

# Gundersen Palmer Lutheran Hospital and Clinics Notice of Privacy Practice

***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***

**GUNDERSEN  
PALMER LUTHERAN  
HOSPITAL AND CLINICS**

**Effective Date: January 14, 2020**

## Protected Information

Much of your information is stored electronically, rather than being in paper form. When we use or disclose your protected health information (PHI) in the ways described in this notice, we may do so by providing printed copies of your health information or by allowing the authorized person or persons to access the electronic record. However, whether your health information is in paper or electronic form, we will handle it in compliance with the provisions of this notice.

While receiving care from our 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 Information").

## Your Rights

Federal law grants you certain rights with respect to your protected information. Specifically you have the right to:

- Receive notice of our policies and procedures used to protect your protected information.
- Request that certain uses and disclosures of your protected information be restricted; provided, however, we have the right to refuse your request. You have the right to restrict disclosure of PHI to your health plan/insurance if you pay out-of-pocket in full for health services or items. The request must be in writing directed to the Director of Revenue Cycle and may be denied in certain limited situations.
- Request that your protected information be amended.
- Obtain an accounting of certain disclosures by us of your protected information of the past six years. To request this list or account of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time which may not be longer than six years and may not include dates before April 14, 2003. 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. This will not include disclosures made for the purpose of treatment, payment, or health care operations.
- Revoke in writing any prior authorizations for use or disclosure of protected information, except to the extent that action has already been taken.
- Request communication of your protected information is done by reasonable alternative means or at alternative locations. This request must be in writing to our Privacy Officer.
- To be notified following a breach of unsecured patient health information.

## 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 policies 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 can be accommodated.
- 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. We may deny your request 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 hospital or clinics
  - Is not part of the information which you would be permitted to inspect or copy
  - Is accurate and complete
- Accommodate reasonable requests to communicate protected information by alternative means or methods.
- Abide by the terms of this notice.
- Certain uses and disclosures of PHI that require patient authorization includes psychotherapy notes, marketing and the sale of PHI, and other uses and disclosure not described in this notice.

## How Your Protected Information May Be Used/Disclosed

Generally, your protected information may be used and disclosed for treatment, payment, operations, or as required by law. This includes a variety of areas:

## Treatment Purposes

We may use or disclose your protected information for treatment purposes, including continuing care and case or care management. During your care at our facility, it may be necessary for various personnel, including, but not limited to, medical staff, professional staff, nurses, lab technicians, or medical students involved in your care to have access to your protected information in order to provide you with quality of care. For example, your physician may need to know which medications you are currently taking before prescribing additional medications. It may be necessary for the physician to inform the nurses on staff of the medications you are taking so they can administer the medications and monitor any possible side effects. We may contact you to provide appointment reminders.

Situations may also arise when it is necessary to disclose your protected information to individuals outside our facility who may also be involved in your current or future care. For example, if you are a resident in a nursing facility, it may be necessary for your physician to disclose medications prescribed by him/her so that they can be appropriately administered by the nursing facility and side effects may be monitored. The nursing facility may disclose information to the hospital or clinics if admission is required, or to a specialist. Your physician may call a pharmacist and order a prescription.

## Payment Purposes

Your protected information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose protected information so that treatment and services provided by us may be billed and collected from your insurance company, or other third party payer. Bills requesting payment will usually include information which identifies you, your diagnosis, and any procedures or supplies used. It may also be necessary to release protected information to obtain prior approval for treatment from your health insurance.

## Health Care Operations

Your protected information may be used for facility operations, which are necessary to ensure our facility provides the highest quality of care. For example, your protected information may be used for learning or quality assurance purposes. We may also remove information which could identify you from your record so as to prevent others from learning who the specific patient is.

## Health Information Exchange.

We electronically exchange health care information. To facilitate access to health information that may be relevant to your care. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, health information exchange will allow us to make your medical information available to those who need it to treat you at the hospital or clinics. When it is needed, ready access to your health information means better care for you. You have the right to opt-out of the health information exchange by contacting our Privacy Officer.

## Emergency Use

If an emergency situation exists and providing you with our notice is not practical, we may use or disclose protected information to the extent necessary during the emergency care.

## Research

Under certain circumstances, we may use and disclose your health information for clinical or medical research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. If your specific permission is not obtained, a special approval process is followed to protect your privacy.

## Hospital Directory

Unless you object, we may use information, such as your name, location in our facility, and your religious affiliation for our directory. It is our duty to give you enough information so you can decide whether or not to object to the disclosure of this information for our directory. The information about you contained in our directory will be disclosed to people who ask for you by name. However, the information about your religious affiliation will only be disclosed to clergy who ask for you by name. You will be allowed to agree or object verbally regarding the use of your health information for directory purposes.

## Others Involved In Your Care

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your health and/or mental 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 judgement. We may use or disclose 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 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.

## Bereavement/Memorial Services

Gundersen Palmer Hospice, as part of their bereavement program, may recognize hospice patients in memorial services and practices. For example, a rose is given to a family member during visitation at the time of death.

## Marketing and Fundraising Activities

We may contact you regarding health related benefits and services we feel may be of interest to you. In addition, you may also be contacted as part of a fundraising effort. Demographic information generally includes home address, age, gender, and insurance status. If you do not wish to receive hospital or clinic information or be contacted for fundraising efforts, you may contact our Palmer Memorial Foundation Coordinator at 800-541-4692.

## Special Circumstances

The law specifically requires us to use or disclose protected information in the following special circumstances:

## Public Health Activities

We are required to use or disclose your protected information for public health activities and purposes. Examples of public health activities which would warrant the use or disclose of your protected information include:

- 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 a patient has been the victim of abuse, neglect, domestic violence, gunshot or knife wound, or other mandatory reportable incidents. We will only make this disclosure if required or authorized by law.

## Health Oversight Activities

Your protected information may be used or disclosed to a health oversight agency for activities authorized by law. Examples of health oversight activities include audits, investigations, inspections or judicial/administrative proceedings which you are not the subject of. In most cases, the oversight activity will be for the purpose of overseeing the care rendered by our facility's compliance with certain laws and regulations.

## Lawsuits and Disputes

We may disclose your health information in response to a court or administrative order, discovery request, or another lawful process by someone else involved in the dispute.

## Law Enforcement

We may disclose your health information if asked to do so by a law enforcement official; for example, in the response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person. Under some limited circumstances we will request your authorization prior to permitting disclosure.

## Coroner, Medical Examiners, Funeral Homes

We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.

## Cadaveric, Organ, Eye, or Tissue Donation

We may disclose your health information to organizations involved in procuring organs and tissues for transplantation.

## To Avert a Serious Threat to Health or Public Safety

We may disclose your health information if it is necessary to prevent or lessen a serious threat to your health and safety, the health and safety of another person, or to the general public.

## Specialized Government Functions

Your protected information 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
- Protective service of the President and others
- Medical suitability determinations for Department of State officials
- Correctional institutions and law enforcement custodial situations
- Provision of public benefits

## Workers' Compensation

We will disclose your protected information to the extent necessary to comply with laws relating to workers' compensation or other programs providing benefits for work-related injuries or illness without regard to fault.

## Inmates

If you are an inmate of a State or Federal institution or under the custody of law enforcement, we may release medical information about you to the institution, law enforcement official or court, if this release is necessary 1) for the institution to provide you with health care; 2) to protect your health and safety, and/or the health and safety of others; or 3) for the safety and security of the correctional institution or agency.

## Contact Person

Gundersen Palmer Lutheran Hospital and Clinic's contact person for issues regarding patient privacy and the Privacy Rule is: Stacy Oakland, Privacy Officer, 112 Jefferson Street, West Union Iowa 52175, 563-422-9703, sloaklan@gundersenhealth.org

## Complaints

If you believe your privacy rights have been violated, you may file a complaint with Gundersen Palmer Lutheran Hospital and Clinics or with the Secretary of the Department of Health and Human Services. To file a complaint with Gundersen Palmer Lutheran Hospital and Clinics, contact our Privacy Officer, Stacy Oakland, 112 Jefferson Street, West Union, Iowa 52175, 563-422-9703. All complaints must be submitted in writing. To file a complaint with the Secretary, please contact our Privacy Officer to obtain more information. ***We will not retaliate against you for filing such a complaint.***