

Iowa Comprehensive Health Association (ICHA)

Notice of Privacy Practices

This Notice of Privacy Practices describes how the Iowa Comprehensive Health Association (referred to in this Notice as “ICHA”) may use and disclose your protected health information.

This Notice has been drafted in accordance with the HIPAA Privacy Rule, contained in the Code of Federal Regulations at 45 CFR Parts 160 and 164.

Questions and Further Information. If you have any questions or want additional information about the Notice or the policies and procedures described in the Notice, please contact ICHA using the Contact Information provided at the end of this Notice.

ICHA’S RESPONSIBILITIES

ICHA is required by law to maintain the privacy of your protected health information. It is obligated to provide you with a copy of this Notice setting forth ICHA’s legal duties and its privacy practices with respect to your protected health information. ICHA must abide by the terms of this Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following is a description of when ICHA is permitted or required to use or disclose your protected health information.

Treatment. ICHA may disclose your medical information when requested by a doctor, hospital or other provider requiring the information to appropriately treat you.

Payment. ICHA may use or disclose your protected health information to fulfill its responsibilities for coverage and providing benefits as established under ICHA. For example, ICHA may disclose your protected health information when a provider requests information regarding your eligibility for benefits under ICHA, or it may use your information to determine if a treatment that you received was medically necessary.

Health Care Operations. ICHA may use or disclose your protected health information to operate the ICHA program. ICHA contracts with service providers – called business associates – to perform various functions on its behalf. For example, (i) ICHA may contract with a service provider to perform the administrative functions necessary to pay your medical claims; (ii) to provide you with information about a disease management program; (iii) to respond to a customer service inquiry from you; (iv) in connection with fraud and abuse detection and compliance programs, or (v) to survey you concerning how effectively ICHA is providing services, among other issues.

To You or Your Designee Upon Your Authorization: ICHA may disclose your protected health information to you or someone who has the legal right to act for you. You retain the right to give us permission, via a written authorization, to use your protected health information or release it to whomever you choose for any purpose. If you give such an authorization you have the right to cancel it at any time.

ICHA considers the activities described above key for the proper administration of your health plan. There are also other limited circumstances in which ICHA must release your protected health information. These include:

Required by Law. ICHA may use or disclose your protected health information to the extent required by federal, state, or local law.

Public Health Activities. ICHA may use or disclose your protected health information for public health activities that are permitted or required by law.

Health Oversight Activities. ICHA may disclose your protected health information to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions.

Lawsuits and Other Legal Proceedings. ICHA may disclose your protected health information in the course of any judicial or administrative proceeding or in response to an order of a court, subpoena, or a discovery request (to the extent such disclosure is expressly authorized).

For Emergency Situations and Disaster Relief Purposes. ICHA also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then, using professional judgment, ICHA may determine whether the disclosure is in your best interest.

Abuse or Neglect. ICHA may disclose your protected health information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence.

Coroners, Medical Examiners, and Funeral Directors. ICHA may disclose protected health information to a coroner or medical examiner when necessary for identifying a deceased person or determining a cause of death.

Organ and Tissue Donation. ICHA may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

Research. ICHA may disclose your protected health information to researchers when (1) their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information, or (2) the research involves a limited data set which includes no unique identifiers (information such as name, address, social security number, *etc.*, that can identify you).

To Prevent a Serious Threat to Health or Safety. Consistent with applicable laws, ICHA may disclose your protected health information if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. It also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military. Under certain conditions, ICHA may disclose your protected health information if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities.

National Security and Protective Services. ICHA may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. If you provide ICHA with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information.

YOUR RIGHTS

The following is a description of your rights with respect to your protected health information.

Right to Request a Restriction. You have the right to request a restriction on the protected health information ICHA uses or discloses about you for treatment, payment or health care operations. ICHA is not required to agree to any restriction that you request.

Right to Request Confidential Communications. If you would like to request that ICHA communicate with you at an alternative location, (for example: you may request that we send materials to a P.O. Box instead of your home address), please submit your request, including the reason for the request, in writing to the address listed at the end of this notice. ICHA will accommodate a request for confidential communications that is reasonable.

Right to Request Access. You have the right to inspect and copy protected health information that is maintained by ICHA. You must submit your request in writing. Should you request any information, please submit your request to the address listed at the end of this notice. If you request copies, ICHA will charge you 5 ¢ per page, and \$30.00 per hour for labor to copy your protected health information, as well as postage if you request copies be mailed to you.

Right to Request an Amendment. You have the right to request an amendment of your protected health information held by ICHA if you believe that information is incorrect or incomplete. If you request an amendment of your protected health information, your request must be submitted in writing request to the address listed at the end of this notice and must set forth a reason(s) in support of the proposed amendment.

In certain cases, ICHA may deny your request for an amendment. For example, ICHA may deny your request if the information you want to amend is accurate and complete or was not created by ICHA. If ICHA denies your request, you have the right to file a statement of disagreement.

Right to Request an Accounting. You have the right to request an accounting of certain disclosures ICHA has made of your protected health information. Your request must be submitted in writing and sent to the address listed at the end of this notice. This list will not include any disclosures that were made to you or your personal representative, disclosures made for treatment, payment or healthcare operations activities as described within this notice or for disclosures made prior to the mandatory effective date of April 14, 2004. You are entitled to one accounting free of charge during a twelve-month period. There will be a charge to cover ICHA's costs for additional requests within that twelve-month period.

Right to Submit a Complaint. If you believe ICHA has violated your privacy rights, you may complain to ICHA or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with ICHA and this must be submitted in writing and sent to the address listed at the end of this notice.

CHANGES TO THIS NOTICE

ICHA reserves the right to change the provisions of this Notice and make the new provisions effective for all protected health information that it maintains. If ICHA makes a material change to this Notice, it will provide a revised Notice to you at the address that ICHA has on record for the participant enrolled in ICHA.

EFFECTIVE DATE

This Notice of Privacy Practices becomes effective on April 14, 2004.

CONTACT INFORMATION

To exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact:

ICHA Administrator
Chad Somers, Privacy Official
P.O. Box 1090
Great Bend, KS 67530