

**North Iowa Community Action Organization**  
**Notice of Privacy Practices**

**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

This Notice of Privacy Practices is effective as of September 23, 2013. If you have any questions about this notice, please contact North Iowa Community Action Organization's Privacy Officer at phone number: (641) 423-5044 or in writing to PO Box 1627, Mason City, IA, 50402.

North Iowa Community Action Organization (NICA) is required to give you this Notice of Privacy Practices ("Notice") to comply with the regulations (the "Privacy Rule") established under federal laws (the Health Insurance Portability and Accountability Act, or "HIPAA" and Health Information Technology for Economic and Clinical Health Act or "HITECH Act"). NICA is committed to protecting your medical information, including health information protected by HIPAA and other federal and state laws and using that information appropriately.

This Notice is intended to describe your rights, and to inform you about the ways in which NICA may use and disclose your protected health information and the obligations NICA has when using and disclosing your protected health information.

NICA is required to abide by the terms of this Notice. NICA may change the terms of our Notice, at any time. The new Notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice by calling the office and requesting that a revised copy be sent to you in the mail or by asking for one at your next appointment.

"Protected Health Information" is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health condition, payments and related health care services.

## **I. How We Use and Disclose Your Protected Health Information**

1. The Privacy Rule allows NICA to use or disclose protected health information about you for purposes of treatment, payment and health care operations. Any uses or disclosures for payment or health care operations must be limited to the minimum necessary to accomplish the purpose of the use or disclosure.

NICA may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure, our staff may use their professional judgment to determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

2. **Non-Enumerated Use.** Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing except to the extent that our staff has taken action in reliance on the use or disclosure.

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**A. Treatment.** NICA O may use and disclose protected health information to provide you with medical treatment or services, to coordinate or manage your health care and any related services.

For example we may disclose protected health information contained in your medical records to a physician, nurses, or other NICA O personnel who are involved in taking care of you. Different departments of NICA O also may share your medical records in order to coordinate your treatment and care, such as prescriptions and lab work, nursing staff sharing your personal health information between NICA O programs, such as Women, Infant, and Children (WIC) and Head Start, and personal health information shared between programs; such as Maternal Health and Family Planning.

**B. Payment.** NICA O may use and disclose your medical records to send bills and collect payment from you, your insurance company or other third parties, for the treatment and other services you may receive from NICA O. For example, we may disclose protected health information to Medicaid if you are covered under that health plan.

**C. Health Care Operations.** NICA O may use or disclose protected health information about you for NICA O health care operations. These uses and disclosures are necessary to provide quality care in order to support the business activities of this office. This includes activities such as quality assessment, business planning, requests for donations, and licensing.

**D. Others Involved in Your Healthcare.** Unless you object, NICA O 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 use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**E. Research.** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that had reviewed the research proposal and established protocol to ensure the privacy of your protected health information.

**F. Business Associates.** NICA O may share your information with third party business associates that perform various activities such as billing and collections. Whenever an arrangement between our office and a business associate involves the use or disclosure of protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

**G. Sale of PHI.** The sale of PHI is prohibited without individual authorization (with limited exceptions). A "sale" of PHI includes any disclosure of PHI in exchange for remuneration, even if the ownership of the PHI remains with the "seller".

**H. Use of PHI in Marketing.** The use of PHI is prohibited without an authorization for certain types of communications newly deemed to constitute "marketing" under the Final Rule; if payment is received from a third party whose product or service is promoted in the communication (with narrow exceptions such as for refill reminders where the payment is limited to the cost of making the communication).

**I. Use of PHI in Fundraising.** The use of PHI is prohibited without an authorization for fundraising communications; unless each communication provides a means for the recipient to opt out of receiving any further such communications and the opt-out mechanism entails no more than "nominal cost" for the recipient.

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**J. Psychotherapy Notes.** A signed authorization or court order is required for any use or disclosure of psychotherapy notes except to carry out certain treatment, payment or health care operations and for use by NICAIO for treatment, for training programs or for defense in a legal action.

**Required Uses and Disclosures.** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

**2. Uses and Disclosures of Protected Health Information/Health Care Records without Your Authorization.** The Privacy Rule allows NICAIO to use and disclose your protected health information and patient health care records without your authorization or informed consent for a number of special functions and activities as described below indicated in the authorization.

**A. Required By Law.** NICAIO may use or disclose your protected health information when required to do so by federal, state, or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**B. Public Health Risks.** NICAIO is permitted to disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

**C. Victims of Abuse, Neglect, or Domestic Violence.** NICAIO may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been the victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

**D. Health Oversight.** NICAIO may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

**E. Legal Proceedings.** NICAIO may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of court or administrative tribunal, in certain conditions in response to a subpoena, discovery request or other lawful process.

**F. Law Enforcement.** NICAIO may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

**G. Criminal Activity.** Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person of the public. We may also disclose protected health information if it is necessary for law enforcement activities to identify or apprehend an individual.

**H. Military Activity and National Security.** When appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel.

**I. Emergencies.** NICAIO may use or disclose your protected health information in an emergency treatment situation.

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**J. Communicable Diseases.** NICA O may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**K. Coroners, Funeral Directors, and Organ Donations.** NICA O may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. NICA O may disclose information in anticipation of death for organ donation purposes.

**L. Worker's Compensation.** NICA O may disclose your protected health information as authorized to comply with worker's compensation laws and other similar legally established programs.

## **II. HITECH**

Effective September 23, 2009, NICA O will notify affected individuals, the Department of Health and Human Services and the media, as applicable, of any Breach of unsecured protected health information or "PHI" that compromises the security or privacy of the PHI. All suspected Breaches will be investigated and all necessary notifications will be sent, in accordance with company policy.

"Breach" means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information.

## **III. Your Rights Regarding Your Protected Health Information**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**1. You have the right to access, inspect and copy your protected health information.** You have the right to access, inspect and obtain a copy of your protected health information that is used to make decisions about your care for as long as the protected health information is maintained by NICA O. To access, inspect and copy your protected health information that may be used to make decisions about you, you must submit your request in writing to North Iowa Community Action Organization's Privacy Officer at PO Box 1627, Mason City, IA, 50402. If you request a copy of the information, we may charge a fee for the costs of preparing, copying, mailing or other supplies associated with your request. We may deny, in whole or in part, your request to access, inspect and copy your protected health information under certain limited circumstances. If we deny your request, we will provide you with a written explanation of the reason for the denial. You may have the right to have this denial reviewed by an independent health care professional designated by us to act as a reviewing official. This individual will not have participated in the original decision to deny your request.

**2. You have the right to request a restriction of your protected health information.** This means that you may ask NICA O not to use or disclose any part of your protected health information for the purpose of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care for notification purposes as described in this Notice of Privacy practices.

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**NICAO is not required to agree to your request.** If NICA O does agree to comply with the request, your request to restrict must be in writing to NICA O and include what information you want to limit; whether you want to limit its use, disclosure or both; and to whom you want the limits to apply.

**3. You have the right to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make your request in writing.

**4. You have the right to have our staff amend your protected health information.** You may request an amendment of your protected health information in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment in whole or in part, we will provide you with a written denial within 60 days after receipt of your request. You have a right to file a statement of disagreement in writing with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer with questions regarding the amendment of your information.

**5. You have the right to restrict certain disclosures based on out-of-pocket payments.** You have the right to restrict certain disclosures of PHI in your health plan if you have paid out-of-pocket in full for the health care item or service.

**6. You have the right to receive an accounting of certain disclosures we have made of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operation as described in this Notice of Privacy practices. It excludes disclosures we made to you, your family members or friends, or for notification purposes. You have the right to receive specific information regarding disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain exceptions, restrictions and limitations. We will normally provide this within 60 days but we may have to take up to 30 more days in some situations.

**7. Right to Complain.** You may complain to us and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated by us. You may file a complaint with us by notifying the privacy officer of your complaint. We will not retaliate against you for filing a complaint.

**If you have any questions about this Notice, please contact our Privacy Officer at phone number: (641) 423-5044.**

**8. You have the right to obtain an electronic or paper copy of this notice from us.** Direct your request to the North Iowa Community Action Organization's Privacy Officer at PO Box 1627, Mason City, IA, 50402 or phone number: (641) 423-5044.

**9. Right to Breach Notification.** You have the right to receive written notification when a Breach of protected health information has occurred. You shall receive notification no later than 60 days after the breach has been discovered.

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**IV. Amendments to This Notice**

NICAO reserves the right to amend this Notice at any time. In addition, NICAO is required to amend this Notice as made necessary by changes in the Privacy Rule. Each version of the Notice will have an effective date on the first page. NICAO reserves the right to make the amended Notice effective for protected health information NICAO has at the time the amendment is made, as well as for any protected health information NICAO may receive or create in the future. NICAO will post a copy of the current Notice in the registration area of NICAO facilities as well as on the NICAO website at [www.nicao-online.org](http://www.nicao-online.org).

**V. NICAO's Duties**

NICAO is required by the Privacy Rule to maintain the privacy of your protected health information. The Privacy Rule requires that NICAO provide notice of its privacy practices to all of its patients or clients. NICAO's obligations to maintain your privacy, and the situations and circumstances, in which your protected health information may be used or disclosed, are described in more detail in this Notice of its legal duties and privacy practices. NICAO is required to comply with the terms and conditions of this Notice, and may not amend this Notice except as set forth above.