits or services from Iowa.

For more information regarding your protected health information, contact:

**Security and Privacy Official
Mental Health Institute
1800 North 16th Street
Clarinda, IA 51632
Phone: 712-542-2161**