



# Wheaton Franciscan Healthcare

## Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES (“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. We are required by law to keep your health information private and provide you with a copy of this Notice. We are also required by law to follow the terms of this Notice as long as it is in effect. If you have any questions about this Notice, please contact our Wheaton Franciscan Healthcare-Iowa Privacy Officer at (319) 272-7843, 3421 West Ninth Street, Waterloo, IA 50702.

### Who will follow this notice?

Wheaton Franciscan Healthcare-Iowa (“WFH”), including all owned, operated and managed entities that provide health care to our patients, residents, and clients in partnership with physicians and other professionals and organizations in Iowa. The privacy practices summarized in this Notice will be followed by:

1. Treating health care professionals and others who enter information into the health record we maintain about you.
2. Our employees, physicians, allied health professionals, students, and volunteers at any of our organizations.
3. Our departments, clinics and units, including each of our inpatient and outpatient facilities, skilled nursing facilities, home health and hospice care, physician office and laboratory services.
4. Members of our organized health care arrangement with whom we share health information.
5. Any business associate with whom we share health information.

This Notice applies to all of the records relating to your care maintained by WFH, regardless of whether such records are generated or received and/or whether they were created by WFH staff or your own doctor. However, please note that your doctor may have separate policies and/or notices about the use and disclosure of health information that is maintained in his or her private medical office.

### How We May Use and Disclose Health Information about You

1. We may use and disclose health information about you to:
  - a. Provide you with medical treatment or services (such as sharing information with a consulting physician who has been asked to examine your health information). We also may share health information about you with people outside our organization who may be involved with your medical care after you leave the organization. These people include family members, unless you object, home health agencies, nursing homes, or others we use to help provide services that are part of your ongoing care;
  - b. Bill and collect payment from you, an insurance company or a third party. For example, we may need to give health plan information about a procedure performed on you so that they will pay us, or reimburse you, for the cost of the procedure. We also may share health information with our business associates who assist us with billing and collections. Our business associates include billing companies, claims processing and pre-certification companies, collection agencies, clearinghouses and others that process our health care claims.
  - c. Assist us with our health care operations. For example, we may use health information about you to review our treatment and services and/or to evaluate the performance of our staff. We may also share health information with our business associate that assist us with health care operations and perform other administrative activities on our behalf.
2. We may contact you to remind you that you have an appointment, to follow up on health care services that were provided to you, to tell you about treatment alternatives or to tell you about other health related benefits and services that may be of interest to you.
3. We may contact you as part of our fundraising efforts. You have the right to request that we no longer send you fundraising materials. Our fundraising materials will indicate how you should let us know that you no longer want to receive them.
4. Unless you object, we will make the general information maintained in our patient directory available to people who ask for you by name. This general information includes your name and location in the facility. Also, unless you object, this general information, including religious affiliation, also will be made available to clergy (such as a priest or rabbi) visiting the facility, even if they do not ask for you by name.
5. We may share health information about you with family members or friends whom you indicate are involved in your medical care. In certain disasters and related emergency situations, we share health information about you with disaster relief organizations (such as the Red Cross, etc.) so that your family can be notified about your condition, status and location.
6. In certain situations, we may use and share health information about you for research purposes. However, all research projects are subject to a special review and approval process designed, among other things, to ensure the privacy of your health information. We may disclose health information about you to people preparing to conduct research (for example, to help them look for patients with specific medical needs).
7. We may use or disclose health information about you without your permission only as allowed by law. Examples of situations where we may be required to release health information about you include: emergencies, public health, health or safety threats, reporting abuse

or neglect, health oversight and audit activities, national security, coroners, medical examiners, funeral directors, organ/tissue donation, and workers' compensation. We also may be required by law to provide health information about you in response to requests from law enforcement officials in limited circumstances, correctional institutions, or as part of legal proceedings in response to valid judicial or administrative orders and/or other valid legal authority.

8. We may make your health information available electronically through an electronic health information exchange to other health care providers and health plans that request your information for reasons discussed above. Participation in an electronic health exchange also lets us see other provider and health care plans' information about you to provide you with the best care possible. We may also share information with immunization registries maintained in your state.

### **Other Uses of Health Information**

Uses or disclosures of your health information that are not covered by this Notice or the law will be made only with your written permission. This includes those uses for marketing purposes other than materials sent to you about health care services or other treatment options. We will also get your authorization if we wish to sell any of your identifiable health information. In most cases, we will request an authorization if we need to share any of your psychotherapy notes. If you permit us to use or share health information about you, you may take back that permission, in writing, at any time. If you take back your permission, we will no longer use or share the health information you specified for the reasons you noted in writing. You understand that when you take back your permission we are unable to retrieve any information we may have already shared with your permission. We also are required to maintain original records of the care that we provide to you.

### **Your Rights Regarding Health Information About Your**

1. You have the right to see and receive a copy of health information about you contained in our designated record set. To do so, you must submit your request in writing to the Health Information Management Department, at the facility where you were treated. You may request a paper or electronic copy of the information. If you request a copy, it must be requested in advance and you may be charged a fee for the cost of producing the copy. In certain situations, we may deny your request. If we deny your request, we will tell you, in writing, why your request was denied and explain your right to have the denial reviewed.
2. If you feel that our record of your health information is incorrect or incomplete, you have the right to request to amend the information. You may do this by sending your request in writing to the Health Information Management Department, at the facility where you were treated including your reason for the request. We may deny your request if the information was not created by us, is not part of the health information maintained by us, or if it is determined that the health information is correct. You may appeal our decision by sending a written request to us.
3. You have the right to request a list of all of our disclosures of your health information, except for information disclosed for treatment, payment or health care operations, or for those disclosures you specially authorized and for certain other activities. To request this list, you must send your request in writing to the Health Information Management Department, at the facility where you were treated. Your request must tell us a specific time period during the last six years. The first disclosure list you request in any 12-month period is free. We may charge a fee for additional lists.
4. You have the right to ask that we limit how we use and disclose health information about you. You may do so by submitting a request in writing to the Health Information Management Department, at the facility where you were treated, telling us how and what information to limit. We will consider your request but are not legally required to accept it unless you have fully paid out of pocket for a service/item and you are asking us not to share information about that service/item with your health plan. If we do agree, we will follow your request unless the information is needed to provide you with emergency treatment.
5. You have the right to ask us to send information to you at a different address (for example, sending information to your work address instead of your home address) or in a different way (for example, in an unmarked envelope instead of our regular mailing envelope). You may do so by sending a request in writing to the Health Information Management Department, at the facility where you were treated. We have the right to decide whether the request is reasonable. We do not have to comply with an unreasonable request.
6. You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time or you may print a copy from our Web site at [www.WheatonIowa.org](http://www.WheatonIowa.org).
7. You have the right to be notified if your health information is used or disclosed contrary to this notice in a way that compromises the security or privacy of our health information.

### **Complaints**

If you feel that your privacy rights have been violated, you may file a complaint by calling our CARELINE at (319) 272-4277. You also may file a complaint with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

### **Changes to this Notice**

We reserve the right to change this Notice and our privacy policies at any time. Before we make an important change to our policies, we will promptly revise this Notice and post a new Notice within our facilities and on our Web site. Any changes will apply to the health information we have on file and health information we create or receive after the effective date of the new Notice. You may request a copy off the current Notice from the contact person listed above or by looking at the Notice on our Web site at [www.WheatonIowa.org](http://www.WheatonIowa.org). The effective date of this notice is July 1, 2013.