



# **Joint Notice of Health Information Privacy Practices**



**Effective Date:** September 2013  
**Revision No.:** 006

This joint 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.

## **OUR PLEDGE REGARDING HEALTH RECORD INFORMATION**

We understand that medical information about you and your health is personal. We are required by law to maintain the privacy of protected health information (PHI) and to provide our patients with notice of our duties with respect to their PHI. This Joint Notice of Health Information Privacy Practices describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice applies to all of the records of your care generated by us that relate to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment of the provision of health care to an individual. This Notice is effective as of the date set forth on the inside cover and applies to all protected health information (PHI) as defined by federal regulations.

## **WHO WILL FOLLOW THIS NOTICE?**

This notice describes the privacy practices of:

- Any health care professional authorized to enter information into your medical record.
- All entities within the Harrison County Community Hospital District, including but not limited to Bethany Medical Clinic, Home Health Service of Harrison County Hospital, Harrison County Family Health Center, North Harrison Medical Clinic, and Princeton Medical Clinic.
- This notice will be followed by our workforce members (employees, volunteers, students) as well as by our independent physicians and other practitioners who are on our medical staff but are not our employees, agents, or partners.

## **UNDERSTANDING YOUR HEALTH RECORD INFORMATION**

Each time you visit, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record. Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

The medical record that we compile, use, and maintain is at all times our physical property. Notwithstanding this fact, you have certain rights with respect to the information included in the medical record. You have the right to:

- **Obtain a paper copy of this Notice of Privacy Practices upon request:** You have the right to a paper copy of this Privacy Notice. You may ask us for a copy at any time. It is also located on the hospital's website.

- **Inspect and obtain a copy of your health record:** You have the right to inspect and copy your medical record. A request must be made in writing by an authorization provided by us. We may charge a fee for the costs of copying, mailing, or other supplies associated with your request.
- **Amend your health record:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing. We may deny your request if you ask us to amend information that:
  - any health care professional authorized to enter into your medical record.
  - was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
  - is not part of the medical information kept by us.
  - is not part of the information which you would be permitted to inspect and copy.
  - is accurate and complete.

Note that an amendment may be made by adding an explanatory statement to a record rather than changing it. We cannot delete any information already in the record.

- **Obtain an accounting of disclosures of your health information:** This is a list of the disclosures we made of medical information about you within the last six years. You will not receive an accounting of disclosures for treatment, payment, and health-care operations; disclosures made to you; disclosures made pursuant to an authorization; incidental disclosures; disclosures of information in the facility directory, for notification purposes, for disaster relief purposes and to persons involved in your care; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement officials having custody of you; or disclosures as part of a limited data set.
- **Request a restriction on certain uses and disclosures of your information:** You have the right to request a restriction on how information about you is used and disclosed. To request a restriction, you must submit your request in writing. We are not required to agree to your request.
- **Right to request disclosures to your health plan:** You have the right to request that we do not disclose information to your health plan about services provided; however, you must pay for the services in full. If you do not pay for the services within 30 days of the first statement date, the restriction is void and we may bill your insurance.
- **Right to confidential communications:** You have the right to request communications with you be made at an alternative address or phone number. The request must be made in writing. We will try to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to be notified of a breach of unsecured PHI:** This notification will be made by mail unless we do not have a correct mailing address for you; then we may use our website, media, or ads to inform you.
- **Right to revoke your authorization:** You may revoke authorization to use or disclose information except to the extent that action has already been taken.

We reserve the right to make changes to this notice and our privacy practices in order to remain compliant with HIPAA regulations. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Joint Notice of Privacy Practices in the hospital. The Joint Notice will contain the revision number and effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services the current notice in effect will be available. Also you can call or write our contact person to obtain the most recent version of this notice. The current version of this notice will be posted on HCCCH's website, <http://www.hcchosptial.org>.

We will not use or disclose your health information without your authorization, except as described in this Joint Notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

## **USES AND DISCLOSURE FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS**

**We will use your health information for treatment.**

*For example:* Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or referring healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged.

**We will use your health information for payment.**

*For example:* A bill may be sent to you or any third party payer that you have identified. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

**We will use your health information for healthcare operations.**

*For example:* Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Business associates:** There are some services provided in our organization through agreements with third parties. An example would be an agreement with a company that takes your older health records and transfers them into a different format like microfilm or computer disk for condensed storage of the information. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Directory:** Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care about your location and general condition.

**Communication with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. You have the right to notify us as to who should be included or not included on this list. This would include persons named in any durable health-care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Coroners, funeral directors, and medical examiners:** We may disclose health information to coroners, funeral directors, and medical examiners consistent with applicable law to carry out their duties.

**Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities

engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Appointment reminders and other contacts:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fundraising:** We may contact you as part of a fund-raising effort. Any fundraising communication sent to you will tell you how you can opt out of receiving future fundraising material.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

**Marketing:** We may, with your advanced authorization, use your information for marketing purposes.

**Workers' compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Use of psychotherapy notes:** Unless we obtain an authorization permitting another use, we may use any psychotherapy notes in your record only for treatment, payment, or health care operations. The Healthcare Provider maintains the ability to use certain disclosures with respect to oversight of psychotherapy notes or to defend ourselves in a legal action.

**Correctional institution:** Should you be an inmate of a correctional institution or in custody of law enforcement, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid court order, warrant, subpoena, or summons. For example, we are required to report gunshot wounds to the police.

**To prevent a serious threat to health or safety:** We may disclose information about you to law enforcement or identify a victim to prevent a serious threat to your health or safety or the health or safety of another individual or the public.

**Health oversight activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

**Military and veterans:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. Upon your separation or discharge from military services your information may be released on order for the Department of Veterans Affairs to determine if you are eligible for certain benefits.

**Incidental disclosures:** Incidental disclosures of your health care information may occur as a consequence of permitted uses and disclosures of your information. For instance, a visitor may overhear a discussion about your care at the nursing station. These incidental disclosures are permitted if we have implemented reasonable safeguards to protect the confidentiality of your information.

**Emergency circumstances:** We may disclose information about you to other providers to provide care to you in an emergency.

**Protective services for the president and others:** We may disclose medical information about you to authorized federal officials as they may provide protection to the president, other authorized persons, or foreign heads of state or conduct special investigation.

**National security and intelligence activities:** We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Disaster relief:** We may disclose information about you to public or private agencies for disaster relief purposes.

## **USE OF REGIONAL HEALTH INTERCHANGE EXCHANGE (RHIE)**

Harrison County Community Hospital and other associated clinics, nursing homes, and providers may use RHIEs to electronically share information about your care. Providers must have established a treatment relationship in order to see your information. You may opt out of the information exchange by requesting a form at the time of registration and returning the completed form.



## **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, you may contact the appropriate facility Privacy Officer.

### **Bethany Medical Clinic**

3202 Miller St.  
P.O. Box 465  
Bethany, MO 64424  
660-425-3154

### **Harrison County Community Hospital**

2600 Miller Street.  
P.O. Box 428  
Bethany, MO 64424  
660-425-2211

### **Harrison County Family Health Center**

2703 Miller St.  
Bethany, MO 64424  
660-425-7443

### **Home Health of Harrison County Hospital**

3202 Miller St., Suite B  
P.O. Box 428  
Bethany, MO 64424  
660-425-7863

### **North Harrison Medical Clinic**

16027 Locust St.  
Eagleville, MO 64442  
660-867-5111

### **Princeton Medical Clinic**

400 N. Fullerton St.  
Princeton, MO 64673  
660-748-4040

If you believe your privacy rights have been violated, you can file a complaint with the above facilities' Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

**Harrison County Community Hospital**

2600 Miller St. PO Box 428 ▪ Bethany, MO 64424

(660) 425-2211 ▪ [www.hcchospital.org](http://www.hcchospital.org)