

Skyline Center, Inc.

Privacy Practices Notice

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

PROTECTED HEALTH INFORMATION (PHI), also called Medical Information, is individually identifiable health information that is transmitted by electronic media, maintained in electronic form, or that is maintained or transmitted in any other form.

This notice will also tell you about your rights and our duties with respect to medical or Protected Health Information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

OUR LEGAL DUTY

We are required by federal and state law to maintain the privacy of your protected health information. We are also required to give you notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect September 25, 2019 and will remain in effect until replaced.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including medical information we created or received before we made the changes. Before we make a change in our privacy practices, we will change this notice and make the new notice available to all that we serve.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information at the end of this notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Treatment: We use and disclose your Protected Health to members of your interdisciplinary team in order to provide treatment to you. Examples would include but are not limited to, physicians, mental health provider, case management, DHS and other health care providers, and others that may be involved in your treatment. We may also disclose your medical information to refer to other health care agencies and to secure and maintain benefits.

Payment: We may use and disclose your protected health information to receive payment from Federal, State, County or private funding sources, to determine your eligibility for services and to coordinate services. We may disclose your protected health information to a health care provider or entity subject to federal Privacy Rules so they can obtain payment or engage in these payment activities. For example, we may disclose your protected health information to your Managed Care Organization (MCO) who may determine eligibility for services and authorized funding for you for continued services.

Health Care Operations: We may disclose your protected health information in connection with our health care operations. Health Care operations include:

- Quality assessment and improvement activities;
- Reviewing the competence or qualifications of employees and conducting training programs, accreditation, certifications, licensing or credentialing activities
- Medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- Business planning and development;
- Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, creating de-identified medical information or a limited data set. Also including sale, transfer, merger or consolidation of all or part of Skyline Center, Inc.

For example, we may disclose your protected health information to another entity that has a relationship with you and is subject to the federal Privacy Practices, for their health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse. We may also disclose PHI about you to train our staff working in Skyline Center, Inc.

How we will contact you: Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you

want to request that we communicate with you in a certain way or at a certain location see “Confidential Communications” on page 6 of this notice.

Your Authorization: You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it is in effect. Unless you give us a written authorization, we cannot use or disclose your protected health information for any reason except those described in this notice.

To your Family and Friends: We may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your health care. We may use or disclose your name, location and general condition or death to notify, or assist in the notification (including identifying or locating) a person involved in your care.

Before we disclose your protected health information to a person involved in your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the room, or in the event your incapacity or an emergency, we will disclose your protected health information based on our professional judgment or whether the disclosure would be in your best interest.

Special Situations: The following are examples of when we may disclose your protected health information without your authorization;

- **Required by law:** We may use or disclose your protected health information to the extent required by law.
- **For public health reasons:** We may disclose your Personal Health Information (PHI) for public reasons. These reasons may include the following: Including disease and vital statistics reporting, child/adult abuse or neglect reporting, and to employers regarding work related illness or injury; to health oversight agencies.
- **Victims of Abuse, Neglect or Domestic Violence:** As permitted or required by law, we may disclose your PHI to an appropriate government authority if we reasonably believe you are the victim of abuse, neglect or domestic violence.
- **Health Oversight Activities:** As required by law, we may disclose your PHI to health oversight agencies. Such disclosures will occur during audits, investigations, inspections, licensures and other government monitoring and activities related to health care provision or public benefits or services.
- **Judicial Proceedings, Lawsuits and Disputes:** We may disclose your PHI in response to an order of a court or administrative tribunal, provided that we disclose only the PHI expressly authorized by such order.
- **Law enforcement:** In response to court order, subpoenas and other lawful processes, or upon a law enforcement official’s request, concerning crime

victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies and for purposes of identifying or locating a suspect or other person. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

- **Coroners, Medical Examiners and Funeral Directors:** Upon your death, we may release your PHI to a coroner or medical examiner for purpose of identifying you to determine a cause of death, and to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities:** We may release PHI about you to authorized federal officials for intelligence counterintelligence and any other national security activities authorized by law.
- **Military and Veterans:** If you are or were a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate authority.
- **Disaster Relief:** We May use or disclose PHI about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.
- **Workers Compensation:** We may disclose medical information about you to the extent necessary to comply with worker's compensation and similar laws that provide benefits for work related injuries or illnesses without regard to fault.

If a use or disclosure does not fit into one of the above named exceptions, Skyline Center, Inc. may not use or disclose your protected health information without a valid authorization.

INDIVIDUAL RIGHTS

Access: You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we are unable to do so. You must make a request in writing to obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you a cost based fee for staff time to locate and copy your medical information and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure. If we deny your request, you will have an opportunity to have the denial reviewed if that denial was based on the belief that:

- The access is reasonably likely to endanger the life or physical safety of you or another individual or
- Your PHI makes references to another person, and we believe that the requested access would likely cause substantial harm to the other person.

If this occurs an objective health care professional chosen by Skyline will review the request and denial. The person conducting the review will not be the person who denied your request. Skyline will comply with the outcome of the review.

Disclosure Accounting: You have the right to receive a list of instance in which we or our business associates disclosed your medical information for purposes other than treatment, payment and health care operations, as authorized by you, and for certain other activities, which may not be longer than 6 years and may not include dates prior to April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your medical information. **We are not required to agree to additional restrictions**, if we do agree, Skyline will comply with your request unless the information is needed to provide you with emergency care or to comply with one of the “Special situations” described earlier in this notice. Any agreement to additional restrictions must be in writing, signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communications: You have the right to request that we communicate with you about your medical information by alternative means or at alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence as you request. For example, you may request that Skyline contact you only at home and not at work. We must accommodate your request if it is reasonable, specifies the alternative location, and continues to permit us to collect payments for your services and provide summary of services provided to the funding sources. The summary provided may contain sufficient information to reveal that you obtained services for which you have requested and that we have received payment for, even though you requested that we communicate with you about the services in confidence.

Amendment: You have the right to request that we amend your medical information if you believe the medical information Skyline has about you is incomplete or incorrect.

Your request must be in writing, and it must explain why the information is incomplete or incorrect. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for an amendment in any of the following circumstance:

- Your request is not in writing, or it does not include a reason to support the request.
- The medical information to which your request refers was not created by Skyline, unless the person or entity that created that information is no longer available to make the amendment.
- The PHI to which your request is not part of the medical information you would be permitted to inspect or copy
- Is not part of the medical information maintained by us
- The PHI to which your request refers is accurate and complete.

If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any further disclosures of information.

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written format. Please contact us using the information at the end of this notice to obtain this notice in written format.

Marketing/Fund Raising: The use of your protected health information for the purpose of marketing requires Skyline Center, Inc to get a written authorization from you.

Skyline Center, Inc. may contact you for the purpose of raising funds for the foundation. You have the right to opt out of this type of communication by emailing the Security/Privacy Officer named below or by calling the listed below 800 number at the end of this notice.

Sale of your protected health information, by Skyline Center, Inc., without the written authorization of the individual is prohibited.

Breach Notification: In the event of a breach of your unsecured protected health information (individual identifiable protected health information that is NOT secured through the use of a technology or methodology specified by the Secretary of the Department of Health and Human Services) Skyline will notify you of the breach, no later than 60 calendar days after the discovery, by first class mail to you or your next of kin. If our contact information for you is out of date we will notify you by print or broadcast media in the geographical area in which you are believed to reside.

If there is imminent use of your unprotected health information, notification will be made to you by telephone or other expeditious means.

QUESTIONS AND COMPLAINTS

If you would like more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may violate your privacy rights, or you disagree with a decisions we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this privacy notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information:

Privacy Officer: Community Living Director

Lynne Hilgendorf	563-243-4065
Skyline Center, Inc.	OR
2600 N 4 th Street	1-877-232-0628
Clinton, Iowa 52732	

Security Officer: Accounting & Technology Director

Jonathan Capella	563-243-4065
Skyline Center, Inc.	OR
2600 N 4 th Street	1-877-232-0628
Clinton, Iowa 52732	

Notice of Privacy Practices Acknowledgement
Skyline Center, Inc.
2600 N. 4th St.
Clinton, Iowa 52732
563-243-4065

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information may be used and disclosed by Skyline for treatment and health care operations.

I acknowledge that I have received Skyline’s Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact you at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or health care operations. I also understand you are not required to agree to my requested restriction, but if you do agree then you are bound to abide by such restrictions.

Name: _____

Name (If not individual) _____

Signature: _____

Date: _____

Date Privacy Notice sent to individual: _____