

**Handicapped Development Center**

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH 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) 391-4834

WHO WILL FOLLOW THIS NOTICE.

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

- Any professional authorized to enter information into your case record.
- All departments and units of HDC.
- Any member of a volunteer group we allow to help you while you are receiving services.

All employees, staff and other agency personnel.

- All HDC, sites and locations will follow the terms of this notice. In addition, these sites and locations may share personal health information with each other for treatment, payment or administrative purposes described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION:

- We understand the health information about you is personal.
- We are committed to protecting health information about you.
- We create a record of the treatment, care and services you receive at HDC if you are a participant. We create a record of your employment status if you are a staff person. We need this record to provide you with quality services and to comply with certain legal requirements. This notice applies to all of the records of your services or employment status generated by HDC, whether made by HDC personnel or agencies involved in your services. Other providers may have different policies or notices regarding the use and disclosure of your health information created in those agencies.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of personal health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to personal health information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose personal health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Services.** We may use personal health information about you to provide you with services. We may disclose personal health information about you to staff and consultants employed by HDC or medical providers who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of HDC also may share personal health information about you in order to coordinate the different services you need, such as employment and residential services. We also may disclose medical information about you to people outside HDC who may be involved in your medical care, such as your doctor, psychiatrist or others use to provide services that are part of your care.
- **For Payment.** We may use and disclose personal health information about you so that the treatment and services you receive at HDC may be billed to and payment may be collected from you, Scott County, DHS, DVRS, or a third party. For example, we may need to give your health plan information about services you received at HDC so your funder will pay us for the services provided. We may also tell your funding source about services you are going to receive to obtain prior approval.
- **For Administrative Operations.** We may use and disclose PHI about you for our day to day administrative operations. These uses and disclosures are necessary to run our organization and make sure that you receive quality services. For example, these activities may include quality reviews, medication reviews, licensing, business planning and development, and general administration

activities. We may also combine health information about many individuals to help determine what additional services should be offered, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used by the administrative offices for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical review, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of the organization including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the organization. In limited circumstances, we may disclose your health information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of the consumers. We may disclose your age, birth date and general information about you in the organization newsletter, on activities calendars, and to entities in the community that wish to acknowledge your birthday or commemorate your achievements on special occasions. We may also provide your PHI to other service providers or to your funders to assist them in performing their own operations. We will do so only if you have or have had a relationship with the other provider or funder. For example, we may provide information about you to your funder to assist them in their quality assurance activities.

**OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION.**

- **Business Associates.** There are some services provided in our facilities through contracts with business associates. An example includes outside attorneys. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **Providers.** Many services provided to you, as part of your care at our facilities, are offered by participants in one of our organized healthcare arrangements. These participants include a variety of providers such as physicians (e.g. MD, DO, Podiatrist, Dentist,

Optometrist), therapists (e.g. Physical therapist, Occupational therapist, Speech therapist), portable radiology units, clinical labs, hospice, caregivers, pharmacies, psychologists, LCSW's and suppliers (e.g. prosthetic, orthotics).

- **Treatment Alternatives** – We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services and Reminders.** We may use and disclose health information to tell you about health-related benefits, services, or medical education classes that may be of interest to you. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interior to you.
- **Marketing and Fundraising Activities.** We may use information about you to contact you in an effort to raise money for HDC and its operations. We may disclose information about your employment or services for purposes of marketing or fund raising efforts. You have the right to opt out of any use of protected health information for fundraising activities. If you don't want HDC to contact you for fundraising you must notify the Privacy Officer at (563) 391-4834.
- **Agency Data Base.** We may include certain limited information about you in the agency databases while you are a staff or participant of HDC. This information may include your name, title, services you are receiving, your disability(ies) and your personal health information.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a caregiver who may be a friend or family member. We may also give information to someone who helps pay for your care. In the event of your death, we may disclose information, to those persons who were involved in your care prior to your death, PHI unless doing so is inconsistent with any preference, known to us, expressed by you prior to your death. If there is a family member or personal friend that you do not want to receive information about you, please notify the Privacy Officer at (563) 391-4834.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety and safety of the public or another person. We would only do this to prevent the threat.

- **Organ and Tissue Donation.** If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.
- **Proof of Immunization.** We may use or disclose immunization to a school about you: (a) if you are a student or prospective student of the school; (b) the information is limited to proof of immunization; (c) the school is required by State or other law to have the proof of immunization prior to admitting you; and (d) we obtain and document the agreement to the disclosure from either: (1) you, your parent or guardian, or (2) from you if you are an adult or emancipated minor.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose PHI to a government authority authorized by law to receive reports of abuse, neglect or domestic violence, if we believe you are a victim of abuse, neglect or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your services.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.

#### SPECIAL SITUATIONS

- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Reporting.** Federal and state laws may require or permit the organization to disclose certain health information related to the following:

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

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.

**Health Oversight Activities.** We may disclose 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 monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose 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 release medical 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 a death we believe may be the result of criminal conduct;
- About criminal conduct at HDC; 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.

➤ **Coroners, Medical Examiners and Funeral Directors.**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about participants to funeral directors as necessary to carry out their duties.

➤ **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

➤ **Protective Services for the President and Others.** We may disclose 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.

➤ **Inmates.** If you are under the custody of a law enforcement official, we may release health information about you to the law enforcement official. This release would be necessary to protect your health and safety or the health and safety of others.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.**

You have the following rights regarding medical information we maintain about you:

➤ **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, contact the Privacy Officer at (563) 391-4834. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances, such as psychotherapy notes or if the information is compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding. If you are denied access to medical information, you may request that the denial be reviewed. Another professional chosen by the Handicapped Development Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. If your health information is kept electronically, you have the right to receive an electronic copy of your health information subject to the restrictions set forth above.

➤ **Right to Amend.** If you feel that personal health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for HDC.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Handicapped Development Center;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is 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 disclosures we made of personal health information about you to others except for purposes of treatment, payment and operations identified above.

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, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

In addition to your right to an accounting of disclosures, we have a legal obligation to notify you if your protected health information is affected by any security breach that may occur.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the personal health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the personal health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.
- ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. The above notwithstanding, you have the right to request a restriction of disclosures to a health plan for payment or health care operations regarding any services you have paid for, in full, out of pocket and we are required to honor that request.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about personal health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from any member of our staff. A copy of this notice is on our web site at <http://handicappeddevelopment.org>

#### CHANGES TO THIS NOTICE

- We reserve the right to change this notice. We reserve the right to make the revised or 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 HDC. The notice will contain on the first page, in the top right-hand corner, the effective date.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Privacy Officer. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services.

**The quality of your services will not be jeopardized nor will you be penalized for filing a complaint.**

#### OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of personal 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 disclose 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 personal health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the services provided to you or on your employment status. Specifically, without your written authorization we will not use or disclose your health information for the following purposes: 1. Most uses and disclosures of psychotherapy notes; 2. Uses or disclosures for marketing purposes; and 3. Uses and disclosures that involve the sale of your protected health information.

