

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.

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.

Business Associates. We will disclose your medical information to companies or organizations we contract with to perform certain operations on our behalf, our business associates. This will allow them to create, use and disclose your medical information to perform their job. For example, we may disclose your medical information to an outside billing company who assists us in billing insurance companies.

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 use information about you in an effort to raise money for MMSC and its operations. We may disclose medical information to a foundation related to the hospital so that the foundation may raise money for the hospital. We would release contact information, such as your name, address and phone number. If we did contact you for this purpose, we would provide you with an opportunity to request that you not receive communications of this type again.

Hospital Directory. We will include your name, location in the facility, and general condition in a facility directory un-

less you request that we keep your presence confidential. This information may be provided to people who ask for you by name. If you give us your religious affiliation, we share lists by religious affiliation to clergy. 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 is 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.

Required by Law. We will use and disclose your information as required by federal, State or local law including mandated state registries to which we must report all ambulance reports, trauma services, diagnoses of communicable diseases, cancer and other required registries.

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

- To prevent or control disease, injury or disability;
- To record births and deaths;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- 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 such disclosure is required by law, 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.

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.

Other Uses and Disclosures. Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, thereafter we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Request to Request 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 meet your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer at the address below. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Inspect and Obtain a Copy. You have the right to inspect and obtain copies of medical information that may be used to make decisions about your care. Usually this includes medical and billing records. If you request copies, we may charge you a copying fee plus postage.

To inspect and obtain copies, you must submit your request in writing to our Health Information Management department at the address below, or the relevant clinic address.

Right to Request Amendment. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend the information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by Marshalltown Medical & Surgical Center or affiliated clinics;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request, we will provide you with a written explanation of the reasons and your rights.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures of your medical information made by us or our business associates. This accounting does not include the uses and disclosure made for treatment, payment or healthcare operations, for a facility directory, to family members or friends involved in your care, or the disclosures we have made based on a valid authorization signed by you or your legal representative. 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.

To request this list or accounting, you must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list, and will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. If we are unable to comply, we have the right to refuse it.

Right to a Copy of this Notice. You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

How to Exercise These Rights. All requests to exercise these rights must be in writing. We will follow written policies to handle requests and notify you of our decision or actions and your rights. Ask the Registration staff or contact the Privacy Officer at (641) 754-5046 on the administrative floor for more information or to obtain request forms.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We are required to follow the terms of the Notice currently in effect. When we make such changes effective, we will make available the revised Notice by posting it in our registration

areas, where copies will also be available. The revised Notice will also be posted on our website at www.everydaychampions.org. Please contact the Privacy Officer at the address listed below to obtain a written copy.

COMPLAINTS

If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint with MMSC or with the Secretary of the Department of Health and Human Services. To file a complaint with MMSC, please contact our Patient Representative at the address and phone number below.

You will not be penalized for filing a complaint.

CONTACT INFORMATION

Marshalltown Medical & Surgical Center
3 South 4th Avenue
Marshalltown IA 50158

Patient representative (641) 754-5287

Privacy Officer (641) 754-5046

MMSC Clinic-Conrad P.O. Box 40 Conrad, Iowa 50621 Telephone:(641) 366-2123	MMSC Clinic-State Center 503 3rd Avenue S.W. State Center, IA 50247 Telephone:(641) 483-2141	MMSC Clinic-Tama/Toledo 1307 S. Broadway Toledo, IA 52345 Telephone:(641) 484-4449	MMSC Clinic-Marshalltown 405 E. Main St. Marshalltown, Iowa 50158 Phone: 641-753-2752
--	--	--	---

EFFECTIVE DATE OF NOTICE: January 3, 2007.



NPP-2

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.



MARSHALLTOWN MEDICAL & SURGICAL CENTER AND AFFILIATES NOTICE OF PRIVACY PRACTICES

This Notice describes the type of information we gather about you, with whom that information may be shared and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical information and the right to approve or refuse the release of specific information except when the release is required by law. If the practices described in this brochure meet your expectations, there is nothing you need to do. If you prefer that we not share information we may honor your written request in certain circumstances described below. If you have any questions about this notice, please contact our Privacy Officer at the address below.

WHO WILL FOLLOW THIS NOTICE

Marshalltown Medical & Surgical Center and Clinics.

- Any health care professional authorized to enter information into your hospital chart or medical record.
- All departments and units of the hospital that you may visit for treatment or payment.
- Any member of a volunteer group we allow to help you while you are here.
- All employees, staff and other personnel who may need access to your information.
- All entities, sites and locations of MMSC and its affiliated Clinics in Marshalltown, Tama, State Center and Conrad follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. Protecting medical information about you is important. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Marshalltown Medical & Surgical Center and affiliated clinics, whether made by health care professionals or other personnel.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

WE ARE REQUIRED BY LAW TO:

- Keep private the medical information that identifies you;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose medical information. For each use and disclosure, we will try to give some examples. Not every use or disclosure we make will have an example listed. 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.

Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians or other health care professionals who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because the diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different health care professionals also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people who may be involved in your medical care, such as another physician to whom you've been referred, or a nursing home.

Payment. We will use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company or a third party. For example, your insurance company may need to know about surgery you received so they will pay us or reimburse you for the surgery. We may also use and disclose medical information about you to obtain prior approval or to determine whether your insurance will cover the treatment. We may also disclose medical information about you to other medical care providers, medical plans