

1611 West Lakes Parkway, West Des Moines, IA 50266
www.careinitiatives.org
www.careinitiativeshospice.org

Phone 515-224-4442
Fax 515-225-6552

Compliance Hotline 1-800-565-CARE [2273]

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.**



Your Rights

➤ See Pages 2-3 for more information on these rights and how to exercise them.

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated



Your Choices

➤ See Page 3 for more information on these choices and how to exercise them.

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a location directory
- Market our services



Uses and Disclosures

➤ See Pages 4-5 for more information on these uses and disclosures.

We may use and share your information as we:

- Provide treatment to you
- Bill for payment of your services
- Run our organization's operations
- Help with public health and safety issues
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address Worker's Compensation, law enforcement or other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Receive a copy of this privacy notice

- You may ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly. It is also available on our websites at: www.careinitiatives.org and www.careinitiativeshospice.org

Receive an electronic or paper copy of your medical record

- You may ask to view or get an electronic or paper copy of your medical record and other health information we have about you.
- You may be asked to put your request in writing.
- If requested, we will provide a copy or summary of your health information as soon as possible, but usually within 30 days of your request.
- We may charge a reasonable cost-based fee.

Ask us to correct your medical record

- You may request us to correct health information documented about you, if you think it is incorrect or incomplete.
- We may say “no” to the request but will explain why in writing within 60 days of the request.

Request confidential communications

- You may ask us to contact you in a specific way (for example calling the home or office phone) or send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You may ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket and in full, you may ask us not to share that information for the purposes of payment or our operations with your health insurer.

Receive a list of those with whom we've shared information

- You may ask for a list (or accounting) of how we have shared your health information, to whom we shared it and the reason(s); for up to six years prior to the date you request it.
- We will include all disclosures except for those about treatment, payment and operations and certain other disclosures, such as those you request us to make. We will provide one free accounting list in a twelve (12) month period and then may charge a reasonable cost-based fee for any additional requests within the same twelve (12) months.

Choose someone to act for you

- If you have given someone durable healthcare power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

You may file a complaint if you feel your rights are violated.

- You may report a concern or complaint by contacting:
 - **Care Initiatives**
Attn: Corporate Compliance Officer/Privacy Officer
1611 West Lakes Parkway
West Des Moines, IA 50266
Phone 515-224-4442 Ext. 1230, Fax 515-225-6552
Compliance Hotline with Voicemail: 1-800-565-CARE [2273]
- You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- **Care Initiatives will not retaliate against you for filing a complaint.**

 Your Choices

For certain health information, you may tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let us know. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care.
- Include (or not include) your information in a location directory.
- Share information in a disaster relief situation.

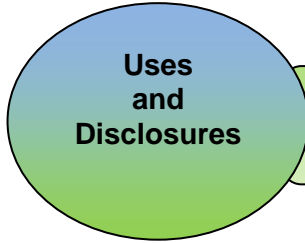
If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We do not share your information without written permission for:

- Marketing purposes or
- Sharing of specific *psychotherapy* notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.



How do we typically use or share your health information?
We typically use and share your health information in the following ways:

To Treat you	We may use your health information and share it with other health care professionals who are treating you.	<i>Example: A provider treating you for an illness may have a special diet order for the dietician or need to discuss a treatment plan with the therapy provider.</i>
To Run our organization	We may use and share your health information to operate our locations or facilities, improve your care, and contact you when necessary.	<i>Example: We may need to use health information about you to manage your treatment in quality or care plan meetings, risk management or accounting purposes.</i>
To Bill for your services	We may use and share your health information to bill and receive payment from health plans or other entities.	<i>Example: We may give information about you to your health insurance carrier for prior approval so that it will pay for your services.</i>

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

We may use or share your health information in order to:
Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Supporting product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We may use or share your information for approved health research.

Comply with the law

- We will share information about you if state or federal laws require it, including when/if the Department of Health and Human Services wants to see that we're complying with the laws.

Respond to organ and tissue donation requests

- We may share health information about you with organ procurement organizations, if needed.

Work with a medical examiner or funeral director

- We may share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We may use or share health information about you for:
 - Workers' Compensation claims;
 - Law enforcement purposes or with a law enforcement official;
 - Healthcare oversight agencies for activities authorized by law; and
 - Special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

- We may share health information about you in response to a court or administrative order, or in response to a subpoena.

For more information visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html



Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information, according to the laws/regulations.
- We must follow the duties and privacy practices described in this notice and provide a copy of it to you.
- We will not use or share your information other than as described in this notice unless you tell us, in writing, that we can do so. If you tell us we can, you may change your mind at any time. You will need to let us know in writing if you change your mind.

Effective date and changes to the Terms of this Notice

This notice is effective April 14, 2003, revised September 16, 2013, revised May 23, 2016.

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice is available upon request, in our office and on our web site at www.careinitiatives.org and www.careinitiaiveshospice.org

This Notice of Privacy Practices applies to the following:

Organized Health Care Arrangement: For purposes of this notice, Care Initiatives is an “Organized Health Care Arrangement” (OHCA). Care Initiatives locations including, but not limited to, its Skilled Nursing Facilities, Assisted Living Facilities, Care Initiatives Hospice Offices, and Care Initiatives Corporate Offices follow the terms of the notice currently in effect. These locations may share Protected Health Information with each other for treatment, payment or operations purposes as described in this notice.