



NOTICE OF PRIVACY PRACTICES

Siouxland Community Health Center
1021 Nebraska Street
Sioux City, IA 51105
<https://slandchc.com>
Compliance Officer Phone: (712) 226-8983
Email Address: mnitz@slandchc.com

Siouxland Community Health of Nebraska
3410 Futures Drive
South Sioux City, NE 68776
<https://slandchc.com>
Compliance Officer Phone: (712) 226-8983
Email Address: mnitz@slandchc.com

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

You have the right to:

- Get a copy of your paper or electronic medical record
- Ask us to correct or amend your paper or electronic medical record
- Request confidential information
- 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

See pages 2 and 3 for more information on these rights and how to exercise them

YOUR CHOICES

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
- Provide mental health care
- Market our services and sell your information
- Raise funds

See page 3 for more information on these choices and how to exercise them

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services

- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Perform quality assessment and improvement activities, including patient satisfaction surveys

See pages 4 through 6 for more information on these uses and disclosures

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.

Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

Requests to access, exchange, or use electronic health information may be made through the patient portal website or via written request.

We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct or amend health information about you that you think is incorrect or incomplete. Ask us how to do this.

We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send email to a different address.

We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

You can ask us **not** to use or share certain 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 in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all of the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical 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.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on page 1.

You can 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/.

We will not retaliate against you for filing a complaint.

YOUR CHOICES: For certain health information, you can 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, talk to us. Tell us what you want us to do, and we will follow your instructions.

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

Share information with your family, close friends, or others involved in your care

Share information in a disaster relief situation

If you are not able to tell us your preference, 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.

In these cases we never share your information unless you give us written permission:

Marketing purposes
Sale of your information
Most sharing of psychotherapy notes
Any other uses/disclosures of your information not described in this notice

If you provide a written permission for us to disclose your information, you may revoke it at any time by following the procedure set forth in the authorization form. Your revocation will not be effective with respect to

any release made prior to your revocation.

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

Organized Health Care Arrangements: We are part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of Siouxland Community Health Center (SCHC) and Siouxland Community Health of Nebraska (SCHN), OCHIN supplies information technology and related services to us and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by SCHC/SCHN with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operations can include, among other things, geocoding your residence location to improve the clinical benefits you receive. The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

OUR USES AND DISCLOSURES: How do we typically use or share your health information? We typically use or share your health information in the following ways.

| | | |
|------------------|--|--|
| Treat you | We can use your health information and share it with other professionals who are treating you. | <i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i> |
|------------------|--|--|

| | | |
|-----------------------------|--|--|
| Run our organization | We can use and share your health information to run our practice, improve your care, and contact you when necessary. | <i>Example: We use health information about you to manage your treatment and services.</i> |
|-----------------------------|--|--|

| | | |
|-------------------------------|---|---|
| Bill for your services | We can use and share your health information to bill and get payment from health plans or other entities. | <i>Example: We give information about you to your health insurance plan so 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 see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
 - Helping with 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 can use or share your information for health research.

Comply with the law

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

Respond to organ and tissue donation requests

We can share information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can 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 can use or share health information about you for workers’ compensation claims, law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protection services.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena when the necessary jurisdictional and statutory requirements have been met.

Information with additional protections

Certain types of protected health information are afforded additional protection under federal or state law. The State of Iowa provides greater protection for health information about mental health and HIV/AIDS, and both Iowa and federal law provide greater protection for alcohol and substance abuse. We will follow all applicable state and federal laws that require greater limits on disclosures and we will not share these records without your written permission.

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.
- 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 may change your mind at any time. Let us know in writing if you change your mind.

GENERAL INFORMATION:

For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the terms of this Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

Effective Date: January 1, 2013

Updated: June 6, 2016; July 19, 2018; November 20, 2020; December 19, 2022; October 24, 2023

If you have any questions about this Notice, please contact the Compliance Officer at (712) 226-8983 or mnitz@slandchc.com.