Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.

YOUR RIGHTS
You have the right to:
• Get a copy of your paper or electronic medical record.
• Correct your paper or electronic medical record.
• Request confidential communication.
• Ask us to limit the information we share.
• Get a list of those with whom we’ve shared your information.
• Get a copy of this privacy notice.
• Choose someone to act for you.
• File a complaint if you believe your privacy rights have been violated.

YOUR CHOICES
You have some choices in the way that we use and share information as we:
• Tell family and friends about your condition.
• Provide disaster relief.
• Include you in a hospital directory.
• Provide mental health care.
• Market our services and sell your information.
• Raise funds.

OUR USES AND DISCLOSURES
We may use and share your information as we:
• Treat you.
• Run our organization.
• Bill for your services.
• Help with public health and safety issues.
• Do research.
• Comply with the law.
• Respond to organ and tissue donation requests.
• Work with a medical examiner or funeral director.
• Address workers’ compensation, law enforcement and other government requests.
• Respond to lawsuits and legal actions.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our web site.

OTHER INSTRUCTIONS FOR NOTICE
• You may contact the Privacy Officer if you have any questions about this notice at (515) 440-5100 or UPH_CentrailAPIprivacyOfficer@unitypoint.org.
• If you believe your privacy rights have been violated, you may file a complaint with UnityPoint Health Eyerly Ball or with the Secretary of the United States Department of Health and Human Services. All complaints must be submitted in writing. Our Privacy Officer can assist you with writing your complaint, if assistance is requested.
• We will not retaliate against you for filing a complaint. To file a complaint with UnityPoint Health Eyerly Ball, contact our Privacy Officer by phone at (515) 440-5100, or UPH_CentrailAPIprivacyOfficer@unitypoint.org
• Under Chapter 228 of the Iowa Code, we will not share any substance abuse treatment records without your written permission; and if we do, you will be notified of the person or entity with whom the information was shared.

This notice is effective September 1, 2023.
You can complain if you feel we have violated your rights. If you have given someone medical power of attorney, you can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will say “yes” to all reasonable requests. If you have a clear preference, we will follow your instructions. We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make).

Get a list of those with whom we’ve shared information. You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will make sure the person has this authority and can act for you before we take any action.

If you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you tell us to do so, and we will follow your instructions.

In the case of fundraising:
• You can ask us not to contact you again.

Our Uses and Disclosures
HOW DO WE TYPICALLY USE OR SHARE YOUR HEALTH INFORMATION?
We typically use or share your health information in the following ways:
• Treat you. We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.
• Run our organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.
• Bill for your services. We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

In these cases, you have both the right and choice to tell us to:
• Share information with your family, close friends or others involved in your care.
• Share information in a disaster relief situation.
• Include your information in a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:
• Marketing purposes.
• Sale of your information.
• Most sharing of psychotherapy notes.

Your Choices
When you have the right and choice to tell us to:
• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We will follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: https://www.hhs.gov/hipaa/individuals/guidance/materials-for-consumers/index.html