

Resident Orientation Program



Enjoy life more.



VIRGINIA GAY HOSPITAL
Nursing & Rehab

A Healing *tradition*

504 N 9th Avenue
Vinton, IA 52349

www.myvgh.org | 319-472-6280



Award Winning
Quality Care.



Welcome

A sense of security comes from knowing our staff and providers go the extra mile in ensuring everyone is treated to the same caring quality of life opportunities.

Virginia Gay Nursing and Rehab is an Intermediate Care Facility designed to provide health-related care and services to individuals who,

because of their physical and/or mental condition, require assistance to maintain optimal quality of life.

The handout is designed to welcome you and acquaint you with the services available here. Please feel free to ask questions that are not answered within this handout.

We, the administration and staff of the Virginia Gay Nursing and Rehab, welcome you and hope that you soon will feel at home.



Trust is an essential component to any care program.

NURSING STAFF: A well trained staff of RNs, LPNs, and nursing assistants are available 24 hours a day. The nursing staff administers medication, treatment, maintains complete records and provides the best of care to all. A nurse call system reaches each individual resident. The facility is also equipped with a wander-monitoring system for residents that require additional monitoring for safety.

ACTIVITIES: Residents are encouraged to pursue interests and activities that allow them to maintain meaningful, fulfilling lives. Our activity staff regularly schedule therapeutic and leisure activities that reflect the interest and abilities of our residents. Many community volunteers join us regularly and add to the quality of life of the residents.

Activity calendars are posted in the resident rooms and in the dining room.

Nondenominational services are held on Sundays with ministers from area churches alternating.

BEAUTICIAN: The Beauty Shop is operated by licensed beauticians from area beauty shops. Services are billed to the

Virginia Gay Nursing and Rehab has been entrusted with the care of older adults since 1962. While times have changed, our mission to provide our residents with quality care they can trust remains steadfast.

resident. Appointments can be made through activities.

Men's haircuts are scheduled in the beauty shop also. Please inform activities when this service is desired.

BED-HOLD/PRIVATE

PAY: In the event a resident is temporarily absent from Virginia Gay Nursing and Rehab, the facility will at the request of the resident/responsible party, hold the bed until the resident returns from the hospital or from leave. The current daily rate will be charged for each day of the absence until the resident returns to the facility or is discharged.

If a resident is discharged or transferred, Virginia Gay Nursing and Rehab will notify the resident/responsible party of the bed-hold policy, amount to be paid for each day of the bed-hold, and person responsible for payment of bed-hold. The facility will reserve the bed when requested for as long as payments are made in accordance with terms of the agreement in the admission contract.

BED-HOLD/MEDICAID: In the event a resident is

temporarily absent from Virginia Gay Nursing and Rehab, the facility will hold the bed for a set period of time. Consistent with the rules of the Medicaid program, the following bed-hold policies apply:

A.) Visits. The facility will hold the bed while a resident is visiting away from the facility for a period not to exceed 18 days per calendar year. Additional days will be allowed if the resident's physician recommends in the plan of care that additional days would be rehabilitative, and the additional days are approved by the Department of Human Services. The physician recommendation must be available at the facility for audits. Visits cannot be used to extend bed-hold periods for hospital stays.

B.) Hospitalization. The facility will hold the bed while a resident is hospitalized for a period not to exceed 10 days per month. This is determined by counting the day of admission to the hospital but not the day of discharge from the hospital.

C.) Discharge. A resident will be considered to be voluntarily discharged from

We provide around-the-clock care in a safe, comforting place residents can call home.

be considered to be voluntarily discharged from the facility when they are absent beyond the bed-hold periods listed above. A resident discharged as a result of hospitalization or leave beyond the bed-hold periods listed above will be readmitted to the facility upon next availability of a bed in a semi-private room, if the resident requires services of the facility and is eligible for Title XIX.

CARE CONFERENCES:

Care conferences are held to assess each resident according to their needs within 3 weeks of admission to the facility. They are then held quarterly or more frequently as needed. The Care Plan Team consists of representatives from the following departments: Nursing, Dietary, Social Services and Activities. It is the resident's right to participate in the development of your care plan. You will be notified of the date and time to each care conference prior to the meeting.

ITEMS TO BRING:

A minimum list of articles recommended.

Personal Hygiene:

- Brush/Comb
- Toothbrush
- Electric Razor

Clothing:

- At least 7 pairs of underwear, t-shirts
- At least 5 complete changes of clothing
- 5 pairs socks
- Robe and slippers
- Jacket
- Pajamas or gowns
- Bras, slips, hose
- Sweaters

We discourage residents from having items of exceptional value in their possession and recommend such items be entrusted to family or legal representatives for safekeeping. The facility reserves the right to limit personal effects for safety or cleanliness.

RESIDENTS FUNDS:

Please refer to separate form Exhibit B in admit packet.

Residents who choose to do so may open an individual account in the business office. Residents will then with written authorization be able to obtain withdrawals from their account.



We want you and your loved ones to feel comfortable, safe and at home while staying at Virginia Gay Hospital Nursing and Rehab.

ITEMS NOT PERMITTED IN RESIDENT'S ROOMS

As a general rule, the following items are not permitted in resident's rooms unless specifically permitted by state law. The regulations are for the health and safety of the resident and are in no way intended to restrict the resident's rights.

Use/administration of these items should be under the supervision of staff and or by the physician order. Any items with "keep out of reach of children" on the label are not permitted unless by doctor's order and are then to be kept in a locked drawer. Please check with staff before purchasing or leaving any over the counter items in resident's rooms.

Medications: No over the counter medications, i.e. Aspirin, Bufferin, Anacin, cough syrup, cough drops, rubbing alcohol, laxatives, vitamins eye, ear, or nasal preparations, antacids, etc., are allowed to be brought into the facility. If medications are found in the resident room, they will be removed and returned home with family or returned to pharmacy for destruction. If the physician finds it appropriate to prescribe aforementioned items, nursing staff will obtain through your pharmacy of choice.

Electrical Appliances: Electrical appliances such as electrical blankets, space heaters, vaporizers, humidifiers, heating pads, extension cords, cooking or ironing equipment are not allowed.

Smoking Materials: Smoking materials such as matches, lighters, cigarettes, pipes, or cigars are not allowed. No candles.

Aerosol Sprays: Aerosol hair spray, mousse, perfume, room freshener, or any can that sprays continuously when the nozzle is depressed.

Excess Furnishings: Straight razors or blades, sharp scissors, knives, surge protectors or throw rugs are not allowed. Furniture is allowed to the point that it is not a safety hazard to the resident, roommate or staff.

Virginia Gay Prohibits: Videotaping/audiotaping or photographing staff members or other residents without their consent.

LAUNDRY: The laundry is done at the facility for the residents on a daily basis. Relatives may do the laundry, but please notify the staff. Dirty laundry must be taken out of the facility in bags. Please do not bring clothing for residents that cannot be laundered. Always check with nursing when new clothing is brought in. This will ensure that it is entered on the inventory sheet. All clothing must be properly marked with the resident's name.

MAIL: The Activities Department and/or other staff members will assist residents with outgoing mail as needed. The resident is responsible for the cost of postage. Mail will be delivered to residents during normal operating hours of postal service.

MEALS: Meals are prepared under the direction of a registered dietician.

Breakfast	Served at 7:15 a.m.
Lunch	Served at 11:15 a.m.
Dinner	Served at 5:15 p.m.

Guest meal tickets may be purchased at the nurse's station or at the Business Office, located on the lower level of the hospital. We encourage family and friends to make advance reservations.

Any food brought into the facility needs to be in a sealed container. If it is perishable, it must also be labeled with the date.

Due to safety concerns with our fire alarm system, we are not allowed to pop microwave popcorn in the facility. You may bring in popped popcorn, and our activity staff pops popcorn in the popcorn machine routinely for residents in the facility.

PHYSICIANS: Residents of the Virginia Gay Nursing and Rehab have the right to choose a Physician of their choice. Dr. Kyle Song is the Medical Director for Virginia Gay Nursing and Rehab. Physicians of choice with privileges at Virginia Gay Hospital may care for residents at Virginia Gay Nursing and Rehab.

Vinton Family Medical Clinic
504 N 9th Ave, Vinton, IA 52349
319-472-6300

Dr. Meeker | Dr. Elgin |



Our purpose is to provide quality healthcare services by using innovative, growth-oriented techniques and maintaining a sound financial base. Our unified commitment is to exceed our patient's expectations by sharing techniques and ideas, pursuing excellence and providing an atmosphere resulting in a positive impression.

PHARMACY: As a resident of Virginia Gay Nursing and Rehab, you have the right to select the pharmacy of your choice. However, the pharmacy you choose must utilize a blister pack system which is the drug distribution system currently used by Virginia Gay Nursing and Rehab. The pharmacy you choose must also be able to fill new orders and have them delivered within 8 hours, fill stat orders and have them delivered within ½ hour, and correctly label medication with the resident's name and dosing instructions. Medication lacking proper labeling will not be utilized by the facility, and properly labeled medication will be reordered from a local contracted pharmacy and billed accordingly. LaGrange Pharmacy is the facilities' contract pharmacy.

ROOM FURNISHINGS: Your room is furnished with a bed, closet, chair, and over-the-bed-table. Please feel free to bring your favorite chair (Please note chairs must be either leather or vinyl for cleaning purposes-no cloth), pictures, clock, radio, television, etc. This is helpful even for a short stay. The

maintenance department will assist you with hanging pictures, bulletin boards, etc.

Window treatments and mattresses may not be altered. Personal seasonal decorations, in limited quantities, are allowed. Strings of lights are only permitted if they are battery operated. Management reserves the right to ask residents/families to remove any items that do not comply with fire codes and safety regulations.

STATEMENT OF NON-DISCRIMINATION: It is the policy of Virginia Gay Nursing and Rehab to provide services to all persons regardless of race, religion, color, national origin, age or disability and in compliance with 45 CFR 80, 84 and 91 respectively. The same requirements are applied to all, and there is no distinction ineligibility for, or in the manner of providing services. All services are available without distinction to all program participants regardless of race, religion, color, national origin, age or disability. All persons and organizations having occasion either to refer persons for services or to recommend our services are advised to do so without regard to the person's race, religion, color, national origin, age or disability.

It is further the policy of this facility to employ individuals as needed without regard to race, color, religious creed, national origin, ancestry, gender, age, veteran status, marital status, sexual orientation, gender identity, or physical challenges using no criteria other than qualifications, experience and ability to perform the essential functions of the job.

OUTPATIENT SERVICES: Residents may also utilize the outpatient clinics as need. These include but are not limited to podiatry, Aria Vision/Dental. Etc.

THERAPY: Occupational, Physical, and Speech therapy are provided within our facility on the basis of a doctor's orders.

TELEPHONE AND CABLE SERVICES: Telephone services are provided for each room. The phone number will be provided when room is assigned, please note when room changes take place the phone number stays in current room. Phones are not provided but residents are able to bring in phone of choice.

Cable hook ups are provided for residents that choose to bring a television.

Questions?
Please let us know
if you have any
questions or concerns.

RESIDENT DEVICE SETUP FOR WI-FI AND INTERNET:

Find Network Setting on your device. Then connect to Wi-Fi or Find Networks (the actual wording on each will vary.)

ID: VGH-Resident
Password: resident2020tkip1

VISITING HOURS:

Visiting hours are open--we are always open for your convenience. You may visit in the rooms or in the dining/activities area.

However, we encourage most visiting to occur between 10 a.m. and 8 p.m. to allow for morning and evening care.

ELECTRIC WHEEL

CHAIRS: Any resident who wishes to use an electric wheelchair must be evaluated for safety by therapy prior to operating in facility. The resident will be responsible for any resulting charges of the evaluation. The resident must demonstrate the ability to maneuver the wheelchair forward and in reverse upon command and properly operate the controls and function of the chair. They must be able to operate the electric wheelchair without causing injury to others or to the facility property. The

electric wheelchair may not be parked in the hallway or infringe upon roommates' space to park the wheelchair in the room. Any infraction of the safety rules will result in resuming a manual

wheelchair until safety is reevaluated by therapy at the resident's cost. The facility reserves the right to revoke the privilege of using the electric wheelchair at any time to prevent injury or property damage.

GRIEVANCES: The Virginia Gay Nursing and Rehab recognizes the resident's right to express grievance and to seek equitable solutions to disagreements arising from care provided, the established policies or the relationships involved in their care. This right may be exercised without restraint, interference, coercion, discrimination, reprisal or intimidation or retaliation. Grievances shall be given to the charge nurse for appropriate investigation. If an agreeable solution is not found, the grievance a Grievance Form shall then be completed and returned to the Nurse Manager. If at this time a solution is still not found, Grievance Officer will

attempt to resolve the grievance. If a solution is unable to be found, please refer to separate form Exhibit C for resources available outside the facility to assist.

EMERGENCY RESPONSE:

Safety of our residents during an emergency is of utmost importance to us. Our facility has an all-hazards based approach to emergency response, documented in the VGH Emergency Response Manual. A copy of this manual is available at all times for our residents and their families. Please contact a staff member if you'd like to see the manual, or if you have any questions regarding our emergency response plan.

Resident Appointments:

We offer many specialty services here at Virginia Gay. If residents need to receive care outside of the facility, family is encouraged to take them to their appointments. In the event family is not able to transport, the VGH Van can be utilized on a first come first serve basis. Family must accompany residents when using the VGH Van. If the van, van driver, and/or staff are not available, the appointment will need to be rescheduled. Please note that van services can be set up for personal outings as van driver is available for a predetermined fee to include mileage and staffing.

PRIVACY ACT STATEMENT

Health Care Records

This form provides you the advice required by the Privacy Act of 1974. This form is NOT a consent form to release or use health care information pertaining to you.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 1819(0), 1919(0), 1819(b)(3)(A), 1919(b)(3)(A), and 1864 of the Social Security Act.

Skilled nursing facilities for Medicare and Medicaid are required to conduct comprehensive, accurate, standardized, and reproducible assessments of each resident's functional capacity and health status. As of June 22, 1998, all skilled nursing and nursing facilities are required to establish a database of resident assessment information and to electronically transmit this information to the State. The State is then required to transmit the data to the federal Central Office Minimum Data Set (MDS) repository of the Health Care Financing Administration.

These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS Long Term Care System of Records.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

The information will be used to track changes in health and functional status over time for purposes of evaluating and improving the quality of care provided by nursing homes that participate in Medicare or Medicaid. Submission of MDS information may also be necessary for the nursing homes to receive reimbursement for Medicare services.

3. ROUTINE USES

The primary use of this information is to aid in the administration of the survey and certification of Medicare/Medicaid long term care facilities and to improve the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will collect the minimum amount of personal data needed to accomplish its stated purpose.

The information collected will be entered into the Long Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-1516. Information from this system may be disclosed, under specific

circumstances. to: (1) a congressional office from the record of an individual in response to an inquiry from the congressional made at the request of that individual: (2) the Federal Bureau of Census: (3) the Federal Department of Justice: (4) an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease of disability, or the restoration of health; (5) contractors working for HCF A to carry out Medicare/Medicaid functions, collating or analyzing data., or to detect fraud or abuse; (6) an agency of a State government for purposes of determining, evaluating and/or assessing overall or aggregate cost, effectiveness, and/or quality of health care services provided in the State; (7) another Federal agency to fulfill a requirement of a Federal statute that implements a health benefits program funded in whole or in part with Federal funds or to detect fraud or abuse; (8) Peer Review Organizations to perform Title XI or Title XVIII Junctions, (9) another entity that makes payment for or oversees administration of health care services for preventing fraud or abuse under specific conditions.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

For nursing home residents residing in a certified Medicare/Medicaid nursing facility the requested information is mandatory because of the need to assess the effectiveness and quality of care given in certified facilities and to assess the appropriateness of provided services. If a nursing home does not submit the required data, it cannot be reimbursed for any Medicare/Medicaid services.

NOTE: Providers may request to have the Resident or their Representative sign a copy of this notice as a means to document that notice was provided. Signature is NOT required. If the Resident or their Representative agrees to sign the form it merely acknowledges that they have been advised of the foregoing information. Residents or their Representative must be supplied with a copy 'of the notice. This notice may be included in the admission packet for all new nursing home admissions.

JOINT NOTICE OF PRIVACY PRACTICES FOR VIRGINIA GAY HOSPITAL

(including its Clinics and Home Health Department)
& THE MEDICAL STAFF OF VIRGINIA GAY HOSPITAL

I. 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.

II. WE HAVE A LEGAL DUTY TO MAINTAIN THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION.

We are required by law to provide you with notice of our legal duties and privacy practices with respect to your protected health information (PHI), which includes information that can be used to identify you and is related to your past, present, or future physical/mental health or condition and related health care services. This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. We are legally required to follow the privacy practices described in the Notice.

We may change the terms of our Notice at any time. The new Notice will be effective for all PHI that we maintain at that time. Whenever we make a material change in our privacy practices, this Notice will be revised accordingly, and the revised Notice will be posted in the hospital, clinics, home health and nursing & rehab departments. You can also request a copy of this Notice from the contact person listed in Section VI at any time and can view this Notice on our web site at www.myvgh.org.

III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We use and disclose PHI for many different

reasons. For some of these uses or disclosures, we need your specific authorization. The following describes the different categories of our uses and disclosures and gives some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care

Operations. We may use and disclose your PHI as follows:

1. For Treatment: We may use and disclose PHI for our own treatment purposes, as well as for the treatment activities of other health care providers. For example, if you're being treated for a knee injury, we may disclose your PHI to our physical therapists, as well as your orthopedic surgeon, in order to coordinate your care.

2. To Obtain Payment for Treatment.

We may use and disclose PHI as needed for us to obtain payment for your health care services and to assist other covered entities/health care providers in obtaining payment. For example, if your health plan requires that you obtain prior approval before you are admitted to the hospital, we may disclose your PHI to your health plan for this purpose. In addition, we may disclose PHI to your physicians and other health care providers so that they may bill for services they provide to you at Virginia Gay Hospital.

3. For Health Care Operations (HCO). We may disclose PHI for our own health care operations, which include quality assessment activities, peer review activities, training medical students, compliance program implementation, business planning and

development, and obtaining legal/accounting services. In addition, we may disclose PHI to another covered entity for its own limited types of health care operations if it had/has a relationship with you and the PHI pertains to such relationship. For instance, if you are returning to a nursing home upon discharge from the hospital, we may share PHI with the nursing home to facilitate care coordination activities for you. Furthermore, we may disclose PHI to our medical staff, which has entered into an Organized Health Care Arrangement (OHCA) with us for this purpose, for the HCO purposes of the OHCA. For example, we may disclose PHI to physicians who are members of the hospital's peer review committee for purposes of evaluation of the quality of care provided by a particular physician.

B. Certain Other Uses and Disclosures Do Not Require Your Authorization. We may also use or disclose your PHI without your authorization for the following purposes:

1. Required By Law: We use and disclose PHI to the extent that such use or disclosure is required by law and that such use or disclosure complies with and is limited to the relevant requirements of such law. We also use and disclose PHI in making reports of abuse, neglect, and domestic violence to the government authority authorized to receive such reports, such as a social services or protective service agency. In addition, we use and disclose PHI in the course of judicial and administrative proceedings. We also disclose PHI to law enforcement officials for law enforcement purposes.

2. Public Health: We report PHI, such as births, deaths, and various diseases, for public health purposes to government officials in charge of collecting that information. We also report PHI to government officials in charge of collecting information about child abuse or neglect. In addition, we report PHI to Food and Drug

Administration (FDA) officials for the purpose of activities related to the quality, safety, or effectiveness of FDA-regulated products or activities. We may report PHI to persons exposed to communicable diseases or who may be at risk for contracting or spreading a disease or condition to the extent such reports are authorized by law. Under certain circumstances, we may report PHI to employers who request that we conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether the employee has a work-related condition.

3. Health Oversight: We will provide PHI to health oversight agencies to assist them in conducting investigations, audits, inspections, licensure, or disciplinary actions, civil, criminal, or administrative proceedings or actions, or other activities necessary for oversight of the health care system, government benefit programs (like Medicare and Medicaid), entities subject to government regulatory programs, or entities subject to civil rights laws for which health information is necessary for determining compliance. For example, we are required to disclose PHI to the Secretary of the Department of Health and Human Services for compliance determination purposes.

4. Deceased Patients: We provide PHI relating to an individual's death to coroners, medical examiners, and funeral directors. We may also release PHI to organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.

5. Research Purposes: If our institutional review board or privacy board waives the authorization requirement, we may use and disclose PHI for medical research purposes.

6. To Avoid Harm: In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

7. Military, Veterans, and National Security:

We may disclose PHI of military personnel and veterans in certain situations. And, we may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

8. Workers' Compensation: We may provide PHI in order to comply with workers' compensation laws.

9. Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and we created or received your PHI in the course of providing care to you.

10. Appointment Reminders and Health-related Benefits or Services: We may use PHI to provide appointment reminders or give you information about treatment alternatives or other health care services or benefits we offer.

11. Fundraising Activities: We may use PHI to contact you to raise funds for our organization. You have the right to opt out of receiving our fundraising communications. If you do not wish to be contacted as part of our fundraising efforts, please contact the Director of Development at 319-472-6375.

12. Incidental Uses and Disclosures: We may use or disclose PHI if such use or disclosure is incident to an otherwise permitted or required use or disclosure. For instance, to facilitate our health care operations, we may call you by name in the waiting area when ready for your exam/procedure. If another individual in the waiting area overhears us do so, that is considered an incidental disclosure of PHI.

C. Two Uses and Disclosures that Require You to Have the Opportunity to Object.

1. Patient Directories: We may include your name, location in this facility, general condition, and religious affiliation in our patient directory for use by clergy and visitors who ask for you by name, unless you object in whole or in part by contacting the contact person designated in

Section VI of this Notice. In an emergency situation, we may go ahead and use such information if it is consistent with your prior expressed preference (if known) and if we believe it to be in your best interest but will still offer you the opportunity to object when it becomes practical to do so.

2. Disclosure to Family, Friends, and Others Involved in Your Care or Payment for Services:

We may provide your PHI to a family member, friend, or other person involved in your care or payment for services related to your health care, unless you object in whole or in part by contacting the contact person designated in Section VI of this Notice.

D. Uses and Disclosures of Psychotherapy

Notes: We can use and disclose your psychotherapy notes without your authorization only as follows: (i) for your own treatment purposes, (ii) for our own practitioner-supervised training programs involving students learning counseling skills, (iii) to defend legal actions or other proceedings brought against us, (iv) to the Secretary of DHHS as required for compliance purposes, (v) as required by law, (vi) for our health oversight activities, (vii) to coroners, medical examiners, and funeral directors for deceased patients, and (viii) to avert a serious threat to health or safety. Most uses and disclosures of psychotherapy notes require an authorization.

E. All Other Uses and Disclosures Require

Your Prior Authorization: In any other situation not described in Sections III A, B, C, or D above, we will need your written authorization agreeing that we may use and/or disclose your PHI. We have a form that authorizes uses and disclosures that we ask you to sign prior to a disclosure. Uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require an authorization. You can later revoke that authorization in writing to stop any future

uses and disclosures of the type previously authorized. Your revocation will be honored to the extent that we haven't taken any action relying on the authorization.

IV. YOUR RIGHTS.

You have the following rights with respect to your PHI:

A. Right to Request Restrictions: You have the right to ask that we limit the use and disclosure of your PHI for treatment, payment, and health care operations or the disclosure of your PHI to family/friends/others involved in your care or payment for services. However, we are not required to agree to such requests. If we do agree, we will put the agreed upon limitations in writing and abide by them, unless it becomes necessary to disclose such information to a health care provider to provide emergency treatment for you. You also have the right to restrict certain disclosure of PHI to a health plan if you pay for the service in full and out of pocket.

B. Right to Request Confidential

Communications: You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to the contact person specified in Section VI of this Notice.

C. Right to Inspect and Copy: In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. We will tell you, in writing, our reasons for denial and, if applicable, explain any right you may have to have the denial reviewed. If you request a copy of the information, we may charge a fee for the costs of copying, including labor and supplies associated with copying. If you request that we prepare an explanation or summary of your PHI, we may

charge a fee for the costs associated with the preparation of the explanation/summary. We may also charge a fee for postage if you request that the copy or explanation/summary be mailed to you.

D. Right to Accounting of Disclosure: You have the right to get a list of instances in which we have disclosed your PHI, except for those disclosures made (i) for treatment, payment of health care operations purposes, (ii) directly to you, (iii) incident to a permissible or required use/disclosure, (iv) pursuant to an authorization, (v) to a correctional institution or law enforcement officials, (vi) for the facility directory or to family/friends/other persons involved in your care or payment for services, (vii) for national security or intelligence purposes, or (viii) as part of a limited data set. To request this list, you must submit your request in writing to the person designated in Section VI of this Notice. The accounting provided to you will be limited to those disclosures that occurred after April 14, 2003. Your request should indicate in what form you want the list, i.e. paper, electronically. The first list you request within a 12-month period will be free. We may charge you for the costs of providing additional lists.

E. Right to Amend: If you believe that your PHI is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Virginia Gay Hospital. Your request for amendment must be made in writing and state the reason for request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records.

F. Right to Get This Notice by E-Mail: You have the right to get a copy of this Notice by e-mail. Even if you have agreed to get a copy of this Notice via e-mail, you have the right to request a paper copy of this Notice by requesting one from

the person specified in Section VI of this Notice.

G. Right to Notification of Breach: You have the right to be notified of a breach of unsecured PHI. In the event that you are affected, we will notify you of such a breach in accordance with the Department of Health and Human Services requirements.

V. COMPLAINTS.

If you think your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services, 411 Third Street S.E., Cedar Rapids, IA 52401. To file a complaint with the hospital, contact the person designated in Section IV of this Notice. We will not retaliate against you for filing a complaint.

VI. CONTACT PERSON.

If you would like further information about our privacy practices or have any questions regarding the contents of this Notice, please contact the Health Information Management Coordinator for Virginia Gay Hospital at 319-472-6233.

VII. EFFECTIVE DATE OF THIS NOTICE.

This Notice is effective as of April 14, 2003.