

Keokuk County Hospital and Clinics

Effective Date: February 9, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Keokuk County Hospital and Clinics (“KCHC,” “we,” or “us”) is required by law to protect the privacy of your protected health information (PHI), provide you with this notice, and follow the terms of this notice while it is in effect.

Contact:

Compliance Officer
Keokuk County Health Center
23019 Highway 149
Sigourney, IA 52591
Phone: (641) 622-1155

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

(No authorization required)

Treatment

We may use and disclose your medical information to provide, coordinate, or manage your care. This includes sharing information among providers, departments, clinics, and outside providers involved in your care.

Admission, Discharge, and Transfer Notifications:

As required by Medicare and Medicaid Conditions of Participation, we may notify your established providers of your admission, transfer, or discharge.

Payment

We may use and disclose your information to bill and collect payment from you, your insurance, or another responsible party.

Health Care Operations

We may use and disclose information for quality improvement, training, accreditation, audits, compliance, and business operations.

Business Associates

We may share information with business associates who perform services for us. They are required to protect your information.

Appointment Reminders and Care Communications

We may contact you about appointments, test results, or treatment options.

Fundraising

We may use limited information to contact you for fundraising. You may opt out at any time, and your care will not be affected.

Facility Directory

Unless you object, we may include limited information in our facility directory.

Individuals Involved in Your Care

We may share information with family or others involved in your care or payment, unless you object or Iowa or federal law prohibits it.

As Required or Permitted by Law

We may disclose information as required by law, including for public health, abuse or neglect reporting, health oversight, workers’ compensation, law enforcement, judicial proceedings, coroners, and emergency situations, consistent with **Iowa Code** and federal law.

Serious Threats

We may disclose information to prevent a serious threat to health or safety.

USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

We will obtain your written authorization before using or disclosing your information for:

- Marketing (when required)
- Sale of medical information
- Psychotherapy notes (with limited legal exceptions)

You may revoke your authorization in writing at any time.

TELEHEALTH SERVICES

Your information is protected during telehealth services as it is for in-person care. You may refuse or stop telehealth services at any time.

REPRODUCTIVE HEALTH INFORMATION

We protect reproductive health information as required by federal law and applicable Iowa law. We will not disclose such information for investigations or proceedings related to lawful reproductive health care, except as required by law.

SUBSTANCE USE DISORDER (SUD) TREATMENT RECORDS

Keokuk County Health Center and its clinics **do not operate a substance use disorder treatment program**. However, we may **receive or transmit SUD treatment records** from other providers.

Certain SUD treatment records are protected by federal law (**42 U.S.C. § 290dd-2 and 42 CFR Part 2**) and have **additional confidentiality protections**.

When these laws apply:

- We may use or disclose SUD records **only as permitted by law**, generally **with your written consent**, except in limited circumstances such as a medical emergency.
- With your consent, SUD records may be used or disclosed for **treatment, payment, and health care operations**.
- You may revoke your consent at any time, except where already relied upon.

Legal proceedings:

Federal law generally **prohibits the use or disclosure of SUD treatment records in civil, criminal, administrative, or legislative proceedings** without your written consent or a qualified court order.

When laws provide greater protection than HIPAA, we follow the **more protective law**.

YOUR RIGHTS

You have the right to:

- Access and obtain a copy of your records
- Request corrections
- Request an accounting of certain disclosures
- Request restrictions
- Request confidential communications
- Receive a paper copy of this notice
- File a complaint without retaliation

To exercise your rights, contact **Health Information Management** at (641) 622-1150.

BREACH NOTIFICATION

We will notify you of any breach of unsecured PHI as required by law.

CHANGES TO THIS NOTICE

We may change this notice and apply changes to information we already have. The current notice will be posted at our facilities and website.

COMPLAINTS

You may file a complaint with KCHC or with the U.S. Department of Health and Human Services. We will not retaliate.