



## MERCYCARE SERVICE CORPORATION JOINT NOTICE OF PRIVACY PRACTICES

*THIS NOTICE DESCRIBES:*

- *HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION*
- *YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION*
- *HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION*

***PLEASE REVIEW THIS NOTICE CAREFULLY.***

## Privacy of Your Health Information

Mercycare Service Corporation (“Mercy”) is providing this Notice of Privacy Practices to you as required by the Health Insurance Portability and Accountability Act (“HIPAA”) and 42 CFR (Code of Federal Regulations) Part 2 (“Part 2”). It is important that you understand your rights in your health information and how Mercy may use and disclose your health information. Mercy is committed to following all laws and regulations protecting the privacy of your health information; if any state or federal law conflicts with HIPAA or Part 2, or where there is conflict between HIPAA and Part 2, Mercy will follow the more protective law.

### Your Health Information Rights

Your medical record contains data that identifies you, your health, and the care and services you receive at Mercy. Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the Protected Health Information in it belongs to you. You have the right to:

- inspect and receive a printed or electronic copy of your Protected Health Information. You must make this request in writing. We may charge a fee for the costs of copying, including labor and supplies associated with copying. If you request that we prepare an explanation or summary of your Protected Health Information, we may charge a fee for the costs associated with the preparation of the explanation/summary. We may also charge a fee for postage if you request that the copy or explanation/summary be mailed to you.
- request that we limit the use and/or disclosure of your Protected Health Information for treatment, payment and healthcare operations. Such requests must be made in writing to the contact person designated in this Notice. We are not required to agree to such requests. If we do agree, we will put the agreed-upon limitations in writing and abide by them, unless it becomes necessary to disclose such information to a healthcare provider to provide emergency treatment for you.
- receive breach notifications when your Protected Health Information is insecure or vulnerable.
- request in writing that the healthcare practitioner or facility transmit copies of Protected Health Information to a third person.
- request communications of your Protected Health Information by alternative means or at alternative locations. You must make this request in writing to the contact person designated in this Notice. We will agree to your request as long as we

can easily provide it in the format that you requested.

- amend your Protected Health Information if you believe that there is a mistake or missing important information in your record. You must make this request in writing to the contact person designated in this Notice. We may approve or deny your request and will do so in written form to you.

obtain a list of disclosures of your Protected Health Information, except for those disclosures made (1) for treatment, payment or healthcare operations purposes, (2) directly to you, (3) incident to a permissible or required use/disclosure, (4) pursuant to an authorization, (5) to a correctional institution or law enforcement officials, (6) for the facility directory or to family/friends/other persons involved in your care or payment for services, (7) for national security or intelligence purposes or (8) as part of a limited data set. You must make your request in writing to the contact person designated in this Notice. The accounting provided to you will be limited to those disclosures that occurred within six years prior to the date of the request. The first list provided to you in a 12-month period will be at no charge; we may charge a fee for additional requests within a one-year period.

- obtain a paper copy of our notice of privacy practices upon request, even if you have agreed to accept this notice electronically. You must make your request in writing to the contact person designated in this Notice.

### Our Responsibilities

This organization is required to:

- maintain the privacy of your Protected Health Information;
- provide you with a notice about our legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction;
- accommodate reasonable requests you may have to communicate health information by alternative means or to alternative locations;
- restrict disclosures of Protected Health Information to a health plan when requested if it pertains to items or services for which you have paid out of pocket in full.

We reserve the right to change our practices and to make the new provisions effective for all Protected Health Information we maintain. Should our information practices change, we will post the changes on our website

([www.mercycare.org](http://www.mercycare.org)) and make copies available at each of our sites of service. We will not use or disclose your Protected Health Information without your authorization, except as described in this notice.

#### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the Privacy Officer, Mercy Medical Center, 701 10<sup>th</sup> Street SE, Cedar Rapids, Iowa 52403. Voice Phone (319) 398-6846. If you believe your privacy rights have been violated, you can file a complaint with this individual or with the U.S. Department of Health and Human Services' Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, emailing [orcomplaint@hhs.gov](mailto:orcomplaint@hhs.gov), or calling (877) 696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. ***There will be no retaliation for filing a complaint.***

#### **Uses and Disclosures for Treatment, Payment and Health Care Operations**

We may use and disclose your Protected Health Information without your consent or authorization for treatment, payment and health care operations as follows:

##### *We will use your Protected Health Information for treatment.*

We may use or disclose your Protected Health Information to physicians, nurses, medical students and other healthcare personnel who provide you with healthcare services or are involved in your care. For example, your Protected Health Information may be provided to a physician to whom you have been referred or to your family physician if you are seen in the emergency department of the hospital. Another example is that your Protected Health Information, as necessary, would be disclosed to a home health agency that provides care to you following discharge from the hospital.

##### *We will use your Protected Health Information for payment.*

We may use or disclose your Protected Health Information as needed for us to bill and collect payment for the healthcare treatment and services provided to you and to assist other covered entities/healthcare providers in obtaining payment. For example, if your health plan requires that you obtain prior approval before you are admitted to Mercy Medical Center, we may disclose your Protected Health Information to your health plan for this purpose. In addition, we may disclose your Protected Health Information to your physicians and other healthcare providers so that they may bill for services they provided to you at a Mercy facility.

##### *We will use your Protected Health Information for*

##### *regular healthcare operations.*

We may use or disclose, as needed, your Protected Health Information internally or to third parties acting on our behalf for healthcare operations purposes. For example, we may engage a consultant to review information in selected medical records to determine what additional services we should offer and what services are not needed. In addition, we may disclose your Protected Health Information to other covered entities for their own limited types of healthcare operations if they have or have had a relationship with you and the Protected Health Information pertains to such relationship. For instance, if you are returning to a nursing home upon discharge from the hospital, we may share your Protected Health Information with the nursing home in order to facilitate coordination of your care. Furthermore, MercyCare Service Corporation and its affiliates and Mercy Medical Center's medical staff may use and share your Protected Health Information with each other for the purposes of our Organized Health Care Arrangement. For example, members of Mercy Medical Center's medical staff, the hospital risk manager, the hospital's quality improvement manager or members of the quality improvement teams may use information in your medical record to assess the care and outcomes in your case and others like it in an effort to continually improve the quality and effectiveness of the health care and services provided.

#### **Uses and Disclosures Requiring an Opportunity to Agree or to Object**

*Directory:* We may include your name, location, general condition and religious affiliation in our patient directory for use by clergy and visitors who ask for you by name, unless you object in whole or in part by contacting the Registration Department. In an emergency situation, we may go ahead and use and disclose such information if it is consistent with your prior expressed preference (if known) and if we believe it to be in your best interest but will still offer you the opportunity to object when it becomes practical to do so.

*Communication with family:* Unless you object by notifying the contact person designated in this Notice, we may disclose to a family member, other relative, close personal friend or any other person whom you identify, Protected Health Information relevant to that person's involvement in your care or payment related to your care. We may use or disclose your Protected Health Information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location, general condition or death. We may also use or disclose your Protected Health Information to an authorized public or private entity to assist in disaster relief efforts. If you are

unable to agree or object to such disclosure, health professionals, using their professional judgment, may disclose your Protected Health Information as necessary if it is determined to be in your best interest.

Healthcare Affiliates/Alliances: We participate in a variety of electronic health information exchanges (HIEs). We may provide your Protected Health Information to other healthcare providers and health plans participating in the HIEs that request your information for their treatment, payment and healthcare operations purposes. Participation also permits us to access their information about you for our treatment, payment and healthcare operations.

**Other Disclosures Permitted or Required That May Be Made Without Your Authorization or Opportunity to Object**

Appointment reminders and health-related benefits or services: We may use your Protected Health Information to provide appointment reminders, to make pre- and post-visit phone calls, or give you information about treatment alternatives or other healthcare services or benefits we offer.

Incidental Uses and Disclosures: We may use or disclose your Protected Health Information if such use or disclosure is incidental to an otherwise permitted or required use or disclosure. For example, to facilitate our healthcare operations, we may call you by name in the waiting area when it is your turn to be seen. If another person overhears us do so, that is considered an incidental disclosure of your Protected Health Information.

Required by law: We may use or disclose your Protected Health Information to the extent that the law requires its use or disclosure, and it will be limited to the relevant requirements of the law. In addition, we must disclose your Protected Health Information to the Secretary of the Department of Health and Human Services upon request for compliance determination purposes.

Public health: As required by law, we may disclose your Protected Health Information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we report information about births, deaths and various diseases.

Communicable diseases: We may disclose your Protected Health Information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health oversight activities: We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These activities include audits, investigations, inspections and licensure of a

healthcare provider or organization.

Abuse or neglect: We may disclose your Protected Health Information to a public health authority that is authorized by law to receive reports of child or dependent adult abuse or neglect or if we believe that you have been a victim of abuse, neglect or domestic violence.

Research: In some instances, your Protected Health Information may be used or disclosed for research purposes. All research projects are subject to a special approval process to ensure the privacy of your information. In many cases, information that identifies you as the patient will be removed.

Food and Drug Administration (FDA): We may disclose to the FDA Protected Health Information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

To avoid harm: In order to prevent serious threat to your health and safety or the health and safety of the public or another person, we may provide Protected Health Information about you to someone able to help prevent the threat.

Legal proceedings: We may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) in certain conditions in response to a subpoena, discovery request or other lawful process.

To the extent Mercy has substance use disorder records, subject to Part 2, we will not use or share that information for civil, criminal, administrative, or legislative investigations or legal proceedings against you without your written consent or a court order and a subpoena or other similar legal mandate.

Law enforcement: We may disclose Protected Health Information for certain law enforcement purposes, including the reporting of certain types of wounds or injuries, or pursuant to a warrant, subpoena or other legal process, or for the purpose of identifying or locating a subject, fugitive, material witness, missing person or a victim, provided that certain conditions are met.

Funeral directors, coroners and organ donation: We may disclose Protected Health Information to funeral directors, a coroner or medical examiner consistent with applicable law to carry out their duties or to parties associated with cadaver organ, eye or tissue donation purposes.

Psychotherapy Notes: We can use and disclose your Protected Health Information that contains

psychotherapy notes without your authorization only as follows: (1) for our own treatment purposes, (2) for our own practitioner-supervised training programs involving students learning counseling skills, (3) to defend legal actions or other proceedings brought against us, (4) to the Secretary of the Department of Health and Human Services as required for compliance purposes, (5) as required by law, (6) for our health oversight activities, (7) to coroners, medical examiners and funeral directors for deceased patients and (8) to avert a serious threat to health or safety.

**Workers' compensation:** We may provide Protected Health Information in order to comply with workers' compensation laws for work-related injuries/illness.

**Employment purposes:** Under certain circumstances, we may report Protected Health Information to employers who request that we conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether the employee has a work-related condition.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Protected Health Information about you to the correctional institution or law enforcement official necessary for your health and the health and safety of other individuals.

**Military, Veterans and National Security:** We may disclose the Protected Health Information of military personnel and veterans in certain situations, and we may also disclose Protected Health Information for national security purposes, such as protecting the President or conducting intelligence operations.

**Fundraising:** Without your authorization, we may use your Protected Health Information to raise funds for our organization. We may also provide certain information to our institutionally related foundation for the same purpose. The money raised will be used to expand and improve services and programs we provide the community. If you do not wish to receive future fundraising communications, you are allowed to opt out of such communications.

If we have your substance use disorder patient records, subject to Part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

**School Immunizations:** We may disclose immunization records to a school if the school is required by law to obtain such records prior to admission.

## **Uses and Disclosures Based Upon Your Written Authorization**

**Marketing:** Your name and demographic information will not be distributed to anyone who might use it for telemarketing purposes. We do not sell patient lists for marketing purposes. Your authorization is needed for marketing communications.

**Psychotherapy Notes:** Your authorization must be obtained for the use and disclosure of most psychotherapy notes.

**Other:** All uses and disclosures not previously addressed in this Notice will require your written authorization. At any time you may take back ("revoke") your authorization to use or disclose Protected Health Information except to the extent that action has already been taken. You must make your request in writing to the contact person designated in this Notice.

## **Information Subject to Federal Substance Use Disorder Rules**

In addition to the privacy protections afforded to medical records under HIPAA, 42 CFR Part 2 contains confidentiality protections for records pertaining to substance use disorder ("SUD") treatment. Mercy's Sedlacek Treatment Center specializes in providing substance use disorder treatment and operates as a Part 2 program. In cases where Part 2 provides greater privacy protection or additional rights beyond those described under HIPAA or state law, Mercy will follow Part 2 requirements.

### **Your Rights in Your Part 2 Records**

You have certain rights related to your SUD records. This section explains your rights and some of our responsibilities to help you.

**Single consent:** You have the right to provide one consent for all future uses or discloses for treatment, payment, and health care operations purposes.

**Revocation of consent:** You may revoke your consent at any time, except to the extent Mercy has relied on it.

**Restrictions on disclosures:** You can ask us not to use or share certain health information for treatment, payment, or our health care operations after you have provided consent for all those purposes. We are not required to agree to your request, and we may deny your request if, for example, it could affect your care. If we agree, we may still share this information in the event that you need emergency treatment. Additionally, if you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purposes of payment or our health care operations with your health insurer. We will agree to this request unless we are required by law to share that information.

Fundraising: You have the right to elect not to receive fundraising communications. Part 2 programs may use or disclose records for fundraising for the benefit of the Part 2 program only if you are first provided with a clear and obvious notice in advance of, and a choice about whether to receive fundraising communications from the Part 2 program.

Accounting of disclosures: You have the right to an accounting of disclosures related to your Part 2 records from the prior three years. You may submit a request for an accounting of disclosures to the Mercy Privacy Officer identified within this Notice.

#### Use and Disclosure of Part 2 Records with Consent

With your written consent, we may use and share your information in the following ways:

Treatment, Payment, and Healthcare Operations: With your consent, we may use your Part 2 records for your treatment, to process claims and obtain payment, and to administer our Part 2 program, including conducting quality reviews. SUD records that are disclosed to a Part 2 program, an entity covered by HIPAA, or a business associate pursuant to your written consent to uses and disclosures for treatment, payment, and healthcare operations purposes may be re-disclosed without your consent as allowed under HIPAA.

Criminal Justice Referrals: With your consent, we may disclose information from your Part 2 records to report participation in treatment required by the criminal justice system.

Treatment program registries: We may disclose information to central registries or to withdrawal management or maintenance treatment programs to prevent multiple enrollments.

Prescription drug monitoring programs: We may report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law.

#### Use and Disclosure of Part 2 Records without Consent

Unless we have your written permission or an exception applies, we will not share your SUD records. The following is a summary of the limited circumstances under which we may acknowledge your presence or disclose information about you to individuals outside the Part 2 program without your consent.

To communicate within our program and with contractors: We can share your information within our program, with an organization that has administrative control over our program, and with contractors who help us run our program.

Medical emergencies: We can share your information

during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency. We can also share your identifying information to assist the federal Food and Drug Administration in notifying you or your doctor about unsafe products you may be using.

Public health activities: We can share information that does not identify you in certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications

Scientific research: We can use or share your information to conduct or help with health research. Researchers cannot include any patient identifying information in their reports about the research.

Audit and evaluations: We may use or disclose your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

Deceased patients: We may disclose patient identifying information under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

Criminal activity: We may report to law enforcement certain information related to criminal conduct:

- Commission of a crime on Mercy premises or against Mercy personnel
- Reports of suspected child or dependent adult abuse and/or neglect as required by state law.