



## NOTICE OF PRIVACY PRACTICES

Your Information

Your Rights

Our Uses and Disclosures

Our Legal Duties

### Your Information

**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.** In accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), MedOne, L.C ("MedOne") is required to inform you of its practices in relation to your individually identifiable health information, also known as Protected Health Information ("PHI"). MedOne will receive, use, disclose, transmit, maintain, or create your PHI. HIPAA's Privacy Rule mandates minimum standards that MedOne must maintain in relation to your PHI. This Notice of Privacy Practices is being provided to help you understand how MedOne meets these HIPAA minimum standards. Its overall goal is to inform you of your rights, the ways that MedOne may use, and disclose your PHI, and MedOne's legal duties towards your PHI.

### Your Rights

**Get an electronic or paper copy of your medical record.** In order to properly document your wishes, we require that your request for restrictions, changes, and special handling be made in writing. Forms may be obtained by contacting us at the address, fax number, phone number or e-mail address shown on the bottom of the last page of this notice or at [www.medone-rx.com](http://www.medone-rx.com).

- a. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- b. 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.
- c. We may deny you access to your medical records in certain circumstances: Your psychotherapy notes; Information compiled in anticipation of a court action; Unreviewable grounds for denial; If you are an inmate in a correctional facility; If it will endanger the life or physical safety of an individual; If it references someone else's PHI, or ; If it was disclosed to someone other than your healthcare provider.

**Ask us to correct your medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days. We may deny your request if the record was: Not created by MedOne; Is not part of the designated record set, or; Is accurate and complete.

#### Modify communications.

- a. You can ask us to contact you in an alternative way (for example, home or office phone) or to send mail to a different address. We shall say "yes" to all reasonable written requests if you state that disclosure of all or part of PHI could otherwise endanger you. We may require a form of payment, and a way to contact you.
- b. Ask us to limit what we see or share. You can ask us in writing 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.
- c. If you pay for a service or health care item out-of-pocket in full, you can ask us in writing not to share that information for the purpose of payment or health care operations. We will say "yes" unless a law requires us to share that information.

#### Get a list of those with whom we've shared information.

- a. You can ask for a list (accounting) of the times we've shared your health information for 6 years prior to the date you ask, who we shared it with, and why. We will act on your request within 60 days after receipt.
- b. We will include all the disclosures, except for permitted disclosures, and disclosures for which authorization was required and received, as well disclosures that pose a threat to an individual (such as for national security or intelligence purposes). We'll provide 1 accounting per 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 on your behalf.

- a. If you have given someone medical power of attorney, advance health care directive, or durable power of attorney for health care, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- b. If you notify us in writing, 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.

- a. You can complain if you feel we have violated your rights by contacting us by mail at MedOne, Attn: Privacy Officer, 1590 University Avenue, Dubuque, IA 52001 or by email at [privacyofficer@medone-rx.com](mailto:privacyofficer@medone-rx.com), or by fax at (563) 588-8725 or by telephone at 563-588-8748.
- b. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at the U.S. Department of Health & Human Services, 200 Independence Avenue SW, Room 509F HHH Building, Washington D.C. 20201
- c. We cannot retaliate against you for filing a complaint.

## Our Uses and Disclosures

### Our Permitted Uses and Disclosures.

MedOne can use or share your health information in the following ways, without further authorization:

- a. To treat you. We can use your PHI to treat you, and share it with other professionals who are treating you. *Example: MedOne sends prescription refill reminders on your phone, or sends you information about potential side effects, and drug interactions of your medication regime via mail.*
- b. To run our healthcare operations. We can use and share your PHI to run our practice, improve your care, and contact you when necessary. We may disclose to business associates, or subcontractors if they need to receive this information to provide a service to us and will agree to abide by specific HIPAA rules relating to the protection of PHI. *Example: We involve an e-prescribing subcontractor to manage the prescription that your doctor prescribes to ensure that you can pick up that prescription at your local pharmacy, and that prescription gets paid by your Plan Sponsor.*
- c. To bill for your services. We can use and share your PHI to bill and get payment from our Plan Sponsors or other entities. *Example: We may disclose PHI to your Plan Sponsor to ensure that you are eligible to be covered for the appropriate prescriptions, and your Plan Sponsor makes the appropriate payment for those prescriptions.*

### Uses and Disclosures Without Your Written Authorization Required.

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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- a. Help with public health and safety issues. We can share health information about you for certain situations such as:
  1. Preventing disease. *Example: Reporting to the CDC your status as regards a communicable disease.*
  2. Disclosing PHI to a health oversight agency for oversight activities of the health care system. *Example reporting member spend to the CMS.*
  3. Reporting for product recalls. *Example: Reporting to the FDA your consumption of a certain drug being recalled.*
  4. Reporting suspected abuse, neglect, or domestic violence. *Example: Reporting abuse to a child protective services agency.*
  5. Preventing or reducing a serious, and imminent threat to anyone's health or safety. Such disclosure will only be made to someone in a position to prevent or lessen the threat. *Example: Disclosure to a police officer in a standoff.*
  6. An employer, who pays for the workforce benefits, in conducting medical surveillance of the workplace, as required by pertinent law. Employees need to be put on notice. *Example: Reporting to your employer your status as regards a communicable disease.*
  7. Disclosure of immunization records to a school, provided parent or emancipated minor's agreement is on record. *Example: Filling out an immunization record form provided by the school.*
- b. Do research. We can use or share your information for health research. If we share your information to an outside party, our only remuneration shall be the fee to cover the cost of data transmission. In most circumstances, the shared data would be de-identified aggregate data. If we do however need to transmit PHI, we would either obtain your consent, or pursuant to the Privacy Rule, obtain documentation of waiver or alteration to individual authorization. *Example: Study cost profiles of Plan Sponsor accounts for the goal of optimizing their plan designs.*
- c. 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.
- d. Respond to organ and tissue donation requests. We can share health information about you with organ procurement organizations.
- e. 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, in order for them to perform their duties as authorized by law. *Example: PHI is shared with the coroner for the purpose of determining a cause of death.*
- f. Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you:
  1. For workers' compensation claims, as required in state specific statutes.
  2. For law enforcement purposes or with a law enforcement official. *Example: Disclosure to a correctional officer in regard to an inmate for the health and safety of other inmates.*
  3. With health oversight agencies for activities authorized by law. *Example: Reporting your status in regard to a communicable disease to the Center for Disease Control (CDC).*
  4. For special government functions such as military, national security, and presidential protective services. *Example: For separation or discharge from military service.*
- g. Report to the National Instant Criminal Background Check System. If you are an individual who is prohibited from possessing a firearm, your PHI may be disclosed for that sole purpose to the appropriate entity. *Example: You go to purchase a firearm, and your PHI is available on the National Instant Criminal Background Check System.*
- h. 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. Disclosure of records of your DNA, dental records, or analysis of body fluids or tissue, typically require a court order. *Example: If you are involved in a car accident, and the opposing party has a court order for the history of your physical therapy sessions.*

### Uses and Disclosures Requiring an Opportunity for You to Agree, or to Object.

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 how to:

- a. Share information with your family, close friends, or others involved in your care. Tell us the extent of the information that you would like shared.
- b. Share information in a disaster relief situation. If you are not present, or your opportunity to agree or object cannot be practicably provided,

for example if you are unconscious, or are in an emergency treatment circumstance, 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 a person's health or safety.

#### **Uses and Disclosures for which Your Authorization is Required.**

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

- a. Generally marketing purposes. Face to face marketing communication, or marketing in the form of remittance of a promotional gift of nominal value, are however permitted.
- b. Sale of your information.
- c. Most sharing of psychotherapy notes.
- d. Fundraising. We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **Our Legal Duties**

- a. We are required by law to maintain the privacy and security of your PHI.
- b. We are prohibited from using or disclosing PHI that is genetic information for underwriting purposes. *Example: Your genetic information cannot be used to determine your eligibility for benefits, or computation of contribution amounts.*
- c. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- d. We must follow the duties and privacy practices described in this notice and give you a copy of it.
- e. 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.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://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 and on our web site.

#### **States with Greater Limits on Disclosure.**

Pursuant to Iowa law, we will not disclose any HIV/AIDS-related information, except in situations where the subject of the information has provided us with a written authorization allowing the release or where we are authorized or required by state or federal law to make the disclosure.

#### **Contact Us:**

**Mail:** MedOne, Attn: Privacy Officer, 1590 University Avenue, Dubuque, IA 52001

**Email:** [privacyofficer@medone-rx.com](mailto:privacyofficer@medone-rx.com)    **Phone:** 563-588-8748 or **Fax:** (563) 588-8725

**Website:** [www.medone-rx.com](http://www.medone-rx.com)

Effective Date of this Notice: August 1<sup>st</sup>, 2020.

rev 07.30.20