

## **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. \***

The Iowa Veterans Home takes great care to properly handle information about you. This Notice, which is required by law, describes how we handle your personal health information, or “PHI” as referred to in this Notice. The following information will explain how this information will be used at this facility.

### **Protected Health Information**

While receiving care from our facility, information regarding your medical history, treatment and payment for your healthcare 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 (PHI), is protected by state and federal law.

### **Your Rights**

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

- Receive notice of our policies and procedures used to protect your PHI;
- Request that certain uses and disclosures of your PHI be restricted; provided, however, if we may release the information without your consent or authorization, we have the right to refuse the request;
- Inspect and copy your PHI; provided, however, the request must be in writing and access may be denied in certain limited situations;
- Request that your PHI be amended;
- Obtain an accounting of certain disclosures by us of your PHI for the past six years. In the event that this request is made less than six (6) years after IVH’s implementation of HIPAA provisions, you have the right to obtain an accounting of certain disclosures by us of your PHI back to the date of our implementation;
- Revoke any prior authorizations or consents for use or disclosure of PHI, except to the extent that action has already been taken;
- Request communications of your PHI are done by alternative means or at alternative locations; and
- Right to request restriction to a health plan for the purposes of carrying out payment or healthcare operations (not treatment) and the PHI pertains solely to an item or service for which the provider has been paid in full.

### **Our Responsibility**

Federal law also imposes certain obligations and duties upon us with respect to your PHI. 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 PHI;

- Maintain the confidentiality of your PHI in accordance with this notice, state and federal laws;
- Honor those requested restrictions we agreed to regarding the use and disclosure of your PHI unless under the law we are authorized to release your PHI without your authorization or consent, in which case you will be notified within a reasonable period of time;
- Allow you to inspect and copy your PHI during our regular business hours and according to IVH policy;
- Act on your request to amend PHI within sixty (60) days and notify you of any delay that would require us to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate PHI by alternative means or methods; and
- Abide by the terms of this notice.

### **How Your PHI May be Used and Disclosed**

Generally, your PHI may be used and disclosed by us only with your expressed written authorization; however, there will be some exceptions to this general rule.

### **Treatment, Payment or Healthcare Operations**

**Treatment Purposes:** We may use medical information about you to provide you with medical treatment or services without consent or authorization unless otherwise required by applicable Iowa law. During your care at our facility, it may be necessary for various personnel, including but not limited to physicians, nurses, social workers, rehabilitation staff, dietitians and others involved in your care to have access to your PHI in order to provide you with quality care. The Iowa Veterans Home has a multidisciplinary care team to provide care to you; therefore, staff of all areas of your care need access to your PHI. IVH has contract staff such as a Dentist, Optometrist, Orthopedist and Dermatologist. We sometimes have students that assist staff during their training or are here to do research. Those persons are required to sign confidentiality statements before they are allowed access to your PHI.

Situations may also arise when it is necessary to disclose your PHI to healthcare providers outside our facility who may also be involved in your care. For example, we use the VA Medical Centers in Des Moines, Knoxville, and Iowa City, Iowa, as well as the University of Iowa Hospitals and Clinics in Iowa City, Iowa for hospitalizations and clinic appointments. Examples of other healthcare providers frequently used for continuation of care include but are not limited to: Marshalltown Medical and Surgical Center, Marshalltown, Iowa; Mary Greeley Hospital, Ames, Iowa; Wolfe Eye Clinic, Marshalltown, Iowa.

We must release relevant PHI to these agencies to insure continuation of your medical care. Other agencies not listed will also apply without the need for signature on a Consent to Release Information form if the information is released for the purpose of continuation of care.

**Payment Purposes:** Your PHI may also be used or disclosed for payment purposes. It is necessary for us to use or disclose PHI so that treatment and services provided by us may be billed and collected from you, your insurance company or other third party payor. Bills

requesting payment may include information that identifies you, your diagnoses, and any procedures or supplies used. We may also release your PHI to another healthcare provider or individual or entity covered by the HIPAA privacy regulations for payment activities.

Agencies that routinely receive PHI on IVH residents for the purpose of payment for your healthcare include: Medicaid, Medicare, your personal health insurance carrier, Social Security and the VA Medical Center for VA per diem for veterans. Others may apply in special circumstances.

**Healthcare Operations:** Your PHI may also be used for facility operations, which are necessary to insure our facility provides the highest quality of care. For example, your PHI 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 residents are. In addition, we may release your PHI to another individual or entity covered by the HIPAA privacy regulations for their quality assessment and improvement activities or for their review of or evaluation of a healthcare professional or for the training of students or professionals. For example, the use of the Minimum Data Sets (MDS).

### **Patient Database and Lists**

Our facility maintains an electronic database of information on every resident. Reports are generated from this database to include information on unit location of each resident, Social Security numbers, IVH identification numbers, date of birth and competency rating. This information is only accessible by approved staff on a “need to know” basis. All IVH staff has access to data on resident names, IVH identification numbers and unit location; however, further information is determined on a clearance based access system. A daily census is maintained electronically and printed for approved staff.

### **Interfacility Communication**

The Iowa Veterans Home uses a public address system for communication from the switchboard for staff and residents. A resident’s name may be announced overhead to return to their unit, to notify them of a telephone call, etc. Communications regarding wandering or missing residents are handled according to IVH Policies 235 and 263. For identification purposes, your name will be posted outside of your room on your unit. If you require a wheelchair, your name and unit will be placed on your wheelchair. You may be required to wear a temporary nametag if attending some IVH events or when temporary staff is working on your unit to insure proper medication dispensing.

### **Notification and Communication with Family and Caregivers**

Unless you have informed us otherwise, we may communicate with family members and/or legal representatives concerning your care and payment for care. We use the IVH form number 475-0700, “Condition Report” to contact those people you have authorized to receive PHI about you.

### **Research Purposes**

In some instances, your PHI may be used or disclosed for research purposes. All research projects that use PHI are subject to a special approval that will, among other things, evaluate the

precautions used to protect patient medical information. In many cases, information that identifies you as the patient will be removed.

### **Special Circumstances**

Situations may arise that warrant us to use or disclose PHI without your authorization. The law specifically allows us to use or disclose PHI without your authorization in the following special circumstances:

**Public Health Activities.** We are allowed to use or disclose your PHI for public health activities and purposes. Examples of public health activities that would warrant the use or disclosure of your PHI include:

- Preventing or controlling disease, injury or disability;
- Reporting deaths;
- Reporting the abuse or neglect of a dependent adult;
- Reporting reactions to medication or problems with products; or
- Notifying individuals exposed to a disease who may be at risk for contracting or spreading the disease.

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

**Judicial and Administrative Proceedings.** If you are involved in a lawsuit or other administrative proceeding, we may release your PHI in response to a court or administrative order requesting the release or if you execute a written authorization to do so. In some instances, we may also release PHI pursuant to a subpoena or discovery request but only if efforts have been made by the requestor to provide you with notice of the request and you have failed to object or the objection was resolved in favor of disclosure or, in the alternative, the requestor has obtained a protective order protecting the requested information.

**Victims of Abuse or Neglect.** Other than dependent adult abuse, which is covered under public health activities, we may use or disclose your PHI to a protective service, social services agency or other similar government authority, if we reasonably believe you have been a victim of abuse, neglect or domestic violence as long as you agree to such disclosure and we feel it is necessary to prevent serious harm to you or other individuals. If you are incapacitated and unable to agree to such a disclosure, we may release your PHI for this purpose but only if failure to release it would materially and adversely affect a law enforcement activity and the information will not be used, in any way, against you.

**Law Enforcement.** We may also release your PHI to a law enforcement official for the following purposes:

- Pursuant to a court order, warrant, subpoena/summons or administrative request;
- Identifying or locating a suspect, fugitive, material witness or missing person;
- Regarding a crime victim, but only if the victim consents or the victim is unable to consent due to incapacity and the information is needed to determine if a crime has occurred, non-disclosure would significantly hinder the investigation and disclosure is in the victim's best interest;
- Regarding a decedent, to alert law enforcement that the individual's death was caused by suspected criminal conduct; or
- By emergency care personnel if the information is necessary to alert law enforcement of a crime, the location of a crime, or characteristics of the perpetrator.

**Coroner, Medical Examiners, Funeral Homes.** PHI regarding a decedent may be released to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death or other duties as authorized by law. PHI regarding a decedent may also be disclosed to funeral directors if necessary to carry out their duties.

**Specialized Government Functions.** Your PHI may be used or disclosed for a variety of government functions subject to some limitations. These government functions include:

- Military and veterans activities (to include County Commission of Veterans Affairs);
- National security and intelligence activities;
- Protected service of the President and others;
- Correctional institutions and law enforcement custodial situations; or
- Provision of public benefits.

**Organ donation.** Your PHI may be used or disclosed by us to entities engaged in the procurement, banking or transplantation of organs, eyes or tissues for the purpose of facilitating such donation and transplantation.

**Workers' Compensation.** We are allowed to disclose your PHI as authorized and 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 should a resident have such a claim.

### **Important Contact Information**

This notice has been provided to you as a summary of how we will use your PHI and your rights with respect to your PHI. If you have any questions or would like more information regarding your PHI, please contact the Privacy Officer at 641-752-1501 and ask for the HIPAA Compliance Officer or the HIPAA Security Officer to be paged.

If you believe your privacy rights have been violated, you may file a complaint by contacting:

Iowa Veterans Home  
Privacy Officer  
1301 Summit Street  
Marshalltown, Iowa 50158  
641-752-1501, pager 156  
Email: [privacyofficer@ivh.state.ia.us](mailto:privacyofficer@ivh.state.ia.us)  
Website: <http://ivh.iowa.gov/>  
You may also file a complaint with the Office of Civil Rights.

Office of Civil Rights  
Medical Privacy, Complaint Division,  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW, HHH Building, Room 509H  
Washington, D.C. 20201  
866-627-7748 or for the hearing impaired call 886-788-4989  
Email: [www.hhs.gov/ocr](http://www.hhs.gov/ocr)

There will be no retaliation for the filing of a complaint.

**Effective Date**

This notice becomes effective on April 14, 2003.

\* **Please note**, we reserve the right to amend this Notice and revise our practices with respect to PHI. Said revision may apply to PHI created or received under a previous version of this Privacy Notice. Should our information practices change, we will notify you in writing that a revision has occurred and how to obtain a copy. In addition, a current notice of our privacy practices may be obtained from your Social Worker, Regulatory Compliance or you may access the notice on our website <http://ivh.iowa.gov/>

**ACKNOWLEDGEMENT OF RECEIPT OF PROVIDER'S NOTICE OF  
PRIVACY PRACTICES**

I, \_\_\_\_\_, acknowledge that I have received a copy of the IVH Notice of Privacy Practices, which summarizes the ways my protected health information may be used and disclosed by IVH and states my rights with respect to my medical information. I understand IVH has the right to revise these information practices and to amend the Notice of Privacy Practices. I have been informed that, in the event IVH revised its information practices, a revised notice will be available from your unit social worker and that I may obtain a current Notice of Privacy Practices at any time from date of admission.

\_\_\_\_\_  
Signature of Resident/Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship of Legal Representative

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date