

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.
- 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.
- Cancel any prior authorizations or consents for use or disclosure of PHI, except to the extent that action has already been taken.
- Request communication of your PHI by alternative means or at alternative locations.

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 facility's 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 PHI within sixty (60) days and notify you of any delay that would require the facility to extend the deadline by thirty (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 named on the front of this brochure.

If you believe your privacy rights have been violated, you may file a complaint by contacting the Privacy Official at the extension listed on the front of this brochure. 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.

**** Please note, the facility reserves the right to revise practices with respect to protected information and to amend this notice. Should you wish to obtain a revised Notice of Privacy Practices, contact the Privacy Official of this facility or your social worker.**

No person shall be discriminated against because of race, color, national origin, sex, age, mental or physical disability, creed, religion, or political belief when applying for employment or when applying for or receiving benefits or services from the Iowa Department of Human Services, or any of its vendors, Purchase of Service providers, or contractors.

Comm. 217 (4/03)

Clarinda Mental Health Institute



Notice of Privacy Practices

Esta Nota de Prácticas de Intimidad está disponible en el español de su trabajador social o del Oficial de la Intimidad.
(This Notice of Privacy Practices is available in Spanish from your social worker or from the Privacy Official.)

If you have questions, or for more information about your protected health information, contact:

Debbie Bond

Clarinda MHI Privacy/Security Official

(El Oficial de la intimidad)

1800 North 16th St., Clarinda, IA 51632

dbond@doc.state.ia.us

ph: 712-542-2161, ext. 2248 fax: 712-542-6113

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

I acknowledge receipt of a copy of this Notice of Privacy Practices of the Clarinda Mental Health Institute

Date: _____

Signature: _____

Print Patient's Name: _____

If the acknowledgment is signed by someone other than the patient, please **print** the following information:

Name of person signing: _____

Relationship to patient: _____

Effective Date: April 14, 2003

Introduction

While receiving care from this facility, information regarding your medical history, treatment and payment for your health care may be originated and/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").

How Your PHI May Be Used And Disclosed

Except for the types of situations listed below, the facility must obtain your specific written authorization for any other release of your PHI. If you sign an authorization form, you may cancel your authorization at any time, as long as your cancellation is in writing. If you wish to cancel your authorization, please submit your written instructions to your social worker or the facility's Privacy Official.

How The Facility Will Use Your Health Information For Treatment

During your care at this facility, it may be necessary for various personnel who are involved in your case to have access to your protected health information in order to provide you with quality care. Those individuals 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, staff 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 a hospital or clinic for hospitalizations and/or 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 staff during their training. Those persons are required to sign confidentiality statements before they are allowed access to your PHI.

How The Facility Will Use Your Health Information For Payment

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

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.

How The Facility Will Use Your Health Information For 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 for learning or quality assurance purposes. In many cases, the facility removes information that could identify you from your record to prevent others from learning the identity of the people we serve.

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.

- 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 Protected Information in response to a court order requesting the release.
- Workers Compensation: The facility may release PHI to comply with laws relating to workers compensation or other similar programs established by law.
- 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 many cases, information that identifies you will be removed.