

Indian Hills Community College Dental Hygiene Clinic

525 Grandview Ave, Ottumwa, IA 52501

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Indian Hills Community College Dental Hygiene Clinic takes its obligations and responsibilities regarding the protection of the privacy and confidentiality of your personal medical information very seriously. Our Notice of Privacy Practices describes when we are required by law to disclose your medical information. Our Notice of Privacy Practices also describes when we may disclose your medical information unless you inform us otherwise. In addition, our Notice of Privacy Practices describes your rights regarding the protection of your personal medical information.

Effective Date: 1/13/2025

This Notice was revised on: 1/13/2025

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR HR DEPARTMENT:

HR Manager: Maria Stuart

Address: 525 Grandview Ave, Ottumwa, IA 52501

Email: Maria.Stuart@indianhills.edu

Phone: 641-683-5289

About This Notice

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our privacy practices regarding that information. You have certain rights - and we have certain legal obligations - regarding the privacy of your Protected Health Information. This Notice explains your rights and our obligations, and we are required to abide by the terms of the current version of this Notice.

What is Protected Health Information?

“Protected Health Information” is information that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse that identifies you and related to (1)

you past, present, or future physical or mental health or conditions, (2) the past, present, or future payment for your health care or (3) the provision of health care to you. "Protected Health Information" is sometimes referred to as PHI or EPHI (electronic protected health information).

How We May Use and Disclose Your Protected Health Information

We may use and disclose your Protected Health Information in the following circumstances:

- **For Treatment:** We may use or disclose your Protected Health Information to give you medical treatment or services and to manage and coordinate your medical care. For example, your Protected Health Information may be provided to a physician, other health care providers, or other health care facilities to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service. We will also share health information about you with nurses, physicians, students, and others who are involved in your care. These individuals will also be able to view your health information in our electronic medical record system.
- **For Payment:** We may use and disclose your Protected Health Information so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment. We may also disclose health information about you to other health care providers, health plans, and health care clearing houses for their payment purposes. Your account may be referred to a collection company if you fail to pay for services provided. The confidentiality of your information cannot be guaranteed if your account is referred to small claims court as part of this process.
- **For Health Care Business Operations:** We may use and disclose your Protected Health Information for our health care business operations. For example, we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, students, and other authorized personnel for education and learning purposes.
- **Appointment Reminders:** We may use and disclose your PHI to contact you to remind you that you have an appointment for health care. If you give us your mobile telephone number, we may contact you by phone or text message at that number for treatment and quality-related purposes such as appointment reminders, registration instructions, etc. We will identify Indian Hills Community College (IHCC) Dental Hygiene Clinic as the sender of the communication and offer you a way to "opt out" and not get further communications in this manner.
- **Completely De-Identified or Partially De-Identified Information:** We may use and disclose your health information if we have removed any information that has the potential to identify you, so that the health information is "completely De-Identified". We may also use and disclose "partially de-identified" health information about you for certain purposes if

the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified information will not contain any information that would directly identify you. For example, we may disclose partially de-identified health information to the Commission on Dental Accreditation (CODA) as part of our program accreditation process. For instance, we might share de-identified patient records or treatment outcomes to demonstrate compliance with educational standards. This information will not include any details that directly identify you, and CODA is required to protect the privacy of the information in accordance with federal and state laws.

- **Incidental Disclosures:** While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of otherwise permissible uses or disclosures of your health information. For example, during the course of a treatment session, other patients in the treatment area may see, or overhear discussion of your health information.
- **Minors:** We may disclose the PHI of minor children to their parents, guardians, or other individuals that have been listed unless such disclosure is otherwise prohibited by law.
- **Research:** We may use and disclose your PHI for teaching and learning purposes. For example, we may disclose date of birth, demographics, and oral health status for students to present case studies to fellow classmates and instructors.
- **As Required by Law:** We will disclose your PHI about you when required to do so by law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI if we, in good faith, believe the use or disclosure of is necessary to prevent or lessen a serious threat to your health or safety or to the health or safety of others or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.
- **Business Associates:** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.
- **Military and Veterans:** If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We also may disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation:** We may use or disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Employers:** We may disclose your PHI to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. Any other disclosures to your employer will be made only if you execute a written authorization for the release of that information to your employer.
- **Public Health Risks:** The Privacy Rule allows covered entities to disclose necessary PHI without individual authorization for public health activities. This includes disclosures to a public health authority authorized by law to receive such information for the purpose of preventing or controlling disease. For example, to prevent or control disease, injury or

disability, to report births and deaths, to report child abuse or neglect, to report reactions to medications or problems with products, to notify people of recalls of products they may be using, to notify person or organization required to receive information on FDA-regulated products, a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- **Abuse, Neglect, or Domestic Violence:** We may disclose PHI to the appropriate government authority if we believe an individual has been the victim of abuse, neglect, or domestic violence.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes:** We may use or disclose PHI 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 PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discover request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.
- **Law Enforcement:** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes, such as:
 - Reporting certain wounds and physical injuries
 - In response to a court order, subpoena, warrant, summons, or similar process
 - To identify or locate a suspect, fugitive, material witness, or missing persons
 - To alert authorities of a death we believe may be the result of criminal conduct
 - Information we believe is evidence of criminal conduct occurring on our premises
 - To report a crime; the location of the crime or victim or identity, description or location of the person who committed the crime
 - In emergency situations
- **Military Activity and National Security:** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.
- **Deceased Individuals:** We may disclose your PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties. Following your death, unless you have expressed a contrary preference, we may disclose health information about you to a personal representative (for example, the executor of your estate) or to a family member or other person who acted as a personal representative or was involved in your care or payment for care before your death, if the health information about you is relevant to such person's involvement in your care or payment for your care. Per Iowa law, we will keep your information according to the following: 27.11(2) Retention of records. A dentist shall maintain a patient's dental record for a minimum of six years after the date of last examination, prescription, or treatment. Records for minors shall be maintained for a minimum of either (a) one year after the patient reaches the age of majority (18), or (b) six

years, whichever is longer. Proper safeguards shall be maintained to ensure safety of records from destructive elements.

- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.
- **Health Information Exchange:** We participate in one or more electronic health information exchanges which permits us to exchange health information about you with other participating providers (for example doctors, nurses and hospitals) and their business associates. For example, we may permit a physician providing care to you to access our records in order to have current information with which to treat you, in all cases, the requesting provider must verify that they have or have had a treatment relationship with you. If required by law, we will ask the provider to obtain your consent before accessing your health information through the health information exchange. Participation in a health information exchange lets us access health information about you from other participating providers and health plans for our treatment, payment and health care operations purposes. We may in the future allow other parties, for example public health departments that participate in the health information exchange, to access your health information for their limited uses in compliance with federal and state privacy laws such as to conduct public health activities.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out

- **Individuals Involved in Your Care or Payment for 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 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 such information as necessary if we determine that it is in your best interest based on our professional judgment.

Your Rights Regarding Your Protected Health Information

You have the following rights, subject to certain limitations, regarding your PHI:

- **Right to Inspect and Copy:** You have the right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. All requests for access must be made in writing. We have up to 30 days to make your PHI available to you if requested. We may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. If you are a parent or legal guardian of minor, certain portions of the minor's medical record may not be accessible to you under Iowa law.
- **Right to an Electronic Copy of Electronic Medical Records:** If your PHI 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 PHI in the form or format you request, if it is readily producible in such form or format. If the PHI 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 kind regarding your unsecured PHI. We will provide such notice to you without unreasonable delay but in no case later than 60 days after we discover the breach.
- **Right to Request Amendments:** If you feel that the PHI 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 us. A request for amendment must be made in writing to the HR Department at Indian Hills Community College at the address provided at the beginning of this Notice and it must tell us the reason for your request.

We will respond to your request within 60 days, if we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

In certain cases, we may deny your request for an amendment. If we deny your request an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

- **Right to an Account of Disclosures:** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your PHI. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes, incidental disclosures, disclosures for research, public health, or our business operations, disclosures made to federal officials for national security and intelligence activities, or disclosures about inmates to correctional institutions or law enforcement officers. The right to receive this information is subject to certain exceptions, restrictions, and limitations. Additionally, limitations are different for electronic health records.

The first account of disclosures you request within a 12-month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.

We will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your PHI, you must submit a written request to Indian Hills Community College Dental Hygiene Clinic. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your PHI to a

health plan for payment or health care operation purposes and such information you wish to restrict pertain solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.

- **Out-Of-Pocket Payments:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

How to Exercise Your Rights

To exercise your rights described in this Notice, send your request, in writing, to our HR department at the address listed at the beginning of this Notice. We may ask you to fill out a form that we will supply. To exercise your right to inspect and copy your PHI, you may also contact your provider directly. To get a paper copy of this Notice, contact HR by phone or email.

Changes To This Notice

We may change the terms of this notice at any time. If we change this notice we may make the new notice terms effective for all health information that we hold, including any information created or received prior to issuing the new notice. If we change this notice, we will post the revised notice in our practice areas. You may also obtain any revised notice by contacting the Indian Hills Community College Dental Hygiene Clinic.

Complaints

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

To file a complaint with us, contact our HR Manager at the address listed at the beginning of this Notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing.

To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775) or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information. There will be no retaliation against you for filing a complaint.

Commented [JM1]: Looks Great! Thank you! I added my thoughts in red

Commented [AG2R1]: Thanks so much for looking this over! There are some spots that I had some more questions, I typed them in blue.

Commented [JM3R1]: Thank you! I went back in with red to respond to the blue questions. Let me know if you see anything else or if I missed one!

Commented [AG4R1]: Okay, I think I have almost everything fixed. There is one more that I want you to look at regarding the "pay in full" part.

Commented [JM5R1]: I would just leave it how it is then so we have everything covered. If we don't use it, then no biggie!

Commented [AG6R1]: Should I have it laminated and hang it up somewhere in the reception area?