

OPTIMAE LIFESERVICES PRIVACY NOTICE

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.

Our Legal Responsibility

As your provider we are legally required to protect the privacy of your health information and to provide you with this notice of our legal obligations and privacy practices with respect to your health information. If you any questions or concerns, please contact our Privacy Officer at 1-641-777-9852 or Privacy Officer, Optimaie LifeServices, 226 W. Main St Suite 402, Ottumwa, IA 52501.

Your Protected Health Information

Throughout this notice we will refer to your Protected Health Information as PHI. Your PHI includes data that identifies you and reports about the care and services you receive from Optimaie. It may include information about your past, present or future physical or mental health condition, the provision of your health care and payment for services. This notice describes how we may use and disclose your PHI to carry out treatment, payment or healthcare operations and other purposes that are permitted or required by law.

Uses of PHI

We use and disclose health information for many reasons. The following examples describe some of the categories of our uses and disclosures. Please note that not every use or disclosure in a category is listed.

Treatment - We may use and disclose information about you to provide your care and facilitate related Optimaie services. We will also use and disclose your health information to coordinate and manage your care and related services. For example: we may disclose your health information among staff who work at Optimaie, Optimaie Community Support Staff might discuss information with an Optimaie therapist.

Payment - We may use and disclose your PHI in order to bill and collect payment for the treatment and services we provided to you. For example: we may provide PHI to an insurance company or other third payor or party in order to obtain approval for services.

Health Care Operations - We may disclose and use your PHI as part of routine operations. For example: we may use your PHI to evaluate the quality of services you received or to evaluate the performance of staff who were involved in your treatment, training students in clinical activities, licensing, accreditation, business planning, general administrative activities, and to government agencies and law enforcement personnel when the law requires it. We may also share your PHI across Optimaie's division such as Home Health.

Appointment Reminders and Other Health Information: We may use your medical information to send you reminders about future appointments. We may also send you refill reminders or other communications about your current medications. However, if we receive any financial remuneration for making such refill or medication communications beyond our costs of making the communication, we must first obtain your written authorization to make such communications. We may contact you with information about new or alternative treatments or other health care services or for purposes of care coordination, unless we receive financial remuneration in exchange for making the communication; in that case, we will obtain your written authorization to make such communications. However, we are not required to obtain your written authorization for face-to-face communications.

Research: Federal law permits Optimaie to use and disclose medical information about you for research purposes, either with your specific, written authorization or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate.

- **As Required by Law:** We will disclose medical information about you when we are required to do so by federal, state or local law.

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Mandatory reporting and emergencies - We may disclose PHI as necessary for public health activities such as reporting abuse or neglect and information necessary to prevent serious and imminent threat to your health and safety or the health and safety of the public or another person. We may use and disclose your PHI in an emergency treatment situation.

With regard to HIV/AIDS related information, we may release to the Department of Public Health any relevant information provided by an HIV-positive person regarding any person with whom the HIV-positive person has had sexual relations or has shared drug injecting equipment. We may also reveal the identity of a person who has tested positive for HIV to the extent necessary to protect a third party from the direct threat of transmission. In the event the person who tests positive for HIV is a convicted or alleged sexual assault offender, we are required under Iowa law to disclose the test results to the convicted or alleged offender and to the victim counselor or other person designated by the victim, who shall disclose the results to the victim.

We may notify a care provider who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition (notification will not include the name of the individual tested for the contagious or infectious disease unless the individual consents).

We may report to the Iowa Department of Transportation information about patients with physical or mental impairments that would interfere with their ability to safely operate a motor vehicle.

- **To Business Associates:** Some services are provided by or to Optimae through contracts with business associates. Examples include Optimae's, attorneys, consultants, collection agencies, and accreditation organizations. We may disclose information about you to our business associate so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to re-disclose the information unless specifically permitted by law.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Public Health:** We may disclose medical information to public health authorities about you for public health activities. These disclosures generally include the following:
 - Preventing or controlling disease, injury or disability;
 - Reporting births and deaths;
 - Reporting child abuse or neglect, or abuse of a vulnerable adult;
 - Reporting reactions to medications or problems with products;
 - Notifying people of recalls of products they may be using;
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
 - Reporting to the FDA as permitted or required by law.
- **Health Oversight Activities:** [Entity] may disclose medical information to a health oversight agency for health oversight activities that are authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** We may disclose medical information about you in response to a valid court order or administrative order. We also may disclose your medical information in response to certain types of subpoenas, discovery requests or other lawful process. We may disclose information in the context of civil litigation where you have put your condition at issue in the litigation.
- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official in response to a valid court order, grand jury subpoena, or warrant, or with your written consent. In addition, we are required to report certain types of wounds, such as gunshot wounds and some burns. In most cases, reports will include only the fact of injury, and any additional disclosures would require your consent or a court order.

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We may also release information to law enforcement that is not a part of the health record (in other words, non-medical information) for the following reasons:

- To identify or locate a suspect, fugitive, material witness, or missing person;
 - If you are the victim of a crime, if, under certain limited circumstances, we are unable to obtain your agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at our facility; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners, and Funeral Directors:** We will release medical information to a coroner or medical examiner in the case of certain types of death, and we must disclose health records upon the request of the coroner or medical examiner. This may be necessary, for example, to identify you or determine the cause of death. We may also release the fact of death and certain demographic information about you to funeral directors as necessary to carry out their duties.
 - **National Security and Intelligence Activities:** We will release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities only as required by law or with your written consent.
 - **Protective Services for the President and Others:** We will disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations only as required by law or with your written consent.
 - **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we will release medical information about you to the correctional institution or law enforcement official only as permitted by law.

USES & DISCLOSURES FOR WHICH YOU HAVE AN OPPORTUNITY TO OBJECT

Disclosure to Family, Friends or Others - Also we may provide your PHI to a family member, friend or other person you tell us is involved in your care or involved in the payment of your health care unless you object in whole or in part. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine it is in your best interest. We may also use or disclose your health information to an entity assisting in disaster relief efforts.

Directories at Licensed Facilities - We may use your name and address for directory purposes at Optimae residential facilities only. This information will be disclosed to people who ask for you by name or request a list of residents for gift giving and organizing activities. If you object to this use we will not include this information in the directory. You will need to express your objection in writing. To object please notify a staff member.

Other Uses and Disclosures of Protected Health Information

We are required to obtain a written authorization from you for most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information. Except as described in this Notice, Optimae will not use or disclose your protected health information without a specific written authorization from you. If you provide us with this written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

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YOUR RIGHTS REGARDING PHI - YOU HAVE THE RIGHT TO:

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you. If you pay out-of-pocket in full for an item or service, then you may request that we not disclose information pertaining solely to such item or service to your health plan for purposes of payment or health care operations. We are required to agree with such a request, unless you request a restriction on the information we disclose to a health maintenance organization ("HMO") and the law prohibits us from accepting payment from you above the cost-sharing amount for the item or service that is the subject of the requested restriction. **However, we are not required to agree to any other request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or you request that we remove the restriction.

To request restrictions, you must make your request in writing to the Regional Director. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, if you want to prohibit disclosures to your spouse.

Request Confidential Communication - 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. We will accommodate reasonable requests. To make a request, contact the Privacy Officer.

Right to Inspect and Copy: You have the right to inspect and receive a copy of your medical information that is used to make decisions about your care. Usually, this includes medical and billing records maintained by Optima.

If you wish to inspect and copy medical information, you must submit your request in writing **to the Regional Director**. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by state and federal law. If we maintain your health information electronically as part of a designated record set, you have the right to receive a copy of your health information in electronic format upon your request. You may also direct us to transmit your health information (whether in hard copy or electronic form) directly to an entity or person clearly and specifically designated by you in writing.

We may deny your request to inspect and copy your information in certain very limited circumstances. For example, we may deny access if your physician believes it will be harmful to your health, or could cause a threat to others. In these cases, we may supply the information to a third party who may release the information to you. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by **[Entity]** will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Amend - You have the right to request an amendment of your PHI if you think that information is inaccurate or incomplete in your medical or billing record for as long as that information is maintained. We may deny your request if it is not in writing; relates to information not created or produced by us; we decide the information in the record is accurate and complete.

Accounting of Disclosures - You have the right to obtain information regarding to whom we have disclosed your PHI provided the request is not for before April 14, 2003 and is not longer than six years. This list will not include uses or disclosures made for treatments, payment or disclosures you have specifically authorized to release or any disclosures required by law.

Paper Copy of this Notice - You have the right to request a paper copy of this notice. This notice is posted at each Optima office.

Revocation of Permission - If you provide us with permission to use or disclose medical information about you, you may revoke that permission at any time. A written request is needed for the file.

Complaints and Questions - If you believe your privacy rights have been violated, you may file a complaint with Optima or with the Secretary of the U.S. Department of Health & Human Services. To file a complaint with

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Optimae, contact the Privacy Officer listed at the beginning of this notice. We will not retaliate against you for filing a complaint.

Breach Notification - You have the right to receive notice in the event there is a breach of any unsecured protected health information.

Changes to this Notice - Optimae reserves the right to change the terms of this Notice, our privacy practices and to make new provisions effective for past, present and future PHI we maintain. We post a copy of the Notice of Privacy Practices at each Optimae LifeServices office. Ask for one anytime you are in our offices. You may also obtain a copy of the current Notice of Privacy Practices by accessing our web site at www.optimaelifeservices.com or by calling 1-641-777-9852 and requesting a copy.

This Notice is in effect June 8, 2005.
Updated without substantial change