

NOTICE OF PRIVACY PRACTICES

Effective January 1, 2005; Updated August 15, 2018
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.

Dubuque Endoscopy Center, L.C. respects our patients' right to privacy and our facility is committed to assuring the confidentiality of your protected health information (PHI). All the physicians and authorized staff at Dubuque Endoscopy Center, L.C. have access to your medical record and may use and disclose your PHI as outlined in this notice.

Dubuque Endoscopy Center, L.C. reserves the right to change this Notice of Privacy Practices without any additional notice to you. Nevertheless, upon your request, you can receive a copy of our revised Notice of Privacy Practices. Also, any changes will be posted to our web site at www.endoscopydubuque.com. Any revisions apply to all of your PHI regardless of whether it was created before or after the effective date of any revisions and will be available at our locations described herein.

PRIVACY CONTACT:

If you have questions about any information in this policy, please contact the Privacy Officer at Dubuque Endoscopy Center, L.C. at 563-589-4060 or 1515 Delhi Street, Suite #500, Dubuque, IA 52001-6389.

DEFINITION OF TERMS:

Throughout this document, we use the terms "use" and "disclosure" of PHI. "Use" refers to how health information is utilized within our facility by physicians and staff of Dubuque Endoscopy Center, L.C. "Disclosure" refers to your health information that is provided to someone outside of Dubuque Endoscopy Center, P.C.

USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION:

There are certain activities that involve using and disclosing your protected health information (PHI) that do NOT require your written authorization. Below, we list these activities. In addition, we also provide some examples in each category in order to clarify the nature of these activities. These examples are NOT meant to describe every use and disclosure for each activity. Activities NOT requiring a written authorization include:

TREATMENT:

Your PHI will be used to provide, coordinate and manage your health care treatment. For example, if we refer you to a general surgeon, we will share your PHI with that physician's office.

PAYMENT:

Your PHI may be used in order to receive payment for the health care services you receive in or through our facility. For example, your health insurance company may request your procedure notes in order to determine if the service provided is a covered benefit under your health plan. Some health plans do not pay for preventive services or services not directly involved in the treatment of a specific disease or illness. Furthermore, your PHI may be shared with the guarantor of your health insurance.

HEALTH CARE OPERATIONS:

We may use or disclose your PHI for certain activities performed by our facility that support the business and professional activities at Dubuque Endoscopy Center, L.C. These activities may include, but are not limited to, quality assessment activities, training of medical students and/or residents, licensing and conducting and arranging for other business activities.

For example, we may use your health information in our quality assurance reviews. Also, we may need to release health care information to consultants, attorneys and accountants to make sure we are compliant with the many laws and regulations that affect our organization.

We will share your PHI with third party "business associates" that perform various activities (e.g., billing, transcription services) for our facility. Whenever an arrangement between our facility and a "business associate" involves the use or disclosure of PHI, we will have a written contract with the business associate that contains terms that will protect the privacy of your health information.

APPOINTMENT REMINDERS:

Unless you tell us otherwise, in writing, we may use your PHI to contact you to remind you of your appointment.

DISEASE MANAGEMENT:

We may use PHI to identify patients with certain illness or conditions so that we may provide information to you about treatment alternatives or other information about your condition. You may contact the Privacy Officer to opt out of receiving this information.

Other permitted and required uses and disclosures that may be made without your consent, authorization or opportunity to object:

We may use or disclose your protected health information in the following situations WITHOUT your consent or authorization. These situations include:

1. Public health information
2. Communicable disease reporting
3. Health oversight agencies
4. Abuse or neglect
5. Food and Drug Administration
6. Certain legal proceedings: We may disclose PHI in response to certain subpoenas or discovery requests. Also, we may release PHI for civil litigation if your condition is at issue.
7. Law enforcement
8. Organ or tissue donations
9. Coroners and funeral directors
10. Research (with privacy protection reviewed by an Institutional Review Board)
11. Criminal activity
12. Military activity/National security
13. Worker's compensation
14. Inmates
15. Other required uses and disclosures (Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance to Section 164.500 et. seq.)
16. Marketing/Fundraising: Dubuque Endoscopy Center, L.C. does not use or disclose PHI for marketing or fundraising purposes without your written consent.

All of the above information simply explains how your PHI is used and disclosed by our facility. If you object to any of the above provisions, you can request changes, restrictions or exceptions to the above guidelines. We are **not** required to accommodate your request to restrict use or disclosure of your protected health information as it relates to the areas of treatment, payment or health care operations. Your request for a restriction in the use and disclosure of your protected health information must be IN WRITING and sent to the Privacy Contact.

Other permitted uses and disclosures of your PHI that may be made without authorization

Others involved in your health care: Unless you object, we may disclose your PHI to a family member, relative, close friend or anyone else you identify. We will only reveal that portion of your PHI 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 your PHI to such persons if we determine that it is in your best interest, based on our professional judgment. The facility does not disclose PHI to a suspected abuser, if there is reason to believe that such a disclosure could cause the patient serious harm. Also, we may disclose medical information about you to an entity assisting in a disaster relief effort so that they can notify your family about your condition, status and location.

Emergencies: We may disclose your PHI in an emergency treatment situation.

Communication Barriers: We may use or disclose your PHI without your consent due to substantial communication barriers and if the physician determines that you intend to consent to use or disclose PHI.

Uses and Disclosures of PHI based upon your written authorization

As of the effective date of this Notice, your health information will be used and disclosed as outlined in this policy without any need for any additional authorization from you. Any and all other uses of your PHI will be made only with your written authorization. You may revoke this authorization, at any time, in writing, except to the extent that our facility has already taken action in accordance with the authorization. In Iowa, a specific written authorization is required to disclose or release mental health treatment records, substance abuse (alcohol and drug) treatment records and HIV/AIDS testing. We may release HIV information to the Department of Public Health or to a third party, if there is a direct threat of transmission to that party. For release of immunization records to schools, an oral authorization from patient or parent/legal guardian is acceptable. The oral authorization will be documented.

YOUR RIGHTS:

1. **You have the right to inspect and copy your PHI.** Under federal law, you may NOT inspect the following records:
 - A. Psychotherapy notes (not generally a part of your medical record at Dubuque Endoscopy Center)
 - B. Information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action.
 - C. Any PHI that the law prohibits your access.Your request to inspect and copy your PHI must be in writing and sent to the Privacy Contact. Dubuque Endoscopy Center reviews the request in a timely fashion and acts on the request for access, generally within 30 days. If necessary, we may need an additional 30 days to act on the request. Each request is either accepted or denied and the requestor will be notified in writing. If a request is denied, the requestor will be informed if the

denial is “reviewable” or not. The requestor has the right to have any denial reviewed by a licensed health care staff member at Dubuque Endoscopy Center who did not participate in the original decision to deny access. Dubuque Endoscopy Center informs the requestor of the decision of the reviewing professional and adheres to that decision.

Depending on the circumstances, a decision to deny access to your PHI may be subject to review. Please contact the Privacy Officer if you have any questions about access to your medical record.

If you request to inspect and/or obtain a copy of your PHI, we may charge you a reasonable fee based on the actual cost of fulfilling your request. If the requestor agrees to pay the fee in advance, the records will be provided. Otherwise, unless the Privacy Officer determines the charge is burdensome to the requestor, the records will not be provided. You may request a copy electronically.

2. **You have the right to request a restriction in the use and disclosure of your PHI.**

Your request must be in writing and must state the specific restriction requested and to whom you want the restriction to apply. Your request needs to be directed to the Privacy Officer. We are not required to agree to the restriction you request. If your physician believes that it is in your best interest to permit the use and disclosure of PHI, your PHI will not be restricted. If your physician does agree to the restriction, our facility will honor the restriction unless the PHI is needed to provide emergency treatment.

3. **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**

Please make these requests in writing to the privacy contact listed on the first page of this “Notice of Privacy Practices”. The request must specify an alternative address or other method of contact and must contain information about how payment will be handled. A reason for your request for alternative means to receive confidential communications is NOT required. Dubuque Endoscopy Center accommodates all reasonable requests to keep communications confidential. The facility determines the reasonableness based on the administrative difficulty of complying with the request.

4. **You have the right to have your physician amend your PHI.**

If you feel that the medical information in your record is incorrect or incomplete, you may request an amendment of your PHI. Your request must be in writing and sent to the Privacy Contact. We will respond to your request in a timely manner, usually within 60 days after receipt of such

request. If we need more time, we will notify you within the 60-day time frame of the need for an extension, and will provide you with a reason for the delay and also provide a date by which the facility will complete the request (no more than 30 additional days). We have the right to deny your request. We may deny your request because the information was not created by us (or the person who created the information is no longer available to make an amendment) or because the information is not part of your designated record set, or if we believe the information is complete and accurate. If we deny your request, we will notify you in writing and you have the right to file a statement of disagreement with us. Your statement of disagreement must include the basis of the disagreement. We limit your statement of disagreement to one page. We may prepare a rebuttal to your statement and we will provide you with a copy of any such rebuttal.

5. **You have the right to receive an accounting of certain disclosures we have made of your PHI.**

This right applies to disclosures for purposes other than treatment, payment or health care operations. It also excludes disclosures we have made to you, to your family members and friends involved in your health care or for notification purposes (National security or intelligence purposes or to correctional institutions or law enforcement officials). It also excludes any disclosures made pursuant to your written authorization. This accounting will only cover disclosures made after the initial effective date of this notice. To request this list, you need to submit your request in writing to the Privacy Officer. Your request must state a time period of up to 6 years prior to the request. Shorter time periods are allowed. The facility allows an individual to request one accounting within a 12-month period free of charge. Any additional requests will be charged a reasonable fee. The facility responds to all requests for an accounting of disclosures within 60 days of receipt of the request. If we are unable to accommodate your request, we will notify the requestor of such and the reason for the delay and the date the request is expected to be fulfilled. Only one 30-day extension is allowed.

6. **You have the right to obtain a paper copy of this notice from us.**

A decedent’s PHI is handled generally in the same manner and to the same extent that is required for the PHI of living individuals. Any information available 50 years after the death of an individual is no longer protected by the Privacy Rule and can be released without authorization.

COMPLAINTS:

If you believe that we have violated your privacy rights, you can notify us directly with your concerns. You may file a complaint with us by notifying our privacy officer of your complaint. We will not retaliate against you for filing a complaint.

All complaints must be in writing, must describe the acts or omissions that are the subject of the complaint, must be filed within 180 days of the time when you (the patient) became aware or should have been aware of the violation. Complaints must be addressed to the Privacy Officer. All complaints will be investigated and we may, at our discretion, reply to the patient or the patient’s agent. Alternatively, if you are not satisfied with our response to your concern, you can contact the Secretary of the Department of Health and Human Services directly.

Our Responsibilities:

We are required by law to maintain the privacy and security of your PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you can change your mind at any time. Let us know in writing if you change your mind. For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

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DUBUQUE ENDOSCOPY CENTER, L.C.

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