

# NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED TO COORDINATE YOUR HEALTH CARE AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

## NOTICE HIGHLIGHTS

We are required by law to maintain the privacy of your Protected Health Information (PHI). We may use and disclose PHI without your written authorization for the following purposes:

- Treatment, payment and health care operations
- Inclusion in our facility directory unless you opt out
- To update a family member, other relative, a close personal friend or any other person identified by you when you are present, unless you opt out
- Public health, abuse reporting, and oversight activities
- Judicial and administrative proceedings
- Law enforcement, medical examiner
- Organ and tissue procurement
- Research with an approved waiver
- Health or safety
- Specialized government functions
- Worker's Compensation
- As required by law
- To coordinate your care across multiple providers
- To optimize treatment of chronic conditions
- To focus attention on wellness and prevention

In addition, federal and state law provides special privacy protections for certain highly confidential information.

For purposes other than the ones described above, we obtain your written authorization.

You have the following rights related to PHI:

- To submit complaints
- To request restrictions on use/disclosure
- To request alternative means of contact
- To revoke an authorization
- To inspect and copy your health information
- To request to amend your record
- To receive an accounting of disclosures

**MORE IN-DEPTH INFORMATION FOLLOWS**

## I. WHO WE ARE

Genesis Health System (GHS) its employed physicians, certain specialties and its affiliates operate as a single entity to improve health outcome and achieve increased efficiency in the delivery of health care.

## II. OUR PRIVACY OBLIGATIONS

We are required by law to maintain the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices concerning your PHI. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or the notice that was in effect at the time the PHI was used or disclosed).

## III. PERMISSIBLE USES AND DISCLOSURES WITHOUT YOUR WRITTEN AUTHORIZATION

**A. Uses and Disclosures For Treatment, Payment and Health Care Operations.** We may use and disclose your PHI, with exception of "Highly Confidential Information" described in Section IV below, in order to coordinate your health care treatment, to obtain payment for services provided to you and to conduct our "health care operations" as follows:

- *Treatment:* We will use and disclose your PHI to coordinate your care – for example, to diagnose and treat your injury or illness and to make follow up referrals. In addition, we may contact you by mail, telephone or email to provide appointment reminders or information about treatment alternatives or other health-related benefits and services to optimize the care you receive. We will also disclose your PHI to others who need it to provide you with medical treatment or services. For example, we will send your doctor the results of laboratory tests we perform. In some cases the sharing of your PHI with other healthcare providers may be done electronically, including through an electronic health information exchange.
- *Payment:* We will use and disclose your PHI to obtain payment for services that we provide to you. For example, we will give information about you to your insurance company so we may receive payment. We will not disclose more information for payment purposes than is necessary.
- *Health Care Operations:* We may use and disclose your PHI to perform health care operations activities, which include internal administration and planning activities that improve the quality, safety and cost effectiveness of the care that we deliver to you and activities that improve health outcomes. We may also provide your PHI to students who are authorized to receive training at a GHS facility. For example, we may disclose PHI to our Patient Relations representative in order to resolve any complaints you may have or to ensure that you have a comfortable visit with us. We may disclose your PHI, as necessary, to others who we contract with to provide administrative services. This includes our care coordinators and health coaches.

**B. Use or Disclosure for Directory.** We may list you in a GHS patient directory if you are admitted to a GHS hospital. Information in the directory may be disclosed to anyone who asks for you by name. The directory listing may include name, general health condition, location, and religious affiliation. Religious affiliation will only be disclosed to members of the clergy. You may object to inclusion in the directory or instruct us not to include specific information. Your

information will not be included in the hospital directory if you are in a specific ward, wing, or unit for a mental illness or developmental disability, HIV/AIDS or substance abuse.

**C. Disclosure to Relatives, Close Friends and Other Caregivers.** We may disclose your PHI to a member of your family or to someone else who is involved in your medical care or payment for care. We may notify family or friends if you are in the hospital, and tell them your general condition. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object and will attempt to get your agreement prior to the disclosure.

**D. Fundraising Communications.** We may contact you to request a tax-deductible contribution to support important activities of GHS and its affiliated foundations. The money raised will be used to expand and improve the services and programs we provide the community. In connection with any fundraising, we may disclose to our affiliated fundraising foundation(s), certain information about you (your name, address, phone number, e-mail address, age, date of birth, gender, health insurance status, dates of services, departments of service, treating physician information and outcome information). If you do not want to receive any fundraising requests, you may contact the Genesis Health Services Foundation at 563-421-6865. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services with GHS.

**E. Marketing.** GHS may provide you with marketing materials in a face-to-face encounter without obtaining your written authorization. In addition, we may communicate with you about products or services we provide relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without your Authorization. If you do not want to receive any marketing materials, you may contact Genesis Corporate Communications and Marketing at 563-421-9275. You are free to opt out of marketing solicitation, and your decision will have no impact on your treatment or payment for services with GHS.

**F. Public Health Activities.** We may disclose your PHI for public health activities, including: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws address work-related illnesses and injuries or workplace medical surveillance.

**G. Victims of Abuse, Neglect or Domestic Violence.** If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive such information.

**H. Health Oversight Activities.** We may disclose your PHI to a health oversight agency that oversees GHS and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare and Medicaid.

**I. Judicial and Administrative Proceedings.** We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

**J. Law Enforcement Officials.** We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

**K. Decedents.** We may disclose your PHI to a coroner, medical examiner or funeral director, as authorized by law.

**L. Organ and Tissue Procurement.** We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

**M. Research.** Medical research is vital to the advancement of medical science. Federal regulations permit use of PHI in medical research, either with your authorization or when the research study is reviewed and approved by an Institutional Review Board. In some situations, limited information may be used before approval of the research study to allow a researcher to determine whether enough patients exist to make a study scientifically valid.

**N. Health or Safety.** We may use or disclose your PHI if the disclosure is necessary to prevent or lessen a serious or imminent threat to public safety or to an individual.

**O. Specialized Government Functions.** We may use and disclose your PHI to units of the government with special functions, such as the U.S. Military or the U.S. Department of State under certain circumstances.

**P. Worker's Compensation.** We may disclose your PHI to the extent necessary to comply with state law relating to worker's compensation or other similar programs.

**Q. As Required by Law.** We may use and disclose your PHI if required by law.

**R. Business Associates.** We may disclose your PHI to third parties who perform services to us or on our behalf that require the use or disclosure of your PHI.

#### IV. USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

For any purpose other than those described above in Section III, we will only use or disclose your PHI with your written authorization. For example, you will need to execute an authorization before we will send your PHI to a life insurance company.

**A. Other Organizations Marketing/Sale of PHI.** Most uses and disclosures of PHI for marketing purposes will be made only with your written authorization. GHS cannot give or sell lists of patients to a third party for the purpose of the third party marketing its own products. Such a use would require an express written authorization from you.

**B. Uses and Disclosures of Your Highly Confidential Information.** Federal and state laws have special privacy protections for certain highly confidential information about you, which include: (1) psychotherapy notes; (2) mental health and development disabilities services; (3) alcohol and drug abuse prevention treatment and referral; (4) HIV/AIDS testing, diagnosis or treatment; (5) venereal disease(s); (6) child abuse and neglect; (7) domestic abuse of an adult with a disability; (8) sexual assault; or (9) genetic testing. We will obtain your written authorization in order to disclose highly confidential information. Each state may have different requirements regarding disclosure of such information, including mandatory reporting obligations, in some instances.

#### V. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

**A. For Further Information; Complaints.** If you desire further information about your privacy rights, are concerned that we have violated your privacy rights, or if you disagree with a decision that we made about access to your PHI, you may contact our Privacy Office. You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Secretary. We will not retaliate against you if you file a complaint with GHS or the U.S. Department of Health and Human Services.

**B. Right to Request Additional Restrictions.** You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend, or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general conditions. For any services for which you paid out-of-pocket in full, we will honor your request to not disclose information about those services to your health plan, provided that such disclosure is not necessary for your treatment. In all other circumstances, we are not required to agree to a requested restriction, but will consider them carefully. If you wish to request additional restrictions, please obtain a request form from our Genesis Privacy Office and submit the completed form to the Genesis Privacy Office. We will send you a written response.

**C. Right to Request Special Confidential Communications.** You have the right to ask us to communicate with you at a special address or by special means. We will accommodate reasonable written requests.

**D. Right to Revoke Your Authorization.** You may revoke your Authorization, your Marketing Authorization or any written Authorization obtained in connection with your Highly Confidential Information except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Genesis Privacy Office at the address below. If needed, you may obtain a sample form of a Written Revocation from the Genesis Privacy Office.

**E. Right to Inspect and Copy Your Health Information.** You may request access to inspect your medical record file and billing records maintained by us and request copies of the record. You also have the right to direct that we transmit a copy of such information directly to another person designated by you. Under limited circumstances, we may deny you access to a portion of your records and will provide the reason for this denial. If we maintain PHI about you in electronic format, you have the right to a copy of your PHI in the electronic form or format you request, so long as the PHI is readily producible in that form or format. If it is not readily producible in the form or format you request, we will provide it to you in a reasonable alternative format. If you wish to review your records, please obtain a record request form from the Genesis Privacy Office and submit the completed form to the Genesis Privacy Office. The Genesis Privacy Officer will make arrangements for you to inspect your medical record file. If you request copies, we have the right to charge a fee for copy costs.

**F. Right to Amend Your Records.** You have the right to request that we amend PHI maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Genesis Privacy Office and submit the completed form to the Genesis Privacy Office. We will comply with your request unless we believe that the information that would be amended is already accurate and complete or other special circumstances apply.

**G. Right to Receive an Accounting of Disclosures.** Upon request, you may obtain an accounting of a disclosures of your PHI made by Genesis Health System during any period of time prior to the date of your request provided such period does not exceed six (6) years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, we may impose a fee for this service.

The following disclosures are not required to be included in the accounting of disclosure treatment, payment, health care operations, information in a patient directory, national security purposes, correctional or law enforcement personnel, or any that you have authorized, or made directly to you.

**H. Rights to Receive Paper Copy of This Notice.** You have a right to receive a paper copy of this Notice. If you have received this notice electronically, you may receive a paper copy by contacting the Genesis Privacy Office.

**I. Right to Receive Notice of a Security Breach.** We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email) of any breach of your unsecured PHI as soon as possible, but no later than sixty (60) days after we discover the breach. "Unsecured PHI" is PHI that has not been made unusable, unreadable, and indecipherable to unauthorized users. The notice will give you the following information:

- a. A short description of what happened, the date of the breach and the date it was discovered;
- b. The steps you should take to protect yourself from potential harm from the breach;
- c. The steps we are taking to investigate the breach, mitigate losses, and protect against further breaches; and
- d. Contact information where you can ask questions and get additional information.

## VI. EFFECTIVE DATE AND DURATION OF THIS NOTICE

**A. Effective Date.** This notice is effective on April 14, 2003. Amended on October 1, 2012 and September 23, 2013.

**B. Right to Change Terms of This Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to changing the new notice. If we change this Notice, we will post the new notice in waiting areas of Genesis Health System and on our internet site at [www.genesishealth.com](http://www.genesishealth.com). You also may obtain any new notice by contacting the Genesis Privacy Office.

### GENESIS PRIVACY OFFICE

You may contact the Genesis Privacy Office at:

Genesis Health System Privacy Office  
1227 East Rusholme  
Davenport, Iowa 52803

Telephone Number (563) 421-7262