



# SIoux RIVERS MHDS REGION NOTICE OF PRIVACY PRACTICES November 1, 2022

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.

If you have any questions about this notice, please contact Brenna Koedam, LMHC IADC, Sioux Rivers MHDS Regional Chief Executive Officer at:

211 Central Ave SE  
Orange City, IA 51041  
(C): 712-209-9979  
[brennak@siouxcounty.org](mailto:brennak@siouxcounty.org)

Sioux Rivers MHDS Region is required by law to maintain the privacy of your health information and to provide you with this notice of their legal duties and privacy practices with respect to your health information and to notify you following a breach of unsecured health information. This notice is being issued to comply with the requirements of the privacy rules under the Health Insurance Portability and Accountability Act (HIPAA Privacy Rules)

## **WHO IS THIS NOTICE FOR AND WHAT IS THE PURPOSE OF THIS NOTICE?**

This notice is for participants enrolled in services covered by the Sioux Rivers MHDS Regional Management Plan, a legal entity formed by a 28E Agreement between Plymouth, Sioux, Lyon, O'Brien, Dickinson, and Emmet Counties.

For the purpose of this notice, your health (or medical) information (PHI) is information that identifies you and relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present, or future payment for health care furnished to you. It includes genetic information as defined under Title I of the Genetic Information Nondiscrimination Act of 2008.

The following plan is covered by this notice (collectively the "Plans"):

- Sioux Rivers Mental Health and Disability Services Regional Management Plan

The term "we", "our", or "us" in this notice refers to the Plans listed above and may include selected employees of the participating counties, who conduct plan administration functions. The term "you" or "your" refers to employees and dependents who participate in a health plan covered by this notice.

Insurers of health plans are obligated to send a notice of privacy practice under the HIPAA Privacy Rules, you may also receive a privacy notice from an insurer our region's liability insurance provider. The insurer's notice will apply only to the plan it insures. This notice will apply for the self-funded health plans sponsored listed above.

The regional management plan sponsored by Sioux Rivers MHDS is part of an organized health care arrangement. This means that these health plans may share your personal health information (PHI) with each other as needed for the purposes of payment and health care operations, as described in this notice.

The employees of the Sioux Rivers MHDS Region and employees of the participating counties of the 28E Agreement administer the Plan. Certain employees of the participating counties of the 28E Agreement perform administrative services for the Plan. When these employees perform plan administration functions on behalf of the Plan, they keep your PHI separate and do not share it with other employees within the Sioux Rivers MHDS Region or participating counties unless permitted by the HIPAA Privacy Rules.

### **HOW MAY YOUR HEALTH INFORMATION (PHI) BE USED OR DISCLOSED?**

The following categories describe the different ways your PHI may be used or disclosed. Each permitted use or disclosure falls within one of these categories. However, not every specific use or disclosure permitted in each category is described.

**Payment:** Your PHI will be used for payment purposes. Payment includes, among other things:

- Paying claims from providers for any covered treatment and services provided to you
- Determining disputed claims, eligibility for benefits, coordination of benefits, and cost sharing arrangements
- Asserting our right to subrogation and reimbursement
- Examining medical necessity
- Obtaining payment under stop loss insurance
- Conducting utilization review

\*We may not however use or disclose any PHI that is genetic information for underwriting purposes. Substance Use Disorder information may also be further protected by Federal Substance Abuse Confidentiality requirements CFR-42 Part 2.

**Health Care Operations:** Your PHI may be used to operate and administer the Plan. These operations include, among other things:

- Engaging in care coordination
- Case management
- Disease management
- Risk assessment
- Premium determination
- Audit functions
- Detection of fraud and abuse
- Quality assessments
- Improvement activities

\* We may not however use or disclose any PHI that is genetic information for underwriting purposes. Substance Use Disorder information may also be further protected by Federal Substance Abuse Confidentiality requirements CFR-42 Part 2.

**Treatment:** Your PHI may be disclosed to health care providers (doctors, nurses, technicians, dentists, pharmacists, hospitals, and other individuals who are involved in your care) in connection with your treatment.

**Plan Sponsor:** Your PHI may be disclosed to our used by Sioux Rivers MHDS, as Plan Sponsor, for the purpose of conducting plan administration functions, as permitted by the HIPAA Privacy Rules. Sioux Rivers MHDS will not, however, use or disclose your PHI created by or received from the Plan for any employment related functions, without your authorization.

**Business Associates:** Auditors, attorneys, consultants and the like (“business associates”) will be hired to assist in operating and administering the Plan. Our business associates may use or disclose your PHI to perform the services for which they have been hired. To protect your PHI, each business associate must sign a contract limiting its ability to use and disclose PHI and requiring it to implement appropriate safeguards.

**Communication with You and Your Family:** Generally, Sioux Rivers MHDS will not discuss your PHI with your family members without a specific signed authorization, unless it relates to a basic eligibility or enrollment questions. Unless you object, Sioux Rivers MHDS may disclose your PHI to a family member, other relative, person authorized by law, or any other person you identify as involved in your care or the payment related to your care. Only health information relevant to that person’s involvement in your care or the payment related to your care will be disclosed. You can restrict this disclosure at any time, subject to certain limitations. If you are incapacitated or in the event of an emergency, Sioux Rivers MHDS will exercise professional judgement to determine whether a disclosure of this type is in your best interest.

**Health Education:** Your PHI may be used to inform you about treatment alternatives or other health related benefits and services that may be of interest to you.

**Judicial or Administrative Proceedings:** Your PHI may be disclosed in response to a court or administrative order, subpoena, discovery request or other lawful process if certain conditions are met and the required assurances are received.

**As Required by Law:** Your PHI may be disclosed if such disclosure is required by law (e.g., to federal governmental agencies, such as Department of Health and Human Services for the purpose of determining compliance with HIPAA Privacy Rules).

**Public Health Activities:** Your PHI may be disclosed to public health or other appropriate authorities to lessen a serious and imminent threat to the health or safety of you or the public, including abuse of a vulnerable adult or child, subject to certain limitations and conditions.

**Parents of Minors:** PHI of a minor child, in most cases will be disclosed to a parent or guardian of that minor, subject to certain limitations imposed by State or Federal laws.

**Workers’ Compensation:** Your PHI may be used to the extent authorized by and to the extent necessary to comply with laws relating to workers’ compensation or other similar programs.

**Other Permitted Uses and Disclosures:** Your PHI also may be disclosed to prevent abuse, neglect, or domestic violence; for health oversight activities; for the purpose of conducting research; for law enforcement purposes; to coroners, medical examiners, or funeral directors; for purposes of organ donations; to avert a serious threat to health or safety and/or for specialized governmental functions.

**Your Authorization:** To use or disclose your PHI for reasons other than the categories listed above, we must obtain a signed written authorization from you. You may authorize, in writing, the use or disclosure of your PHI to any person and for any purpose specified in the authorization. You may revoke such authorization in writing at any time, but your revocation will not impact any uses or disclosures that occurred while your authorization was in effect. In certain instances, your services with Sioux Rivers MHDS may be conditioned on you signing and not revoking an authorization.

**WHAT ARE YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION (PHI)?**

This section describes your rights regarding your PHI. All requests relating to any of the rights described in this section must be made in writing and must be submitted as follows:

For Sioux Rivers MHDS Region, submit requests to:

Sioux Rivers MHDS Region  
Privacy Officer  
Brenna Koedam, LMHC IADC, Chief Executive Officer  
211 Central Ave SE  
Orange City, IA 51041  
Phone: (712) 209-9979  
[brennak@siouxcounty.org](mailto:brennak@siouxcounty.org)

**Right to Access:** You may request to inspect and copy your PHI. If you request a copy, we may charge a fee for the costs of copying, mailing or associated supplies. You will receive written notification if your request is denied. If your PHI is maintained electronically, you have a right to obtain a copy of it in an electronic format. We will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format. If the information cannot be readily produced in that form and format, we will work with you to determine a mutually agreeable form and format. If we cannot agree on an electronic form and format, you will receive a paper copy. You may also choose to have your PHI transmitted directly to an entity or person you clearly designate.

**Right to Amend:** If your PHI is incorrect or incomplete, you may request that it be amended. Your request must include a reason supporting the amendment. You will receive written notification if your request is denied. If your request is denied, you have the right to submit a written statement disagreeing with the denial, which will be appended to the PHI in question.

**Right to an Accounting of Disclosures:** You may request a list of the disclosures of your PHI, if any, that have been made other than disclosures made to you or authorized by you for payment or health care operations. Your request must state a time period for which the accounting of disclosures will be provided, not to exceed the preceding six years from the date of the request. If you request a list more than once in a 12-month period, you may be charged a reasonable cost-based fee. You will be notified of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

**Right to Request Restrictions:** You may request a restriction of the PHI that is disclosed about you to your family members, or for purposes of payment or health care operations. Generally, the Plan is not required to agree to such a restriction. If we do agree to the request, but we were not required to do so, we will abide by your restriction unless we need to use your PHI to provide emergency treatment. In addition, we may generally elect to terminate the restriction at any time.

A covered entity (such as a health care provider) must comply with a requested restriction if the disclosure is to a health plan for purposes of payment or health care operations and the PHI relates to a health care item or service for which an individual paid in full out of pocket. For example, if you receive medical care and choose to pay the provider for the entire amount of care in full out of pocket, you can request that the provider not disclose such information to the Plans and the provider must agree to such request.

**Right to Request Confidential Communications:** If disclosure of your PHI could endanger you, you may request that communication with you about health matters occur by alternative means or at an alternative location. For example, you may request that you only be contacted at work or by mail. Your request must include a statement that use, or disclosure may endanger you and specify how or where you wish to be contacted.

**Right to Notification of Breach:** You have a right to receive notice following an unauthorized access, use or disclosure of your PHI if that unauthorized access, use or disclosure is considered a “breach” as defined by the HIPAA Privacy Rules.

Right to a Paper Copy of this Notice: You may request a paper copy of this notice at any time by contacting:

Sioux Rivers MSDS Regional Chief Executive Officer  
Brenna Koedam, LMHC IADC  
211 Central Ave SE  
Orange City, IA 51041  
Phone: (712) 209-9979  
[brennak@siouxcounty.org](mailto:brennak@siouxcounty.org)  
OR

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Building  
200 Independence Ave. S.W.  
Room 509 F HHH Building  
Washington, D.C. 20201

This notice becomes effective January 1, 2023 and will remain in effect until we replace it. The Plans are required by law to abide by the terms of this Notice, as may be amended from time to time. We reserve the right to change this notice at any time and for any reason. We reserve the right to make the revised or changed notice effective for PHI we currently maintain as well as any information received in the future.

