



# EASTERN IOWA SLEEP CENTER

A PARTNERSHIP  
UNITY POINT-ST. LUKE'S HOSPITAL  
MERCY MEDICAL CENTER  
PHYSICIANS' CLINIC OF IOWA

## Notice of Information Practices

This notice describes how information about you may be used & disclosed and how you can get access to this information.

**Please review it carefully.**

Please note, we reserve the right to revise our practices with respect to Protected Information and to amend this notice. A revised or current notice of **Eastern Iowa Sleep Center (EISC)** privacy practices is available from the reception front desk. This notice is provided as a summary.

### [Protected Health Information \(PHI\)](#)

While receiving care from our facility, information regarding your medical history, treatment, and payment for your health care maybe originated and/or received by us. Information which can be used to identify you and which relates to your medical care or your payment for medical care is protected by state and federal law; this is known as "Protected Health Information" (PHI).

### [Your Rights](#)

Federal law grants you certain rights with respect to your PHI. Specifically, you have the right to:

- Receive a copy of this notice;
- Request that certain uses and disclosures of your PHI be restricted or revoked, except to the extent that action has already been taken. However, we are not required to agree with such restrictions;
- Access, review and copy your PHI, provided however, the request must be in writing and may be denied in certain limited situations;
- Request that your PHI be amended;
- Obtain an accounting of certain disclosures by us of your PHI for the past 6 years;
- Request receipt of communications in a confidential manner, which may be reasonably accommodated by alternate means or at an alternate location.

### [Our Responsibilities](#)

Federal law also imposes certain obligations and duties upon us with respect to your PHI.

- Provide you with notice of our legal duties and your facility's policies regarding the use and disclosures of your PHI;
- Maintain the confidentiality of your PHI in accordance with state and federal law;
- Abide by the terms of this notice.

## [How Your Protected Health Information May be Used and Disclosed](#)

Federal law allows us to use or disclose your PHI without your permission for the following purposes:

### [Treatment](#)

Your PHI may be used or disclosed to provide, coordinate or manage your care. For example, we may communicate and share your PHI with other healthcare providers and their staff within and outside of EISC to ensure continuity of care.

### [Payment](#)

Your PHI may be used or disclosed to create bills and collect payment from you, your insurance company or other third party payor. For example, this may include providing information such as dates of service, symptoms, and diagnosis to your insurance company to show we provided medical services to you.

### [Patient Contact](#)

At times, we may access your PHI to contact you regarding the need to set up an appointment or a reminder about future appointments.

### [To Avert a Serious Threat to Health Safety](#)

PHI may be used or disclosed when necessary to prevent or lessen a serious threat to the health and/or safety of the public, yourself or another person.

### [Health Care Operations](#)

Your PHI may be used or disclosed for facility operations, which are necessary to ensure that our facility provides the highest quality of care. For example, this may include quality assessment and improvement activities, medical/legal reviews and auditing functions.

### [As Required by Law](#)

PHI may be used or disclosed for other purposes to the extent required or mandated by law. For example, To comply with ADA, HIPAA privacy or security rule investigation or reviewing by DHS.

### [Public Health Activities](#)

Public Health authorities, including FDA & CDC, are legally permitted to collect and/or receive information for their approved activities.

### [Health Oversight Activities](#)

Federal and state agencies may access your PHI to oversee the healthcare activities rendered by our facility or our facilities compliance with certain laws and regulations.

### [Business Associates \(BA\)](#)

PHI may be used or disclosed for functions on our behalf or to provide certain types of services. A BA is required by contract to have appropriate safeguards regarding your PHI.

### [Victims of Abuse, Neglect or Domestic Violence](#)

In a manner consistent with the requirements of applicable federal and state laws, we may use or disclose PHI to protective services or social services agency if we reasonably believe you have been a victim of abuse, neglect or domestic violence. This reporting is for the health and safety of the victim.

### [Law Enforcement](#)

We may release PHI to law enforcement for the following purposes: pursuant to a court order, warrant, subpoena/summons; identifying or locating a suspect, fugitive, material witness or missing person; regarding a crime victim; regarding a decedent, if the individual's death was caused by suspected criminal conduct; necessary to alert the law of a crime, location of a crime, or characterizes of the perpetrator.

### [Judicial and Administrative Proceedings](#)

We may release PHI in response to a valid court or administrative order, or in response to certain types of subpoena, discovery requests or other lawful process.

### [Organ, Eye, or Tissue Donations](#)

PHI may be used or disclosed by us to entities engaged in the procurement, banking or transplantation of organs, eyes or tissues for the purpose of facilitating such donation and transplantation.

### [Coroners, Medical Examiners, Funeral Directors](#)

PHI may be released to identify a deceased person or to determine the cause of death; to allow the ability for these entities to carry out their duties.

### [Specialized Government Functions](#)

PHI may be used or disclosed for the following variety of government functions subject to some limitation: military and veteran activities; national security; intelligence activity; protective service of the President and others; medical suitability determinations for Dept. of State officials; correctional institutions; law enforcement; custodial situations; or provision of public benefits.

### [EASTERN IOWA SLEEP CENTER- NIP](#)

### [Worker's Compensation](#)

PHI may be used or disclosed as authorized and to the extent necessary to comply with laws relating to WC or other programs providing benefits for work-related injuries or illness without regard to fault.

### [Research Purposes](#)

All research projects are subject to a special approval process to evaluate the precautions used to protect PHI. Any information that identifies you as the patient will be removed.

## [Uses and Disclosure Requiring your Authorization](#)

Other than the uses and disclosures described herein, we will not use or disclose your PHI without your written authorization. If you provide us with written authorization, you may revoke it at any time unless disclosure is required by us to obtain payment for services already provided, we have otherwise relied on the authorization, or the law prohibits revocation.

## [Special Uses](#)

### [Communication with Significant Others](#)

Unless you object, we may exercise professional judgment to determine when disclosures of relevant PHI to a family member, friend or another person is in your best interest. This person would be someone you have identified and indicated as having active interest and/or involvement with your healthcare or payment of your healthcare.

### [Marketing and Communications Activities](#)

We may use basic demographic information limited to your name, address, phone number and dates you received services to contact you regarding treatment alternatives, health-related benefits, services or community efforts we feel may be of interest to you. If you do not wish to be contacted as part of our marketing and communications efforts, please notify us in writing at:

Eastern Iowa Sleep Center  
275 10<sup>th</sup> Street SE, Suite 3330  
Cedar Rapids, IA 52403

## [Comments and Concerns](#)

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting our office at (319)362-4433. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

## [Effective Date](#)

This notice became effective September 24, 2007. Last revised June 2024. If you desire more information regarding this summary, please contact our office at (319) 362-4433.



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Cedar Rapids, IA 52403  
(319) 362-4433 Office  
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