

**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 Waverly Health Center's Privacy Officer at (319) 352-4918.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes our hospital's practices and that of

- Any health care professional authorized to enter information into your medical record.
- All departments of the hospital, to include all employees, medical staff, and other hospital personnel.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- Waverly Health Center, its affiliates, and contracted services will follow the terms of this notice. In addition, these entities may share medical information with each other for treatment, payment, or hospital operations purposes described in this notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor.

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

We are required by law to

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples.

**For Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. 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. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work, and x-rays.

**For Payment**

We may use and disclose medical information about you so that the treatment and services you receive from the hospital may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about the surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations**

We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We also may disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We also may combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**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 to provide appropriate care during the emergency.

**Appointment Reminders**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital. Our communications to you may be by phone, mail, email, patient portal, text, or telehealth.

**Marketing Activities**

Waverly Health Center will obtain authorization for any use or disclosure of PHI for marketing purposes except if communication is in the form of: Face to face communication by WHC to an individual; a promotional gift of nominal value provided by WHC; Communication describing a health-related product or service (or payment for the product or service) that is provided by WHC; Communication for treatment purposes; Communication made for case management or care coordination, or to direct or recommend alternative treatments or therapies. If WHC receives any direct or indirect payment from a third party for making a communication, even if it falls into one of the marketing exceptions described above, an authorization is required. If WHC receives any form of payment for a marketing communication, the authorization must specifically state that payment is involved. All communication from WHC must contain a statement explaining how a person may opt out of receiving future mailings or promotional information.

**Fundraising Activities**

We may provide certain information to Waverly Health Center Foundation (name, address, other contact information, dates of service, age, gender, department of service, treating provider, outcome information, and health insurance status) to contact you in the future to raise money for Waverly Health Center. These gifts provide for patient care initiatives, advanced medical technologies, campus enhancements, and other emerging needs for the hospital. You have the right to opt out of receiving further fundraising communications by making the request in writing to the foundation director. Once we receive notice that you have opted out, we will not send any further fundraising communications to you.

**Patient Directory**

Unless you object, we may use information, such as your name, location in our facility, your general health condition, 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 release 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. Information about your religious affiliation will only be disclosed to the clergy who ask for you by name.

**Individuals Involved in Your Care or Payment for Your Care**

If you do not object and the situation is not an emergency, and disclosure is not otherwise prohibited by law, we are permitted to release your information under the following circumstances:

- To individuals involved in your care, we may release your health information to a family member, other relative, friend, or other person whom you have identified to be involved in your health care or the payment of your health care;
- To family – we may use your health information to notify a family member, a personal representative, or a person responsible for your care, of your location, general condition, or death
- To disaster relief or public health agencies – we may release your health information to an agency authorized by law to assist in disaster relief or public health activities.

**Research**

Under certain circumstances we may use and disclose medical information about you for 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. 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 care at the hospital. If your specific permission is not obtained, a special approval process is followed to protect your privacy.

**As Required By Law**

We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**SPECIAL SITUATIONS**

**Organ and Tissue Donation**

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### **Workers' Compensation**

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

### **Public Health Risks**

We may disclose medical information about you for public health activities. 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 a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if required or authorized by law.

### **Health Oversight Activities**

We may disclose medical 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 medical information about you in response to a court or administrative order. We may also disclose medical 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 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 the hospital; 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 also may release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

### **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

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

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

- You have the right to inspect and copy medical information that may be used to make decisions about your care. You have the right to request that the copy be provided in an electronic form or format (CD, email). If the form and format are not readily producible, then we will work with you to provide it in a reasonable electronic form or format. This right of access does not apply to psychotherapy notes. Your request for inspection or access must be submitted in writing to Health Information Management. We may charge you

a reasonable fee to cover our expenses for copying your health information.

- You have the right to request that your protected health information be amended. To request an amendment, your request must be made in writing and submitted to Health Information Management. 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 hospital;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to Health Information Management. Your request must state a time period 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 alternative locations. To request confidential communications your request must be in writing to Health Information Management.
- Request that certain uses and disclosures of your protected health information be restricted; however, we have the right to refuse your request. You have the right to restrict disclosure of protected health information to your health plan if you pay out-of-pocket in full for health services or items. To request restrictions you must make your request in writing to Health Information Management.
- You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice on our website, [www.WaverlyHealthCenter.org](http://www.WaverlyHealthCenter.org). To obtain a paper copy of this notice, please contact WHC Admissions from 7 a.m. to 12 a.m. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical 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 in the hospital and on our website. The notice will contain on the first page, in the lower right-hand corner, the effective date. In addition, if the notice has been revised or changed, we will offer you a copy of the current notice in effect.
- Receive notice of our legal duties and our facility's policies regarding the use and disclosure of your protected information.
- To be notified following a breach of unsecured protected health information.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Officer at (319) 352-4918. You may also email your complaint to [quality@waverlyhealthcenter.org](mailto:quality@waverlyhealthcenter.org). All complaints must be submitted in writing. We will not retaliate against you in any way for filing a complaint.

# WAVERLY HEALTH

— C E N T E R —

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