

# PRAIRIE VIEW CAMPUS NOTICE OF PRIVACY PRACTICES

(Revised 9-16-13)

*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.***

**Protected Health Information.** While receiving care from our organization, information regarding your medical history, treatment, and payment for your health care may be originated and/or received by us. We refer to information that can be used to identify you and which relates to your past, present or future medical condition, and receipt of health care or payment for health care as “Protected Health Information”.

**Organized Health Care Arrangement.** For purposes of this notice, Prairie View is an “Organized Health Care Arrangement” (“OHCA”). Prairie View location including, but not limited to, its Skilled Nursing Facility, Assisted Living Facility, and Independent Living Complex follow the terms of the notice currently in effect. These locations may share Protected Health Information with each other for treatment, payment or operations purposes as described in this notice.

**How your Information Is Maintained.** Information may be maintained by the organization in a variety of ways. This may include paper documents, electronic documents, data tapes and images of various types, as well as the use of email; secure messaging systems, electronic systems, the internet, cloud providers and participation in third-party networks such as the Iowa Health Information Network.

**Our Responsibilities.** Federal law imposes certain obligations and duties upon us as a covered health care provider with respect to your Protected Health Information. Specifically, we are required to:

- Provide you with notice of our legal duties and our organization’s policies regarding the use and disclosure of your Protected Health Information;
- Maintain the confidentiality of your Protected Health Information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your Protected Health Information unless under the law we are authorized or required to release your Protected Health Information without your authorization, in which case you will be notified within a reasonable period of time as allowed by law;
- Allow you to inspect and copy your Protected Health Information during our regular business hours;

- **Act on your request to amend Protected Health Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;**
- Accommodate reasonable requests to communicate Protected Health Information by alternative means or methods; and
- Abide by the terms of this notice.

**How your Protected Health Information May be Used and Disclosed.**

Generally, your Protected Health Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule.

**Treatment, Payment, or Health Care Operations**

**General Use.** As part of our treatment, payment and operations we may also release information to business associates who may perform various treatment, payment or operation functions. If information is provided to another person or entity, such as another organization or physician from whom you seek treatment, that organization or physician may treat the information received as part of its protected information.

**Treatment Purposes.** We may use or disclose your Protected Health Information for treatment purposes. During your care at our organization, it may be necessary for various personnel involved in your care to have access to your Protected Health Information in order to provide you with quality care. For example, we may inform dietary personnel of any condition, which requires you to have a special diet.

Situations may also arise when it is necessary to disclose your Protected Health Information to health care providers outside our organization who may also be involved in your care or to facilitate referral to another provider or care organization. For example, we may inform your physician of medications you are currently taking or provide other information for continuity of care. Likewise, we may inform contracted physical, occupational or speech therapists of your condition as we coordinate delivery of services consistent with your care plan. In addition, if you are transferred from our organization to another provider, such as a hospital, we may provide the new provider with information it needs to provide treatment services.

**Payment Purposes.** Your Protected Health Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Health Information so that treatment and services provided by us may be billed and collected from you, your insurance company, or other third party payor. For example, we may disclose your Protected Health Information to your health insurance carrier to obtain prior approval for a service. We may also release your Protected Health Information to another health care provider or individual or entity covered by

the HIPAA regulations who has a relationship with you for their payment activities. For example, we may disclose information to your health insurance carrier upon its request for additional information necessary for it to determine whether a service is covered.

**Health Care Operations.** Your Protected Health Information may also be used for health care operations which are necessary to ensure our organization Information may be used for quality assurance or risk management purposes or information which could identify you from your record so as to prevent others from learning who the specific patients, residents or tenants are. In addition, we may release your Protected Health Information to another individual or entity covered by the HIPPA privacy regulations that have a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement. For example, we may disclose information to another health care provider involved in your care if the provider requests the information is necessary for its evaluation of one of its medical students. We may also release information to business associates who may perform various treatment, payment or operation functions.

**Patient Directory.** Our organization maintains a patient directory. Unless you object, your name, location in the organization, general condition, and religious affiliation will be contained in the directory. The directory is disclosed to members of the clergy and, except for religious affiliation, to other persons who specifically ask for the information by your name. You are not obligated, however, in any way, to consent to the inclusion of your information in the organization directory. Please notify organization personnel if you do not wish to be included in the directory or if you wish for information or disclosure to be limited in some way.

**Notification and Communications to Individuals Involved in Your Care.** Unless you have informed us otherwise, your Protected Health Information may be used or disclosed by us to notify or assist in notifying a family member or other person responsible for your care. In most cases, Protected Health Information disclosed for notification purposes will be limited to your name, location and general condition. In addition, unless you have informed us otherwise, Protected Health Information may be released to a family member, relative or close personal friend who is involved in your care to the extent necessary for them to participate in your care. In the event you wish for any of these uses or disclosures to be limited, please contact organization personnel.

**Fundraising & Marketing Activities.** We may use your Protected Health Information for the purpose of contacting you as part of a facility based fundraising effort. Such contact could come from the facility/office, an affiliated organization such as a foundation or a business associate. Information such as name, address, age, gender, date of birth, department of service, your treating physician, outcome fundraising activities you may contact the Privacy Officer at 712-930-3228 to have your name removed from our fundraising list. You may receive information such as prescription or refill reminders from the facility; however, your information will not be

provided to third-party marketers and the facility will not sell your information to others for use and marketing processes without your specific authorization.

**Disaster Relief.** In the event of a disaster we may provide information to public or private entities as needed to facilitate treatment, locate family members or caregivers, and to facilitate public health needs.

**Psychotherapy Notes.** In the event psychotherapy notes are maintained as part of your health information, those notes will not be used or disclosed except in limited circumstances without your authorization. Such authorization is not needed and will not be obtained if such notes are used by the person who created them, in a reasonable training program for the organization, or as otherwise allowed by law.

**Research Purposes.** In some instances, your Protected Health Information may be used or disclosed for research purposes. All research projects, which use Protected Health Information, are subject to a special approval process, which will, among other things, evaluate the precautions, used to protect patient medical information. In many cases, information, which identifies you as the patient, will be removed.

**Authorized by Law.** We may also use or disclose your protected health information without your authorization as permitted or required by law. Examples include: public health activities, health oversight activities, judicial and administrative proceedings, abuse reporting, law enforcement, organ donation, medical examiners and coroners, funeral directors, workers compensation processes and research purposes. Information will only be used/disclosed without your authorization as permitted by the applicable state or federal law.

**More Stringent Laws:** Some of your Protected Health Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, substance abuse, mental health information and genetic information are often given more protection. In the event your Protected Health Information is afforded greater protection under federal or state law, we will comply with the applicable law.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written medical record to a family member (other than personal representatives as allowed by law) although some information may be disclosed under limited circumstances without permission. We must also have your written authorization to disclose your Protected Health Information to an attorney who represents you. If you provide us permission to use or disclose Protected Health Information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose Protected Health Information about you for the reasons 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.

**Your Rights.** Federal law grants you certain rights with respect to your Protected Health Information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your Protected Health Information;
- Request that certain uses and disclosures of your Protected Health Information be restricted; provided, however, if we may release the information without your consent or authorization, we have the right to refuse your request;
- You may restrict disclosure to a health plan of your information where you have paid the full out of pocket costs for the services rendered. This restriction would apply only to those services where you had paid the full out of pocket costs, it would not apply to other information relating to treatment, which was paid for by or submitted to an insurer;
- Access to your Protected Health Information in a timely manner; provided, however, the request must be in writing and may be denied in certain limited situations; the HIPPA Privacy regulations state that action must be taken on a written request within 30 days or receipt.
- Request that your Protected Health Information be amended;
- Obtain an accounting of certain disclosures by us of your Protected Health Information for the past six years;
- Revoke any prior authorizations or consents for use or disclosure of Protected Health Information, except to the extent that action has already been taken;
- Request communications of your Protected Health Information are done by alternative means or at alternative locations; and
- Notification of any breach of unsecured Protected Health Information relating to you and actions you may take in relationship to such a breach.

**For more information or to file a complaint.** This notice has been provided to you as a summary of how we will use your Protected Health Information and your rights with respect to your Protected Health Information. If you have any questions or for more information regarding your Protected Health Information, please contact our PRIVACY OFFICER.

Prairie View Campus  
Attn: Compliance Officer  
610 N. Eastern St.  
Sanborn, IA 51248

Phone: 712-930-3228  
Fax: 712-729-5152

If you think your privacy rights have been violated, you may send a complaint in writing to our Privacy Officer. Or you may contact the Office for Civil Rights within the United States Department of Health and Human Services in Washington, D.C.

**Non-Retaliation Policy.** We will not retaliate against any individual for filing a complaint or exercising his/her rights as outlined in the Notice of Privacy Practices.

**Prairie View Campus Compliance Hotline.** Prairie View maintains a Toll-Free Compliance Hotline Voicemail System available 24 hours a day for purposes of anonymous reporting of complaints, including retaliation. The number is 1-855-402-6116.

**Effective Date of Notice of Privacy Practices.** This notice is effective April 14, 2003 and the most recent revision became effective on September 16, 2013. Please note we reserve the right to revise this notice at any time. A current notice of our privacy practices may be obtained at the organizational location you are currently receiving services from. A copy is also published on our website at [prairieviewcampus.com](http://prairieviewcampus.com)