



**ST. ANTHONY REGIONAL HOSPITAL  
NOTICE OF PRIVACY PRACTICES  
Effective Date April 14, 2003**

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 the Facility Privacy Official at 712-794-5246.

We understand that information about you and your health is personal. We are committed to protecting your health information. We create a record of the care and services you receive at St. Anthony Regional Hospital. We need this record to provide quality care and comply with certain legal requirements. This notice applies to all of the records of your care generated by St. Anthony Regional Hospital, whether made by your personal doctor or other staff. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or other location.

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 health information.

**Our Responsibilities**

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 health information about you; and
- ◆ Follow the terms of the notice that is currently in effect.

**Organized HealthCare Arrangement:** This facility and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect a current course of treatment.

**Uses and Disclosures**

**How we may use and disclose Medical Information about you.**

The following categories describe examples of the way we use and disclose medical information:

**For Treatment:** We may use medical information about you to provide you 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. Different departments of the hospital also may share medical information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays.

We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

**For Payment:** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

**For Health Care Operations:** Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine medical information we have with that of other hospitals to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

We may also use and disclose health information

- to business associates we have contracted with to perform a service and the billing for that service;
- to remind you that you have an appointment for treatment or medical care at St. Anthony;
- to ask you questions about your satisfaction with our services;
- to tell you about or recommend possible treatment options or alternatives that may be of interest to you;
- to tell you about health-related benefits or services that may be of interest to you;
- for population-based activities relating to improving health or reducing health care costs; and
- for conducting training programs or reviewing the competence of health care professionals.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate 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.

**Directory:** We may include certain limited information about you in St. Anthony's directory while you are a patient in the hospital. The information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This information is so that your friends and family can visit you and know how you are doing. This information, except for your religious affiliation, will also be disclosed to people who ask for you by name. You have the right to request that your name not be listed in St. Anthony's directory. If you request not to be listed in the directory, we cannot inform visitors of your presence, location or general condition.

**Spiritual Care:** Directory information, including your religious affiliation, location and general condition will be given to a member of the religious community, such as a priest, minister or rabbi, if they ask for you by name. It is our policy not to notify your local religious organization about your presence at the hospital. A spiritual care provider may be called in to consult regarding your care. Spiritual care providers are members of the health care team at St. Anthony

**Family/Friends:** St. Anthony will disclose health information about you to a friend or family member who is involved in your medical care. St. Anthony will also give information to someone who helps you pay for your care. In addition, St. Anthony will disclose health information about you to an agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have a right to request that your health information not be shared with your family and friends.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health 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 such disclosure, however, would only be to someone able to help prevent the threat.

**Research:** We may disclose information to researchers when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your health information and has approved their research.

**Future Communications:** We may communicate to you via newsletters, mailings or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in.

**Fundraising Efforts:** We may contact you as part of St. Anthony's fund raising efforts. Only contact information such as your name, address, and phone number will be released for fund raising purposes. If you do not want to be contacted for fundraising efforts, you must notify the St. Anthony Foundation Office at 712-794-5223.

**As required by law,** we may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and others

**Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**State-Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply legal requirements. If the State privacy laws are more stringent than Federal privacy laws, the State law preempts the Federal law.

## **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the following rights regarding the health information we maintain about you:

**Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital 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. You may receive copies of your records if your request is approved and after payment of applicable State approved charges for copies of records has been received.

**Amend:** If you feel that medical 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 the hospital. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of the disclosures we make of medical information about you for purposes other than treatment, payment or health care options.

**Request Restrictions:** You have the right to request a restriction or limitation on the medical 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 medical 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 with your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by U.S. Mail. St. Anthony will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

**A Paper Copy of this Notice:** You have the right to 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.

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and the revised or changed notice will be effective for the information we already have about you as well as any information we receive in the future. The current notice will be posted in the hospital and include the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the hospital by contacting the main number and asking for the Facility Privacy Official at 712-792-3581 or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical 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 medical 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 medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and understand that we are required to retain our records of the care that we provided to you.

## JOINT NOTICE OF PRIVACY PRACTICES

This notice applies to all patient health information maintained by St. Anthony Regional Hospital for services provided either at the Hospital's main facility: St. Anthony Regional Hospital, 311 S. Clark Street, Carroll, Iowa 51401,

*or at its offsite locations:*

St. Anthony Clinic - Manning  
221 Ann Street  
Manning, Iowa 51455

St. Anthony Clinic - Breda  
221 Main  
Breda, Iowa 51436

St. Anthony Clinic - Carroll  
405 S. Clark St., Ste. 230  
Carroll, IA 51401

St. Anthony Clinic – Coon Rapids  
215 Main  
Coon Rapids, IA 50058

St. Anthony Clinic – Wall Lake  
311 W. First St.  
Wall Lake, Iowa 51466

St. Anthony Mental Health Services  
311 S. Clark St., 4<sup>th</sup> Floor  
Carroll, IA 51401

St. Anthony Clinic - Westside  
235 Hwy. 30  
Westside, Iowa 51467