

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. Please review it carefully.

If you have any questions about this Notice please contact our Privacy Contact at (515) 274-1529.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by logging on www.eastersealsia.org, calling the office and requesting that a revised copy be sent to you in the mail or asking for one the next time you are in our office. Your information may be used or transferred by different formats including paper documents, video, audio-tape and electronic means.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based upon Your Written Consent

You will be asked to sign an acknowledgement of receipt of protected health information form. Once you have acknowledged the potential use and disclosure of your protected health information for treatment, payment and health care operations by signing the acknowledgement form, we will use or disclose your protected health information as described in this Section 1. Your protected health information may be used and disclosed by our staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the practice.

Following are examples of the types of uses and disclosures of your protected health care information that we are permitted to make once you have signed our acknowledgement form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that we may undertake once you have provided consent.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services including continuation of care. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to another agency that provides care to you; a case manager, and/or additional members on your team. For example, your protected health information

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may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to a physician or health care provider (e.g., a specialist or laboratory) who, at our request, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan, or other providers, such as Polk County, may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and fundraising activities, and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name when our staff is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services) for us. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your name and address may be used to send you a newsletter about the services we offer.

We may also send you information about products or services that we believe may be beneficial to you. We may contact you about the opportunity to participate in fundraising for Easter Seals. You may contact our Privacy Contact at (515) 274-1529, or by writing 2920 30th Street, Des Moines, IA 50310 to request that these materials, and contacts not be sent to you or mailed to you.

Other Permitted and Required Uses and Disclosures That May Be Made

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required or allowed by law. The use or disclosure will be made in compliance

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with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

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: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

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 abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

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.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law; (2) limited information requests for identification and location purposes; (3) pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on county premises; and (6) medical emergency (not on the county's premises) and it is likely that a crime has occurred.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

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Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 C.F.R. section 164.500 etc. seq.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then we may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, we shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If we have attempted to obtain your consent but are unable to obtain your consent, we may still use or disclose your protected health information to treat you.

Communication Barriers: We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

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2. Your Rights

Federal law grants you certain rights with respect to your protected information. Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to receive notice of our policies and procedures used to protect your protected health information. This means you may request the rules about how Easter Seals is making sure that your protected information is private and only shared with those whom you have given us permission to share.

You have the right to inspect and copy your protected health information; however the request must be in writing and may be denied in certain limited situations. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that we use in making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe that it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with us. You may request a restriction in writing to our primary contact.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

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You have the right to revoke in writing any prior authorizations for release of information of protected health information, except to the extent that action has already been taken. This means that you can request in writing that we no longer release information to a party which you had earlier given us permission to release information.

You may have the right to have us amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Our Responsibilities.

Federal law also imposes certain obligations and duties upon us with respect to your Protected Information. Specifically, we are required to:

- Provide you with notice of our legal duties and our facility's policy regarding the use and disclosure of your Protected Information.
- Maintain the confidentiality of your Protected Information in accordance with state and federal law;
- Review your requested restrictions regarding the use and disclosure of your Protected Information and inform you if these restrictions will be used;
- Allow you to inspect and copy your Protected Information during our regular business hours pursuant to any legal restrictions;
- Act on your request to amend Protected 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. Although this does not guarantee that amendment is appropriate;

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- Accommodate reasonable requests to communicate Protected Information by alternative means or methods; and
- Abide by the terms of this notice.

4. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Contact of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact, at (515) 274-1529 for further information about the complaint process.

This notice was published and becomes effective on April 14, 2003. Please note we reserve the right to revise this notice at any time. Should we revise this notice; the revised notice will be posted at www.eastersealsia.org. In addition, a current copy of our notice of privacy practices may be obtained by calling (515)-274-1529.

**ACKNOWLEDGEMENT OF RECEIPT OF
THE EASTER SEALS IOWA INCORPORATED
NOTICE OF PRIVACY PRACTICES**

I, _____, acknowledge that I have received a copy of The Easter Seals Iowa Incorporated's Notice of Privacy Practices which summarizes the ways my identifiable health information may be used and disclosed by Easter Seals and states my rights with respect to my health information. I understand Easter Seals has the right to revised these information practices and to amend the Notice of Privacy Practices. I have been informed that in the event Easter Seals revises its information practices, a revised Notice will be posted at each Easter Seals location and that I may obtain a current Notice of Privacy Practices at any time from the Easter Seals State Office or the website at www.eastersealsia.org.

Signature of Client/Guardian/Representative

Date Signed

If Guardian/Representative – State relationship to client

Signature of Witness

Date Signed