

WHO WILL FOLLOW THIS NOTICE. This notice describes our institution’s practices and those of:

- Any health care professional authorized to enter information into your medical records.
- All employees, staff, and volunteers.

OUR PLEDGE REGARDING MEDICAL INFORMATION.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our clinics. 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 the clinic. 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:

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

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following describes the ways we may use and disclose health information that identifies you (“Health Information”). For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Uses and disclosures that fall into a category not described in this notice will only be made with your authorization.

For Treatment. We may use Health Information about you to provide you with medical treatment or services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to

operate and manage our office. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine the medical information of many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, medical students and other personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

SPECIAL SITUATIONS.

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform lab services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;

- report births and deaths;
- report child abuse or neglect;
- report reactions to medications or problems with products;
- a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. *We will only make this disclosure if you agree or when required or authorized by law.*

Health Oversight Activities. We may disclose Health 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.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is:

- in response to a court order, subpoena, warrant, summons or similar process;
- limited to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person’s agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct 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.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary:

- for the institution to provide you with health care;
- to protect your health and safety or the health and safety of others;
- the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

Individuals Involved in Your 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. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

NOTICE OF PRIVACY PRACTICES

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.

Effective Date: March 10, 2014

If you have questions about this notice, please contact the Informed Choices Medical Clinics Privacy Officer at 319-337-0575.



Informed Choices
MEDICAL CLINICS
Strength for Life's tough choices

have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.InformedChoicesClinic.com. To obtain a paper copy of this notice, please request a copy from the clinic at which you were seen.

CHANGES TO THIS NOTICE. We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our clinics. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, you are entitled to receive a copy of the current notice in effect upon request the first time you register at the clinic for health care services.

COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Health Information Management Department at the Informed Choices Medical Clinics, PO Box 2537, Iowa City, IA 52244. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION. 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 authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to the Nurse Manager of the clinic at which you were seen. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. But, disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation. We are, however, required to retain our records of the care that we provided to you.



Informed Choices
MEDICAL CLINICS
Strength for Life's tough choices

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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 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 information which you would be permitted to inspect and copy;
- is accurate and complete;
- is not part of the medical information kept by or for the facility.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your Health Information for purposes other than treatment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the Nurse Manager of the clinic at which you were seen.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the Nurse Manager of the clinic at which you were seen. We are not required to agree to your request for health care operation purposes. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

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 by mail or at work. To request confidential communications, you must make your request, in writing, to the Nurse Manager of the clinic at which you were seen. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests that can be accommodated by our information systems. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU. You have the following rights regarding Health Information we maintain about you.

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care. To inspect and copy this Health Information, you must make your request, in writing, to the Nurse Manager of the clinic at which you were seen. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have 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 by or for our clinic. To request an amendment, you must make your request, in writing, to the Nurse Manager of the clinic at which you were seen. In addition, you must provide a reason that supports your request.