

**APPENDIX A
MERCY CLINICS, INC.
NOTICE OF PRIVACY PRACTICES**

Effective Date: _____

**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.**

If you have any questions about this notice, please contact the Privacy Officer at 515-247-3222

Mercy Clinics, Inc. and affiliate Catholic Health Initiatives' facilities are required by law to maintain the privacy of your health information; give you notice of our legal duties and privacy practices with respect to your health information; and follow the terms of this notice. This notice applies to all of your health records generated by Mercy Clinics, Inc., whether made by our personnel or your personal physician.

This notice will tell you about the ways in which we may use and disclose your health information in Mercy Clinics, Inc. and with other entities. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

WHO WILL FOLLOW THIS NOTICE?

Mercy Clinics, Inc.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION.

For Treatment. We will use your health information to provide you with health care treatment and to coordinate or manage services with other health care providers, including third parties. We may disclose all or any portion of your health information to your attending physician, consulting physician(s), nurses, technicians, medical students, or other facility or health care personnel who have a legitimate need for such information in order to take care of you. Different departments of the facility will share your health information in order to coordinate the health care services you need, such as prescriptions, lab work and X-rays. We may disclose your health information to contact you for appointment reminders, and to provide you with information about possible treatment options or alternatives, and other health related benefits and services. We also may disclose your health information to people outside the facility who may be involved in your health care after you leave the facility, such as other physicians involved in your care, specialty hospitals, skilled nursing care facilities and other health care-related services.

For Payment. We will use and disclose your health information for activities that are necessary to receive payment for our services, such as determining insurance coverage, billing, payment and collection, claims management, and medical data processing. For example, we may tell your health plan about a treatment you are planning in order to receive approval or to determine whether your plan will cover the proposed treatment. We may disclose your health information to other health care providers so they can receive payment for health care services that they provided to you, such as ambulance services. We may also give information to other third parties or individuals who are responsible for payment for your health care.

For Health Care Operations. We may disclose your health information for routine facility operations, such as business planning and development, quality review of services provided, internal auditing, accreditation, certification, licensing or credentialing activities, medical research and education for staff and students, and to other healthcare entities that have a relationship with you and need the information for operational purposes.

Research. We may use and disclose your health information to researchers when the Institutional Review Board approves the research study and the use of your health information.

Organ and Tissue Donation. If you are an organ donor, we may release your health information to organizations that handle organ procurement and transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

USES AND DISCLOSURES THAT ARE REQUIRED OR PERMITTED BY LAW

Subject to requirements of federal, state and local laws, we are either required or permitted to report your health information for various purposes. Some of these reporting requirements include:

Public Health Activities. We may disclose your health information to public health officials for activities such as the prevention or control of communicable disease, injury or disability; to report births and deaths; to report suspected child abuse or neglect; to report reactions to medications or problems with medical products.

Disaster Relief Efforts. We may disclose your health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location.

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities may include 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 or Administrative Proceeding. We may disclose your health information in response to a court or administrative order, a valid subpoena, discovery request, civil or criminal proceedings, or other lawful process.

Law Endorsement. We may release your health information if asked to do so by law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar legal process;
- Regarding a victim or death of a victim of a crime in limited circumstances;
- 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, including crimes that may occur at our facility.

Coroners, Medical Examiners and Funeral Directors We may release health information to a coroner or a medical examiner. This may be necessary, for example, to identify a person who died or determine the cause of death. We may also release health information to help a funeral director to carry out his/her duties.

Workers' Compensation. We may release your health information for workers' compensation benefits or to similar programs that provide benefits for work-related injuries or illness.

To Avert a Serious Threat to Health or Safety. We may disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public.

National Security. We may disclose your health information to federal officials for national security activities and for the protection of the President and other Heads of State.

Military and Veterans. If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may release your health information to the institution. This release would be necessary (1) for the institution to provide you with health care; or (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

OTHER USES OF YOUR HEALTH INFORMATION.

Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to use or disclose your health information, you may revoke that authorization in writing at any time.

When we receive your written revocation we will no longer use or disclose your health information for the purpose of that authorization. However, we are unable to retrieve any disclosures already made based on your prior authorization.

You have the following rights regarding your health information:

Right to Inspect and Copy. You have the right to inspect your health information and receive a copy of medical, billing or other records that may be used to make decisions about your care. The right to inspect and copy does not apply to psychotherapy notes, **(that are maintained separately from the health record).**

Submit your request in writing to the clinic. We may however, charge a fee for document requests to cover the costs of copying, mailing or other supplies.

In limited circumstances we may deny your request to inspect and copy your health information. If you are denied access to your health information, you may request that the denial be reviewed. A licensed health care professional chosen by Mercy Clinics, Inc. will review your request and the denial. The person who conducts the review will not be the same person who denied your request. We will comply with the outcome of the review.

Right to Amend. You have the right to request an amendment to your health information that you believe is incorrect or incomplete.

Submit your request in writing, using a Request for Amendment to PHI for, and including your reason for the amendment, to the Clinic Manager.

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

- Was not created by Mercy Clinics, Inc.; 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 or for Mercy Clinics, Inc.
- Is not part of the information that you would be permitted to inspect and copy; or;
- Is accurate and complete.

To obtain a paper copy of this request, contact the Clinic Manager.

Right to an Accounting of Disclosures. We are required to maintain a list of disclosures of your health information. However, we are not required to maintain a list of disclosures that we made by acting upon your written authorizations or disclosure for treatment, payment or healthcare operations.. You have the right to request an accounting of disclosures that were not subject to your written authorization.

Submit your request in writing to the clinic. Your request must state a time period, not longer than six (6) years, and may not include dates before April 14, 2003. This first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on how much of your health information we use or disclose for treatment, payment or health care operations. You also have the right to request a restriction on the disclosure of your health information to someone who is involved in your care of payment for your care, such as a family member or friend.

We are not required to agree to your request. However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Submit your request in writing to the Clinic Manager or request and submit a Request for Restrictions to Protected Health Information form. You must include: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at an alternative location from your home address, such as work, or only contact you by mail instead of by phone.

You must make your request in writing to the Clinic Manager or to request and submit a "Alternative Communication Request Form" form. Your request must specify how or where you wish to be contacted. We do not require a reason for the request. We will accommodate all reasonable requests.

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.

To obtain a paper copy of this notice, contact the Clinic Manager.

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 health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility and on the Web site at Mercy Clinics, Inc. The notice will contain on the first page in the top right-hand corner, the effective date.

COMPLAINTS

You may file a complaint with us or with the Secretary of the Department of Health and Human Services if you believe that we have not complied with our privacy practices. You may file a complaint with us orally or in writing by contacting the Clinic Manager or the Privacy Officer at 247-3222.

You will not be penalized for filing a complaint.

APPENDIX B
ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I, _____ (insert individual name) acknowledge that I received a copy of Mercy Clinics, Inc. Notice of Privacy Practices dated _____ (Insert date of Notice of Privacy Practices).

(Individual's signature or initials)

(Personal representative of individual, if individual is unable to sign)

(Date)

(Witness signature)

Individual (or personal representative of the individual) did not sign the acknowledgement for the following reason:

(check (√) _ one of the reasons below)

- Individual refused
- Individual refused, stating that he/she has already signed an acknowledgement
- Individual unable to sign because of medical condition
- There was not a personal representative of the individual available to sign
- Other: (explain) _____

Witness

Date