

# OSBORNE COUNTY MEMORIAL HOSPITAL

## NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices is effective as of 04/14/03

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.**

**UNDERSTANDING YOUR HEALTH INFORMATION: HOW IT IS USED AND HOW IT MAY BE SHARED WITH OTHERS:** There are laws that require this Notice be given to you. It explains how the health information obtained while you are under the care of Osborne County Memorial Hospital (OCMH) is used.

**WHAT IF YOU HAVE QUESTIONS ABOUT THIS NOTICE?** If you do not understand this Notice or what it says about how we may use your health information, please contact the:

**Health Information Management Department  
Osborne County Memorial Hospital  
P.O. Box 70  
Osborne, KS 67473**

**WHAT IS YOUR HEALTH RECORD OR HEALTH INFORMATION?** When you go to a hospital, doctor, or other health care provider, a record is made that tells about your treatment. This record has information about your illnesses, your injuries, signs of illness, exams, laboratory results, treatment given to you, and notes about what might need to be done at a later date. Your health information could contain all kinds of information about your health problems. The hospital keeps this health information and can use this information in many different ways. What we do with your health information and how it is used and/or shared is the subject of the rest of this Notice.

**WHAT IS OCMH'S RESPONSIBILITY WHEN IT COMES TO YOUR HEALTH INFORMATION?** The law requires that OCMH must do the following when it comes to handling your health information. OCMH must:

- keep your health information private, only giving it out when allowed by law;
- explain our legal duty and our rules about keeping your health information private to you;
- follow the rules given in this Notice;
- let you know when we cannot agree with a request or demand you may make to restrict the sharing of your health information with others; and
- help you when you want your health information sent in a different way than it is usually sent or to a different place than it is usually sent.

We will not give out your health information without your permission except in certain cases as explained in this Notice. There are laws that say we can give out your health information to others without your permission. OCMH will follow these laws.

**WHAT ARE YOUR HEALTH INFORMATION RIGHTS?** Your health information is the property of the care provider that provided the care and recorded the information. You have certain rights concerning this information. The following is a list explaining your rights:

You Have the Right to Look at Your Health Information and You Can Get a Copy of This Information. This information will usually include medical and billing records. Your information will not have psychotherapy notes or information that may be made to be used in a court proceeding or information covered by special laws. If you want to see your health information and/or get a copy of your health information, you must write a request to the Health Information Department at the hospital. If you are disabled or ill, you can initiate this request over the phone. You may be charged for copies and mailing. *We may refuse your request for your health information.* If we refuse you, you will be told in writing. You can request a review of this decision. A neutral person will review your request. OCMH will abide by that decision.

You Have the Right to Ask That We Make Changes to Your Records. If you feel that your health information is not complete or wrong, you can ask that we change it. You can ask that we make a change to your health information for as long as we have it. If you want to make a change to your health information, you must give a good reason for the change. If you do not put your request for a change in writing and give a good reason, we may not allow the change to be made. We may also refuse your request for change for the following reasons: (1) the information was not created by OCMH; (2) it is not a part of the health information kept by or for the use at OCMH; (3) it is not information you are permitted to see or copy, i.e., psychiatric notes; or (4) it is accurate and complete.

You Have a Right to a List of Individuals/Organization to Whom Your Health Information Has Been Given. To request a list of names of individuals and/or organization to which your health information has been given you must request for such information in writing. Your request must include the time period of care in your request. The time period can be no longer than six (6) years and cannot be prior to April 14, 2003. You can have one list each year at no cost. You will be charged for any additional lists requested within a one-year period.

You Have the Right to Ask for a Restriction. You have the right to ask that we restrict or limit some part of your health information. You can also ask that we limit information about you to a person who is giving you care or paying for care like a family member or friend. For example, you could ask that we not give out information about some treatment you have had or that we not tell certain people specific information in your health information. *We are not required to agree to your request.* There is a person called a Privacy Officer who is the only one who can agree to your request. We will notify you if the restriction will be applied or not. *How to make a request.* If you want to restrict or limit the information in your health information that we give out, you must put your request in writing. Tell us (1) what information you want to limit; (2) whether you want to limit our use of your health information, giving out your health information, or both; and (3) whom should not receive the health information.

You Have the Right to Ask for Privacy in Communications. You have the right to ask that we communicate with you about your health information only in a certain way or at a certain location. An example would be asking that you only be contacted by us at work or only by mail. To request special provisions in communications, you must address your request to OCMH in writing. We will attempt to grant all reasonable requests and although you are not required to give an explanation for your request, we may ask for one. Be sure to be specific in your request how and where you wish to be contacted. We may charge you for this privacy request and if you fail to pay, the special provision for communication will be stopped.

You Have the Right to a Paper Copy of This Notice. You have a right to a copy of this Notice at any time. Even if you get this Notice as part of a mass communication you can still get a paper copy of it. Copies can be obtained at OCMH or you can go to our web site, [www.ocmh.org](http://www.ocmh.org).

**HOW WILL WE USE AND GIVE OUT YOUR HEALTH INFORMATION?** OCMH can use and disclose your health information without your permission. The following is a list of when we can do this:

**For Treatment.** We may use your health information to provide you with medical treatment or services. We may give your health information to other doctors, nurses, technicians, medical students, or other staff members who are involved in taking care of you. *For example*, a doctor treating you for a broken bone may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian so appropriate meals can be arranged for you. Different departments of OCMH may share your health information in order to coordinate the different services you need, such as prescriptions, lab work, and x-rays. We also may disclose your health information to care providers outside OCMH who may be involved in your treatment while you are at OCMH or after you leave the hospital.

**For Payment.** We may use and give out your health information about your treatment at OCMH so that you, your insurance company, or even a third party can be billed. *For example*, we may give your health insurance company information about your surgery so that your insurance plan will pay for the surgery. Sometimes we may have to tell your insurance company before your surgery to get approval from them so that they will cover the surgery.

**For Health Care Operations.** We may use or release specific health information to make sure we are giving you the best care possible. For example, we may use your health information to see how well our staff takes care of you. We may combine your health care information with other patients' information to consider additional services that should be offered to our patients. We may also give your health care information out to doctors, nurses, technicians, medical students, and other OCMH staff members for their review and for their studies. We may also combine information we have with other hospitals to compare and see how we are doing and how we can provide better treatment. In these situations information specific to you, i.e. your name, address, telephone number, social security number or insurance policy number will be removed from your health information so others who look at your health information cannot identify you. This way, we can study information without knowing the individual names. Here are some other reasons we may use and disclose your health care information: to see how well we are doing in helping our patients; to help reduce health care costs; to develop questionnaires and surveys; to help with care management; to better train people so they can get the skills they need to best perform their special skills; to help insurance companies better serve you in their policy making; to help those that regulate hospitals; and to help us plan and develop the business part of health care including fund-raising and advertising. *For example*, specific information regarding your surgery regarding the length of your surgery so we can see how to schedule operations better.

**Appointment Reminders.** We may contact you or someone else you have identified as a contact to remind you that you have an appointment at our Hospital. We may leave a message on your answering machine or voice mail system unless you tell us not to.

**Hospital General Public Disclosure.** In the event of a disaster, natural or man-made, limited information about our patients may be available to the public. This information would be limited to your name and general condition (for example, fair or stable and your religion. This is so that your family and friends will know where you are.

During normal business activity we will only respond to inquiries regarding your status as a patient at the Hospital if you are asked for by name. In these situations we can respond that you either are or are not a patient. If you are no longer a patient at this Hospital we cannot tell if you went home or were transferred to another facility. We can only state that you are no longer a patient in this Hospital.

**Individuals Involved in Your Care or Payment for Your Care.** We may give out health information about you to one of your friends or family members who you have previously identified as being involved in your medical care.

**Research.** Sometimes for special reasons, we may give out your health information to researchers who want to do scientific research about how well certain drugs or treatments work. If a researcher wants to do a study involving you and your information, we will follow steps to make sure research is approved that will benefit all people. The research must be worthwhile. We may give out health information to researchers to help them find the patients they need for their research study. The information we give them will usually not leave the hospital. If a researcher wants your name, address, and other information about you, we will ask permission from you before they contact you.

**As Required by Law.** Federal, state, and local laws may require us to give out certain kinds of health information. Things like wounds from weapons, abuse, communicable diseases, and neglect are examples of such information and we do not need your permission to give out this information.

**To Avoid a Serious Threat to Health or Safety.** We may use or give out your health information if your health and safety is at risk or in danger. We also will give out your health information if the health of the public or another individual is at risk. If we give this information out, it will be given to someone who may be able to prevent the threat.

**Organ and Tissue Donation.** If you are an organ donor, we may give out your health information to people who deal with organ collection, eye or tissue transplants, or to a donation bank. We give your information to these people to make sure organ or tissue donation or transplants can be made.

**Military and Veterans.** If you are a member of the armed forces, we may give out your health information as required by those military authorities in command. If you are a member of the military of another country, we may release your health information to the authority in command in your country.

**Worker's Compensation.** If you are injured on the job, we may have to give out your health information so your employer can pay your medical bills. This is called worker's compensation.

**Public Health Risks.** We may give out your health information without your permission if there is a danger to the public's health. Some general examples of these dangers: to avoid disease, injury or disability; to report births and deaths; to report child abuse and neglect; to report reactions to drugs and other health products; to report a recall of health products or medications; to tell a person they have been exposed to a disease or may get a disease or spread the disease; to tell a government authority if we believe a patient has been abused, neglected, or the victim of violence; to let employers know about a workplace illness or workplace safety; to report trauma injury to the State.

**Health Oversight Activities.** We may give out your health information without your permission to a special group who checks up on hospitals to make sure they are following the rules. These special groups investigate, inspect, and license hospitals. This is necessary for our government to know about our hospitals and that they are following the rules and the laws.

**Lawsuits and Disputes.** We may give out your health information if you are involved in a lawsuit or dispute only if such information is subpoenaed. Other reasons that may cause us to release your health information would be if there were an order to appear in court, a discovery request, or other legal reason by someone else involved in a dispute. There must be an effort made to tell you about this request or an order to make sure that the information requested is protected.

**Law Enforcement.** We may give out your health information if asked for by a police official for the following reasons: for a court order, subpoena, warrant, or summons; to find a suspect, fugitive, witness, or missing person; to find out about the victim of a crime if we cannot get the person's permission; about a death we believe may be the result of a crime; about some crime that happened at this hospital; in emergencies to report a crime, the place of the crime, the victim of the crime, or the identity, description or whereabouts of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may give out your health information to a coroner or medical examiner to identify your body in case of death or to determine the cause of your death. We may also give out health information to funeral director(s) so they can carry out their duties.

**National Security and Intelligence Activities.** We may give out your health information to federal authorities for intelligence, counter-intelligence, and other situations involving our national safety.

**Protective Services for the President and Others.** We may give out health information about you to federal officials so they can protect the President or other officials or foreign heads of state or so they may conduct special investigations.

**Inmates.** If you are an inmate of a prison or placed under the charge of a law enforcement official, we may give your health information to these entities (1) to provide you with health care; (2) to protect your health and safety and that of others; or (3) for the safety of the entity.

**Redisclosure.** When we use or give out your health information, it may contain information we received from other hospitals and doctors.

**GIVING PERMISSION AND REVOKING PREVIOUS PERMISSION TO USE OR DISCLOSE YOUR HEALTH INFORMATION:** Except as stated in this Notice, in order for us to give out your information, you must complete a written authorization form. You can later rescind the permission given on this form. . You can do this at any time. Your request to revoke permission to share your health information must be in writing and given to OCMH. It is not possible for us to take back any information we have already shared about you that was communicated with your permission.

**WHAT SHOULD YOU DO IF YOU HAVE A COMPLAINT CONCERNING YOUR HEALTH INFORMATION?** If you believe your right to privacy has been violated, you can write a complaint and give it to OCMH or the U.S. Department of Health and Human Services at the address below. Specific information on filing a complaint with either the hospital or the U.S. Department of Health and Human Services can be obtained from the Health Information Management Department at the hospital. **THERE IS NO PENALTY FOR FILING A COMPLAINT.**

**FOR COMPLAINTS INVOLVED COVERED ENTITIES LOCATED IN IOWA, KANSAS, MISSOURI, OR NEBRASKA SEND TO:** Region VII, Office for Civil Rights, U.S. Department of Health and Human Services, 501 East 12<sup>th</sup> Street, Room 248, Kansas City, Missouri 64106. Voice Phone (816) 426-7278. Fax (816) 426-3686. TDD (816) 426-7065.

**IF CHANGES ARE MADE TO THIS NOTICE:** A copy of this Notice will be presented to you the first time we treat you and as requested thereafter. We have the right to change this Notice at any time without letting people know we are going to change it. We have the right to make the changed Notice apply to health information we already have as well as any information we receive in the future. A copy of the latest Notice will be posted in the lobby at the hospital. You will find the date the Notice takes effect at the top of the first page below the title. A copy of this Notice is available at any time from the Health Information Management Department at OCMH. You may also get a copy of the current Notice each time you are admitted to OCMH for treatment.