



## NOTICE OF PRIVACY PRACTICES of BURGESS HEALTH CENTER

**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.**

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your medical information. Medical information includes medical, insurance and medical payment information, such as your diagnosis, medications or medical payment history, which identifies you.

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### WHO WILL FOLLOW THIS NOTICE

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**BURGESS HEALTH CENTER.** This Notice describes the privacy practices of Burgess Health Center (the “Health center”) and all of its programs and departments, including its rural health clinics.

**ORGANIZED HEALTHCARE ARRANGEMENT.** This notice also describes the privacy practices of an “organized health care arrangement” or “OHCA” between the health center, eligible providers on its medical staff, Burgess Home Health/Hospice, Burgess Family Clinics, Dunlap Family Pharmacy and Whiting Family Pharmacy. Because the health center is a clinically integrated care setting, our patients receive care from health center staff, from independent practitioners on the medical staff and other Burgess entities. The health center, its medical staff and other Burgess entities must be able to share your medical information freely for treatment, payment and health care operations as described in this notice. Because of this, the health center, all eligible providers on the health center's medical staff, and Burgess entities have entered into the OHCA under which the health center and the eligible providers will:

- Use this notice as a joint notice of privacy practices for all inpatient and outpatient visits and follow all information practices described in this notice;
- Obtain a signed acknowledgment of receipt; and
- Share medical information from inpatient and outpatient health center visits with eligible providers so that they can help the hospital with its health care operations.

**The OHCA does not cover the information practices of practitioners in their private offices or at other practice locations.**

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### USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

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The following are the types of uses and disclosures we may make of your medical information without your permission. Medical information includes medical, insurance and medical payment information, such as your

diagnosis, medications or medical payment history, which identifies you. Where State or Federal law restricts one of the described uses or disclosures, we follow the requirements of such State or Federal law. These are general descriptions only. They do not cover every example of disclosure within a category.

**Treatment:** We will use and disclose your medical information for treatment. For example, we will share medical information about you with our nurses, your physicians and others who are involved in your care at the health center. We will also disclose your medical information to your physician and other practitioners, providers and health care facilities for their use in treating you in the future. For example, if you are transferred to a nursing facility, we will send medical information about you to the nursing facility.

**Payment:** We will use and disclose your medical information for payment purposes. For example, we will use your medical information to prepare your bill and we will send medical information to your insurance company with your bill. We may also disclose medical information about you to other medical care providers, medical plans and health care clearinghouses for their payment purposes. For example, if you are brought in by ambulance, the information collected will be given to the ambulance provider for its billing purposes. If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes. You can also request a non-disclosure to insurance by paying your bill in full at the time of service.

**Health Care Operations:** We may use or disclose your medical information for our health care operations. For example, medical staff members may review your medical information to evaluate the treatment and services provided, and the performance of our staff in caring for you. In some cases, we will furnish other qualified parties with your medical information for their health care operations. The ambulance company, for example, may also want information on your condition to help them know whether they have done an effective job of providing care. If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for their operations.

**Business Associates:** We will disclose your medical information to our business associates and allow them to create, use and disclose your medical information to perform their job. These include but are not limited to: auditing, accreditation, legal services, and consulting services. For example, we may disclose your medical information to an outside billing company who assists us in billing insurance companies. These outside companies are called business associates and they contract with us to keep any PHI received from us confidential in the same way we do. These companies may create or receive PHI on our behalf.

**Appointment Reminders:** We may contact you as a reminder that you have an appointment for treatment or medical services.

**Treatment Alternatives:** We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fundraising:** We may contact you as part of a fundraising effort. We may also disclose certain elements of your medical information, such as your name, address, phone number and dates you received treatment or services and the department from which you received service to a business associate or a foundation related to the health center so that they may contact you to raise money for the health center. If you do not want Burgess or its affiliates to contact you for fundraising and you wish to opt out of these contacts, or if after opting out you wish to opt back in, you must call 712-423-9454 and leave a message or email [burgess@burgesshc.org](mailto:burgess@burgesshc.org) and put "opt out" in the subject line and your name, address and phone number in the message.

**Health Center Directory:** We may include your name, location in the facility, general condition and religious affiliation in a facility directory. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We will not include your information in the facility directory if you object or if State or Federal law prohibits us.

**Family and Friends:** We may disclose your location or general condition to a family member or your personal representative. If any of these individuals or others you identify are involved in your care, we may also disclose such information as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf. For example, we may allow a family member to pick up your prescriptions, medical supplies or X-rays. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or individual responsible for your care may be notified of your location and condition. We may disclose PHI to a family member, relative, or another person who was involved in the health care or payment for health care of a deceased individual if not inconsistent with the prior expressed preferences of the individual that are known to Burgess Health Center. You also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care.

**Required by Law:** We will use and disclose your information as required by Federal, State or local law

**Public Health Activities:** We may disclose medical information about you for public health activities. These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability;
- To appropriate authorities authorized to receive reports of child abuse and neglect;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products; or
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Abuse, Neglect or Domestic Violence:** We may notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. Unless law requires such disclosure, we will only make this disclosure if you agree.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Judicial and Administrative Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

**Law Enforcement:** We may release certain medical information if asked to do so by a law enforcement official:

- As required by law, including reporting wounds and physical injuries;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime if we obtain the individual's agreement or, under certain limited circumstances, if we are unable to obtain the individual's agreement;
- To alert authorities of a death we believe may be the result of criminal conduct;
- Information we believe is evidence of criminal conduct occurring on our premises; and

- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Deceased Individuals:** We may release medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties. We may disclose PHI to a family member, relative or another person who was involved in the health care or payment for health care of a deceased individual if not inconsistent with the prior expressed preferences of the individual that are known to Burgess Health Center.

**Organ, Eye or Tissue Donation:** We may release medical information to organ, eye or tissue procurement, transplantation or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.

**Research:** Under certain circumstances, we may use or disclose your medical information for research, subject to certain safeguards. For example, we may disclose information to researchers when their research has been approved by a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your medical information. We may disclose medical information about you to people preparing to conduct a research project, but the information will stay on site.

**Threats to Health or Safety:** Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

**Specialized Government Functions:** We may use and disclose your medical information for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, its agents or the law enforcement official your medical information necessary for your health and the health and safety of other individuals.

**Workers' Compensation:** We may release medical information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Incidental Uses and Disclosures:** There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

**Employer Sponsored Health and Wellness Services:** We maintain PHI about employer sponsored health and wellness services we provide our patients, including services provided at their employment site. We will use the PHI to provide you medical treatment or services and will disclose the information about you to others who provide you medical care.

**Other Uses and Disclosures:** Other uses and disclosures of your medical information not covered above will be made only with your written permission. Most uses and disclosure of psychotherapy notes, uses and disclosure of PHI for marketing purposes and disclosures that constitute the sale of PHI require your written authorization. If you authorize us to use and disclose your information, you may revoke that authorization at any time. Such revocation will not affect any action we have taken in reliance on your authorization.

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## INDIVIDUAL RIGHTS

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**Request for Voluntary Restrictions:** You have the right to request a restriction on how we use and disclose your medical information for treatment, payment and health care operations, or to certain family members or friends identified by you who are involved in your care or the payment for your care. We are not required to agree to your request, and will notify you if we are unable to agree. If we agree to the restriction, we will comply with your request unless the information is needed to provide you emergency treatment. Burgess Health Center will agree to restrict disclosures of PHI about an individual to a health plan if the purpose of the disclosure is to carry out payment or health care operations and the PHI pertains solely to a service for which the individual or a person other than the health plan has paid Burgess Health Center for in full. A request for such a restriction should be made in writing. For example if a patient pays for a service completely out of pocket and asks Burgess not to tell his/her insurance company about it, we will abide by this request. To request this restriction you must contact Health Information Department. We reserve the right to terminate any previously agreed to restrictions (other than a restriction we are required to agree to by law). We will inform you of the terminations of the agreed to restriction and such termination will only be effective with respect to PHI created after we inform you of the termination.

**Access to Medical Information:** You may request to inspect and copy much of the medical information we maintain about you, with some exceptions. If you request copies, we may charge you a copying fee plus postage. If we agree to prepare a summary of your medical information, we will charge a fee to prepare the summary. You also have a right to obtain an electronic copy of EHR (Electronic Health Record). You may direct the provider to send directly to another person/entity.

**Right to Inspect and Copy:** You have the right to inspect and receive a copy of PHI about you that may be used to make decisions about your health. A request to inspect your records may be made to your nurse or doctor while you are an inpatient or to the Health Information Department while an outpatient. Requests for copies of your PHI must go to the HIM Department. For PHI in a designated record set that is maintained in an electronic format you can request an electronic copy of such information. There may be a charge for these copies.

**Amendment:** You may request that we amend certain medical information that we keep in your records. We are not required to make all requested amendments, but will give each request careful consideration. Request for amending the PHI should be made to the Health Information Department (HIM). If we deny your request we will provide you with a written explanation of the reasons and your rights. You may respond with a statement of disagreement to be appended to the information you wanted to amend. We will make reasonable efforts if we accept your request to amend to inform others including the people you name on the amendment, and to include the changes in any future disclosures of that information.

**Accounting:** You have the right to receive an accounting of certain disclosures of your medical information made by us or our business associates. You may receive a report of who accessed your electronic protected health information during the three-year period prior to the date of your request. The first accounting in any 12-month period is free; you may be charged a fee for each subsequent accounting you request within the same 12-month period.

**Breach notification:** You have the right to be notified in the event that we, or one of our business associates, discover a breach of unsecured protected health information involving your medical information.

**Confidential Communications.** You may request that we communicate with you about your medical information in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location.

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## ABOUT THIS NOTICE

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**A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. You may obtain a copy of this notice on our website at [www.burgesshc.org](http://www.burgesshc.org).

**Changes To This Notice:** We reserve the right to change this notice, and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be available at the health center and other Burgess entities and include the effective date. An updated version of the notice is available on the Burgess web site at [www.burgesshc.org](http://www.burgesshc.org).

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## COMPLAINTS

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If you believe your privacy rights have been violated, you may file a complaint with Burgess Health Center by contacting the main number 712-423-2311 and asking for the Burgess Health Center Privacy Officer, or you may contact the Secretary of the Department of Health and Human Services. To file a complaint with the health center, contact the Privacy Officer. **All complaints must be submitted in writing.** You will not be penalized for filing a complaint.

**Sleep Study Clients** may contact the Accreditation Commission for Healthcare (ACHC) at their toll free number 1-855-937-2242 to report any issues/complaints/grievances relating to their sleep study.

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## NON-DISCRIMINATION & LANGUAGE ASSISTANCE

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Burgess Health Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-237-0173 (TTY: Relay Iowa 1-800-735-2943).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-237-0173（TTY：Relay Iowa 1-800-735-2943）。

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## CONTACT INFORMATION

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**BURGESS HEALTH CENTER PRIVACY OFFICER**  
DIRECTOR RISK MGT/ACCREDITATION SERVICES  
1600 Diamond Street  
Onawa, IA 51040  
Phone: 712-423-9248

**EFFECTIVE DATE OF NOTICE:** October 23, 2017  
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