



I O W A • H E A R T • C E N T E R , P . C .

Notice of Privacy Practices

Effective April 14, 2003

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Iowa Heart Center staff or HIPAA Privacy Officer. Contact information available on page 7 of this document.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment and will use and disclose your protected health information for treatment, payment and health care operations when necessary.

WHO WILL FOLLOW THIS NOTICE

This notice describes the Iowa Heart Center, P.C. (IHC) practices regarding your protected health information. For this notice, the IHC includes all of our office locations, and the outreach clinics, which we serve across the state of Iowa. A complete list of office and outreach clinic addresses is available upon request. This notice is limited to the activities of the Iowa Heart Center physicians, staff and business associates acting on our behalf and within the confines of written contractual agreements.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

“Protected health information” is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address; and relates to your past, present or future physical or mental health or condition, and related health care services. The Iowa Heart Center is required by law to do the following:

- Take reasonable steps to assure that your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

The Iowa Heart Center reserves the right to change this notice. The effective date of this Notice is stated on the first page of this document. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by accessing our website, www.iowaheart.com; or contacting one of our offices and requesting a copy be mailed to you or by asking for a copy at your next appointment.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The Iowa Heart Center is permitted to make uses and disclosures of protected health information for treatment, payment and health care operations, as described in the following examples. These examples are not exhaustive.

Required Uses and Disclosure:

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we will communicate with your primary care physician in a letter and/or by oral communication, a summary of your office visit findings and recommendations for treatment given. We may disclose your protected health information from time-to-time to another IHC office, physician or health care provider, such as another specialist, pharmacist or laboratory, who at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Payment

Information regarding the medical care provided to you will be submitted to your insurance company for payment. This information will include a description of the services provided, as well as the medical indications for the treatment. In addition, we may disclose your protected health information to your insurance carrier to obtain pre-approval or authorization prior to treatment as required by your health plan, verification of insurance eligibility and coverage or information to support billing for the services delivered. Your insurance carrier may review your records for utilization review and quality assurance audits. In some instances, your insurance carrier may request additional information or copies of your medical records related to the service performed prior to making payment. Copies of your medical record, or a summary of your care may be provided to insure proper payment for services provided. Only the minimum necessary information needed to assure payment will be disclosed for this purpose.

Health Care Operations

We may use or disclose, as needed, your protected health information to support the daily activities related to health care. The activities include but are not limited to quality assessment activities, compliance activities, investigations, oversight or staff performance reviews, training of students - medical/ pharmacy/ MA/ nursing students, licensing, communications about a product or services, and conducting or arranging for other health care related activities.

In the course of providing care, other operational disclosures will be made. We will call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We may contact you with results of testing performed through our offices. We may disclose information to your pharmacy in the act of filling prescriptions and assuring medication safety to include drug interaction reviews.

We will share your protected health information with third-party “ business associates” who perform various activities, (for example, billing, transcription services, legal, accounting) for the Iowa Heart Center. The business associates will also be required to protect your health information in accordance with HIPAA regulations as defined by their contracts with us.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and service that might interest you. For example, your name and address may be used to send you a newsletter about our service we offer. We may also send you information about products or service that we believe might benefit you.

Individuals Involved in Your Health Care

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. In addition, if you have a chronic mental illness, we may provide certain information regarding your

condition to family members following the disclosure requirement under Iowa law. If you are able to make your own healthcare decisions, we will ask your permission before using your medical information for these purposes. If you are unable to make health care decisions, we will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation. We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosure to family or other individuals involved in your health care.

Required by Law

The Iowa Heart Center is permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization based on specific state and federal laws. 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 must be only to someone able to help prevent the threat or target of the threat.

Public Health

We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to the following:

- Prevent or control disease, injury, or disability
- Report births and deaths
- Report suspected child or elder abuse or neglect
- Report reactions to medication or problem with products
- Notification of product recalls
- Reporting information related to sexually transmitted diseases or infection to the Department of Health as required by Iowa law
- Information shared by an HIV-positive individual regarding any person with who they have had sexual relations or has shared drug-injecting equipment. We may also reveal the identity of a person who has tested positive for HIV to the extent necessary to protect a third party from the direct threat of transmission. In the event a person who tests positive for HIV is charged or convicted of sexual assault, we are required under Iowa law to disclose the test.
- If healthcare workers are exposed to potential contagious diseases, such as hepatitis or HIV, testing will be performed on both patient and employee. Identification of positive findings will be reported to the Department of Health as required by Iowa law. The employee will be notified if the patient tests positive to assure appropriate follow up and treatment. The patient will be notified if they test positive. All communications will remain confidential and only those responsible for reporting and staff/patient notification will have access to the confidential information.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- We may notify the Department of Transportation of information about patients with physical or mental impairments that would interfere with their ability to safely operate a motor vehicle.

Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, product defects, or problems and biologic product deviations
- Track products
- Enable product recalls
- Make repairs or replacement.
- Conduct post-marketing surveillance as required.

Legal Proceedings

If you are involved in a lawsuit, dispute or other judicial proceeding, we will disclose medical information about you only in response to a valid court order, administrative order, subpoena of a substitute medical decision-making board, or a grand jury subpoena, or with your written consent. We may disclose information in the context of civil litigation where you have put your condition at issue in the litigation.

Law Enforcement

We may disclose protected health information for law enforcement purposes in response to a valid court order, grand jury subpoena, or warrant, or with your written consent. We are required to report certain types of wounds, such as gunshot or stab wounds. We will not disclose information regarding substance abuse to any law enforcement officer or law enforcement agency unless you have authorized the disclosure. We may disclose information relevant to a determination of whether a person is or continues to be a sexually violent predator to law enforcement agencies or the attorney general. We may also release information to law enforcement for the following reasons:

- Information request for identification and location of expected fugitive, material witness, or missing person.
- Circumstances pertaining to victims of a crime
- Deaths suspected from criminal conduct
- Crimes occurring at Iowa Heart Center site
- Medical emergencies (not occurring on the Iowa Heart Center premises) believed to result from criminal conduct.

Coroners, Funeral Directors, and Organ Donations

We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donations.

Research

We may disclose your protected health information to researchers when authorized by law, for example, if their research has been approved by an Institutional Review Board or Privacy Board, that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity

Under applicable Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Worker's Compensation

We may disclose your protected health information to comply with worker's compensation laws and other similar legally established programs. Iowa law allows release of all information concerning an employee's physical or mental condition relative to the claim to any party making or defending a claim for benefits.

Inmates

We may use or disclose your protected health information if you are an inmate of a correctional facility and the Iowa Heart Center created or received your protected health information while providing care to you. This disclosure would be necessary for the institution to provide you with health care, for your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Military and Veterans

If you are a member of the armed forces, we will release medical information about you as requested by military command authorities if we are required to do so by law, or when we have your written consent. We may also release medical information about foreign military personnel to the appropriate foreign military authorize as required by law or with written consent.

National Security and Protective Services for the President and Others.

We will release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other nation security activities only as required by law or with your written consent. We will disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations only as required by law or with your written consent.

YOUR RIGHT REGARDING YOUR HEALTH INFORMATION

You may exercise the following right by submitting a written request to the Iowa Heart Center Privacy Officer. Depending on your request, you may also have rights under the Privacy Act of 1974. The Iowa Heart Center Privacy Office can guide you in pursuing these options. Please be aware that the Iowa Heart Center might deny your requests; however, you may seek a review of the denial.

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a “designated record set” for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that the Iowa Heart Center uses for making decisions about you.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Iowa Heart Center reserves the right to monitor inspection of the records and to perform the copying of any records. These activities will be scheduled within a reasonable time from the request.

Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to the Iowa Heart Center Privacy Officer how you wish the restrictions instituted. In your request, you must tell us (1) what information you want to restrict; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosure to your spouse; and (4) an expiration date.

If the Iowa Heart Center believes that the restriction is not in the best interest of either party, or the Iowa Heart Center cannot reasonably accommodate the request, the Iowa Heart Center is not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate all reasonable requests, when possible.

Right to Request Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept request for amendment, we are not required to agree to the amendment. You will be notified in writing of any decisions not to amend the requested records.

Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosure we have made of your protected health information. This right applies to disclosure made for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003 and no more than

6 years from the date of request. This right excludes disclosure made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

Right to Obtain a Copy of this Notice

You may obtain a paper copy of this notice from any Iowa Heart Center office, or view it electronically on the Iowa Heart Center web site at www.iowaheart.com.

FEDERAL PRIVACY LAWS

This Iowa Heart Center Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). The State of Iowa also has established laws, which govern the privacy of medical information. Whichever regulation is more stringent, must be followed.

COMPLAINTS

If you believe these privacy rights have been violated, you may file a written complaint with your the Iowa Heart Center Privacy Officer, or the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

CONTACT INFORMATION

You may contact your Iowa Heart Center Privacy Officer for further information about the complaint process, or for further explanation of this document. The Iowa Heart Center Privacy Office may be contacted at:

Iowa Heart Center
Attn: HIPAA Privacy Office
411 Laurel, Suite 1250,
Des Moines, Iowa 50309
515-288-8573

This notice is effective in its entirety as of April 14, 2003