

Organ Donations: We will disclose PHI to organizations that obtain, bank or transplant organs or tissues.

National Security and Protection of the President: CCHC may release your PHI to an authorized federal official or other authorized persons for purposes of national security, for providing protection to the President, or to conduct special investigations, as authorized by law.

Correctional Institution: If you are an inmate of a correctional institution or under the custody of a law enforcement officer, CCHC may release your PHI to them. The PHI released must be necessary for the institution to provide you with health care, protect your or other's health and safety, or for the safety and security of the correctional institution.

Military: If you are a veteran or a current member of the armed forces, CCHC may release your PHI as required by military command or veteran administration authorities.

Workers' Compensation: CCHC will disclose health information that is reasonably related to a worker's compensation illness or injury following written request by your employer, worker's compensation insurer, or their representative.

Employer Sponsored Health and Wellness Services: We maintain PHI about employer sponsored health and wellness services we provide to our patients, including services provided at their employment site. We will use the PHI to provide you medical treatment or services and will disclose the information about you to others who provide you medical care.

Shared Medical Record/Health Information Exchanges: We maintain PHI about our patients in shared electronic medical records that allow the CCHC associates to share PHI. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide you care.

FEDERAL CONFIDENTIALITY REQUIREMENTS

The confidentiality of substance use disorder patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as having a substance use disorder unless: (1) the patient consents in writing; (2) the disclosure is allowed by a court order; or (3) the

disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of federal law and regulations by a program is a crime and suspected violations may be reported to the US Attorney at (319) 363-6333, as well as the SAMHSA office responsible for opioid treatment oversight. Federal law and regulations do not protect: (1) information related to a patient's commission of a crime on the premises of the program or against personnel of the program; or (2) reports of suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. *See* 42 U.S.C. 290dd-2 and 42 CFR Part 2.

Your PHI Privacy Rights:

- Right to Access Your Own Health Information
- Right to Inspect and Copy
- Right to Request Confidential Communications
- Right to Get a List of Disclosures
- Right to Request Restrictions on certain disclosures to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid for out-of-pocket
- Right to Revoke Permission
- Right to File a Complaint
- Right to Get a Paper Copy of This Notice
- Right to Be Notified of a Breach of Unsecured PHI

Types of Uses and Disclosures of PHI That Require a Separate Authorization:

- Marketing purposes
- Sale of protected health information
- Substance use disorder information

You may contact the CCHC Privacy Officer at:

Crescent Community Health Center

1690 Elm Street
Dubuque, IA 52001
Phone: 563-690-2425
Fax: 563-557-8488
concerns@crescentchc.org

This privacy notice is also available at
www.crescentchc.org



Notice of Privacy Practices



Crescent Community Health Center

1690 Elm Street
Dubuque IA 52001
Phone: 563-690-2850
Fax: 563-557-8488

Effective: 2013
Revision Date: March 20, 2025

CRESCENT COMMUNITY
HEALTH CENTER
NOTICE OF PRIVACY PRACTICES

Updated: June 1, 2021

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ THROUGH IT CAREFULLY.

Crescent Community Health Center (CCHC) provides many types of services, such as medical, dental, and brain health services and must collect information about you to provide these services. CCHC knows that information collected about you and your health is private. CCHC and all associates at all locations are required by law to maintain the privacy of patients' Protected Health Information (PHI) and to provide individuals with notice of the legal duties and privacy practices with respect to PHI.

CCHC is required to give you a notice of our privacy practices in regards to the information we collect and keep about you. We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and those new terms will affect all PHI that we maintain at that time.

In certain circumstances, CCHC may use and disclose PHI without written consent.

For Treatment: We will use your health information to provide you with medical treatment or services. We will disclose PHI to doctors, nurses, technicians, students in health care training programs, or other personnel who are involved in taking care of you. We may disclose health information to people outside CCHC who provide your medical care, such as other doctors or dentists. We may tell your health insurer about treatment your doctor/dentist/brain health professional has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment. We may contact you to provide reminders of appointments.

For Payment: CCHC will use and disclose PHI to other health care providers to assist in payment of your bills. We will use it to send bills and collect payment from you, your insurance company, or other payers (such as Medicare) for the care, treatment, and other related services you receive.

Business Associates: We may use or disclose your

PHI to an outside company that assists with operating our health system and performing various services for us. This includes, but is not limited to, auditing, accreditation, legal services, and consulting services. These outside companies are called "business associates" and they contract with us to keep the PHI received confidential in the same way we do.

For Health Care Operations: CCHC may use or disclose your PHI for the purpose of our business operations. These uses and disclosures are necessary to insure our patients receive quality care.

For Public Health Activities: CCHC may use or disclose your PHI for public health activities that are permitted or required by law. We may disclose PHI to the Food and Drug Administration (FDA) to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law or to state or federal government agencies. We may disclose PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

For Health Oversight Activities: CCHC may disclose PHI to a health oversight agency for activities authorized by law. Agencies seeking this information include government agencies that oversee the health care system, benefit programs, other regulatory programs, and government agencies that ensure compliance with civil rights laws.

As Required by Law and For Law Enforcement: CCHC will use and disclose PHI when required or permitted by federal, state, and local laws, or by court order. Under certain conditions, we may disclose PHI to law enforcement officials for law enforcement purposes. Examples may include: (1) responding to a court order or similar process; (2) as necessary to locate or identify a suspect, fugitive, material witness, or missing person; (3) reporting suspicious wounds, burns or other physical injuries; or (4) as relating to the victim of a crime.

Abuse or Neglect: We may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a governmental entity authorized to receive it.

Lawsuits and Other Legal Proceedings: CCHC may disclose PHI in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). If certain conditions are met, we may disclose your PHI in response to a subpoena, a discovery request, or other lawful process.

For Government Programs: CCHC may use and disclose PHI for public benefits under other government programs. Example: CCHC may disclose PHI for the determination of Supplemental Security Income (SSI) benefits.

To Avoid Harm: CCHC may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

For Research: CCHC may use and share your health information for certain kinds of research. Example: a research project may involve comparing the health and recovery of patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. In some instances, the law allows us to do research using your PHI without your approval.

Family Members and Friends: If you agree or do not object, or we reasonably infer that there is no objection, CCHC may disclose PHI to a family member, relative, or other person(s) whom you have identified to be involved in your health care or the payment of your health care, unless prohibited by federal or state law. If you are not present, are incapacitated, or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest. We may disclose PHI to a family member, relative, or other person(s) who was involved in the health care or the payment for health care of a deceased individual if not inconsistent with prior expressed preferences of the individuals known to CCHC. You also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care.

Coroners, Medical Examiners and Funeral Directors: CCHC may release your PHI to a coroner or medical examiner. We may also release your PHI to a funeral director, as necessary, to carry out his/her duties.