

NOTICE OF PRIVACY PRACTICES
Genesis Development

THIS NOTICE DESCRIBES HOW 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 Privacy Notice, please contact your Program Coordinator at (515) 386-3017.

I. Introduction

This Notice of Privacy Practices describes how we may use and disclose you protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your health information.

“Protected health information” means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse. It may include information about your past, present or future physical or mental health or conditions, the provision of your health care, and payment for your health care services.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices.

II. How We Will Use and Disclose Your Health Information

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

A. **Uses and Disclosures That May Be Made**

1. **For Treatment.** We will use and disclose your health information to provide your health care and any related services. We will also use and disclose your health information to coordinate and manage your health care and related services. For example, we may need to disclose information to a case manager who is responsible for coordinating your care.

We may also disclose your health information among our staff members who work at Genesis Development. For example, our staff may discuss your care at a case conference.

In addition, we may disclose your health information to another health care provider (e.g., your primary care physician or a laboratory) working outside of Genesis Development.

2. **For Payment.** We may use or disclose your health information so that the treatment and services you receive are billed to, and payment is collected from, your health plan or other third party payer. By way of example, we may disclose your health information to permit your health plan to take certain actions before your health plan approves or pays for your services. These actions may include:

- making a determination of eligibility;
- reviewing your services to determine if they were necessary;
- reviewing your services to determine if they were appropriately authorized or certified in advance of your care; or
- reviewing your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges for your care.

3. **For Health Care Operations.** We may use and disclose health information about you for our operations. These uses and disclosures are necessary to run our organization and make sure that the people we serve receive quality services. These activities may include, by way of example, quality assessment and improvement, reviewing the performance or qualifications of our licensing, accreditation, business planning and development, and general administrative activities.

We may combine health information of many of the people we serve to decide what additional services we should offer, what services are no longer needed, and whether certain new services are effective. We may also combine our health information with health information from other providers to compare how we are doing and see where we can make improvements in our services. When we combine our health information with information of other providers, we will remove identifying information so others may use it to study health care or health care delivery without identifying specific individuals.

Finally, we may use and disclose your health information to inform you about possible treatment options or alternatives that may be of interest to you.

4. **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you. If you do not want us to provide you with information about health-related benefits or services, you must notify your Program Coordinator in

writing at 115 S. Wilson, Jefferson, Iowa 50129. Please state clearly that you do not want to receive materials about health-related benefits or services.

5. Fundraising Activities. We may use or disclose health information about you to contact you about raising money for our programs, services and operations. If you do not want us to contact you for fundraising purposes, you must notify your Program Coordinator in writing at 115 S. Wilson, Jefferson, Iowa 50129. Please state clearly that you do not want to receive any fundraising solicitations from us.

B. Uses and Disclosures That May be Made Without Your Consent or Authorization, But For Which You Will Have an Opportunity to Object.

1. Persons Involved in Your Care. We may provide health information about you to someone who helps pay for your care. We may use or disclose your health information to notify or assist in notifying a family member, personal representative or other person that is responsible for your care or your location, general condition or death. We may also use or disclose your health information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individuals involved in your health care.

In limited circumstances, we may disclose health information about you to a friend or family member who is involved in your care. If you are physically present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care.

But, if you are in an emergency situation, we may disclose your health information to a spouse, a family member, or a friend so that such person may assist in your care. In this case we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care.

And, if you are not in an emergency situation but are unable to make health care decisions, we will disclose your health information to:

- a person designated to participate in your care in accordance with an advance directive validly executed under state law,
- your guardian or other fiduciary if one has been appointed by a court, or
- if applicable, the state agency responsible for consenting to your care.

C. Uses and Disclosures That May be Made Without Your Consent, Authorization or Opportunity to Object.

1. Emergencies. We may use and disclose your health information in an emergency treatment situation. By way of example, we may provide your health information to a paramedic who is transporting you in an ambulance. We will attempt to obtain your Consent as soon as reasonably practicable after we provide you with emergency treatment.

2. Communication Barriers. We may use and disclose your health information if one of our staff members attempts to obtain Consent from you, but is unable to do so due to substantial communication barriers. However, we will only use or disclose your health information if the staff member determines in his/her professional judgment that, absent the communication barriers, you likely would have consented to use or disclose information under the circumstances.

3. Research. We may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

4. **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
5. **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.
6. **Public Health Activities.** We may disclose health information about you as necessary for public health activities including, by way of example, disclosures to:
- report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
 - report vital events such as birth or death;
 - conduct public health surveillance or investigations;
 - report child abuse or neglect;
 - report to the Food and Drug Administration (FDA) or to a person required by the FDA to report certain events including information about defective products or problems with medications;
 - notify consumers about FDA-initiated product recalls;
 - notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition
 - notify the appropriate government agency if we believe you have been a victim of abuse, neglect or domestic violence. We will only notify an agency if we obtain your agreement or if we are required or authorized by law to report such abuse, neglect or domestic violence.
7. **Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care, and civil rights laws.
8. **Disclosures in Legal Proceedings.** We may disclose health information about you to a court or administrative agency when a judge or administrative agency orders us to do so. We also may disclose health information about you in legal proceedings without your permission or without a judge or administrative agency's order when:
- you are a party to a legal proceeding and we receive a subpoena for your health information. We will not provide this information in response to a subpoena without your authorization if the request is for records of a federally-assisted substance abuse program;
9. **Law Enforcement Activities.** We may disclose health information to a law enforcement official for law enforcement purposes when:
- a court order, subpoena, warrant, summons or similar process requires us to do so; or
 - the information is needed to identify or locate a suspect, fugitive, material witness or missing person; or
 - we report a death that we believe may be the result of criminal conduct; or
 - we report criminal conduct occurring on the premises of our facility; or
 - we determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or

- the disclosure is otherwise required by law.
- We may also disclose health information about a person who is a victim of a crime, without a court order or without being required to do so by law. However, we will do so only if the disclosure has been requested by law enforcement official and the victim agrees to the disclosure or, in the case of the victim's incapacity, the following occurs:
- the law enforcement official represents to us that (i) the victim is not the subject of the investigation and (ii) an immediate law enforcement activity to meet a serious danger to the victim or others depends upon the disclosure; and
 - we determine that the disclosure is in the victim's best interest.

10. Medical Examiners or Funeral Directors. We may provide health information about our consumers to a medical examiner. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances. We may also disclose health information about the people we serve to funeral directors as necessary to carry out their duties.

11. Military and Veterans. If you a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose your health information for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs. Finally, if you are a member of a foreign military service, we may disclose your health information to the foreign military authority.

12. National Security and Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may also disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or so they may conduct special investigations.

13. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

III. Uses and Disclosures of Your Health Information with Your Permission.

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

IV. Your Rights Regarding Your Health Information.

A. Right to Inspect and Copy.

You have the right to request an opportunity to inspect or copy health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records, but not psychotherapy notes.

You must submit your request in writing to your Program Coordinator at 115 S. Wilson, Jefferson, Iowa 50129. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request.

We may deny your request to inspect or copy your health information in certain limited circumstances.

B. Right to Amend.

For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records, but not psychotherapy notes.

To request an amendment, you must submit a written document to your Program Coordinator at 115 S. Wilson, Jefferson, Iowa 50129 and tell us why you believe the information is incorrect or inaccurate.

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 health information that:

- was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- is not part of the health information we maintain to make decisions about your care;
- is not part of the health information that you would be permitted to inspect or copy; or
- is accurate and complete.

If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request.

If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

C. Right to an Accounting of Disclosures.

You have the right to request that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures. But this list will not include certain disclosures of your health information, by way of example, those we have made for purposes of treatment, payment, and health care operations.

To request an accounting of disclosures, you must submit your request in writing to your Program Coordinator at 115 S. Wilson, Jefferson, Iowa 50129. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six years and not include dates before April 14, 2003.

The first accounting you request within a twelve month period will be free. For additional requests during the same 12 month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

D. Right to Request Restrictions.

You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or health care operations. You may also ask that any part (or all) of your health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in Section II(B)(2) of this Notice of Privacy Practices. To request a restriction, you must either include it (with our approval) in the or Disclosure Form or request the restriction in writing addressed to your Program Coordinator at 115 S. Wilson, Jefferson, Iowa 50129. Your Program Coordinator will ask you to sign a new consent form which includes the restrictions.

We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

E. Right to Request Confidential Communications.

You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail.

To request such a confidential communication, you must make your request in writing to your Program Coordinator at 115 S. Wilson, Jefferson, Iowa 50129. We will accommodate all reasonable request. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

F. Right to a Paper Copy of this Notice.

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you may still obtain a paper copy. To obtain a paper copy, contact your Program Coordinator at 115 S. Wilson, Jefferson, Iowa 50129.

V. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at 115 S. Wilson, Jefferson, Iowa 50129, (515) 386-3017. All complaints must be submitted in writing.

Your Program Coordinator, who can be contacted at 115 S. Wilson, Jefferson, Iowa 50129, will assist you with writing your complaint, if you request such assistance.

We will not retaliate against you for filing a complaint.

VI. Changes to this Notice

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. We will post a copy of the current Notice of Privacy Practices at our main office and at each site where we provide care. You may also obtain a copy of the current Notice of Privacy Practices by calling us at (515) 386-3017 and requesting that a copy be sent to you in the mail or by asking for one any time you are at our offices.

VII. Who will follow this Notice.

This Notice of Privacy Practices will be followed by us and by all other Genesis sites. In addition, these entities site or locations may share health information with each other for treatment, payment or health care operations purposes.

I, _____, have received a copy of the Notice of Privacy Practices.

Date: _____

Signature: _____

Please return to Genesis Development at 115 S. Wilson, Jefferson, Iowa 50129.