



Joint Notice of Health Information Privacy Practices

Harrison County Community Hospital District

Joint Notice of Health Information Privacy Practices

Effective Date: February 20, 2017
Revision No.: 007

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 relates 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 above, 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 Harrison County Community Hospital, Harrison County Community Hospital Medical Group clinics, Home Health of Harrison County Hospital, and any other associated or related providers or providers under common control.
- 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, 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, www.hcchospital.org.
- **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 from 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:
 - ◇ 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, 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.
- **Revoke your 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 HCCH's website, <http://www.hcchospital.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, 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 fundraising 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 work force 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 RHIE's 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 appropriate facility's Privacy Officer.

Harrison County Community Hospital
2600 Miller Street
Bethany, MO 64424
660-425-2211

Home Health of Harrison County Hospital
3202 Miller Street, Suite B
Bethany, MO 64424
660-425-7863

Harrison County Community Hospital Medical Group
3202 Miller Street
Bethany, MO 64424
660-425-3154

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:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 · 1-800-537-7697 (TDD)

Harrison County Community Hospital District

2600 Miller Street • Bethany, MO 64424
(660) 425-2211 • www.hcchospital.org