

## NOTICE OF PRIVACY PRACTICE

**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*

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE,  
PLEASE CONTACT THE FACILITY PRIVACY OFFICER AT 660-200-7028**

### **ABOUT THIS NOTICE**

This notice will tell you about the ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to your medical information; and
- follow the terms of the notice that is currently in effect.

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

All of the employees, staff, including medical staff, and other personnel of Bates County Memorial Hospital and entities involved in the organized health care arrangement follow these privacy practices.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and give examples. Not every use or disclose in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one or more of the categories.

**For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Hospital personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg 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 that you have diabetes so that we can arrange for appropriate meals. Different departments of the Hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We may also disclose medical information about you to people outside the Hospital who may be involved in your medical care.

**For Payment:** We may use and disclose medical information about you so that we may bill for treatment and services you receive at the Hospital. For example, we may need to give information about surgery you received at the Hospital to your health plan so that the plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information about you to other healthcare facilities for purposes of payment as permitted by law.

**For Health Care Operations:** We may use and disclose medical information about you for operations of the Hospital and entities involved in an organized healthcare arrangement. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. For example, we may use medical information to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and other Hospital personnel for educational purposes. We may also combine medical information we have with medical information from other hospitals to compare our performance and to make improvements in the care and services we offer. We may also disclose information about you to other healthcare facilities as permitted by law.

**Appointment Reminders.** We may use and disclose medical information to contact you to remind you that you have an appointment for treatment or medical care.

**Treatment Alternatives.** We may use and disclose medical information to tell you about possible treatment options that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for the Hospital, but if we do so, you may “opt out,” or decide you do not want to be contacted for this reason, by simply telling us so.

**Inpatient Directory.** We may include certain limited information about you in the Hospital directory while you are a patient at the Hospital so your family, friends and clergy can visit you in the Hospital and generally know how you are doing. This information may include your name, location in the Hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The information in the directory, except for your religious affiliation, may be released to people who ask for you by name. This information, including your religious affiliation, may be given to a member of the clergy, such as a priest or minister, even if they don’t ask for you by name. You may specifically request that we not include you in the directory when you register.

**Individuals Involved in Your Care or Payment for Your Care.** We may share your medical information with other physicians or treatment providers in order to improve your medical care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition under certain circumstances. 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.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, to balance research needs with patients’ needs for privacy of their medical information. Before we use or disclose medical information for research, the project will be approved through this process. However, we may disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Hospital. When required by law, we will ask for your specific written authorization if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Hospital.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Use and Disclosure of Psychotherapy Notes.** Most uses and disclosures of psychotherapy notes will only be made with your authorization. For example, without your authorization, these notes may only be used for treatment and training purposes, or for use in your treatment by the original writer of the notes.

## **SPECIAL SITUATIONS**

**Organ and Tissue Donation.** If you are an organ or tissue donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.

**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.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

**Public Health Risks.** We may disclose to authorize public health or government officials medical information about you for public health activities. These activities generally include the following:

- to a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or service;
- to prevent or control disease, injury or disability;
- to report disease or injury;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications and food or problems with products;
- to notify people of recalls or replacements of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**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 government programs, and compliance with various federal laws, including, but not limited to, fraud and abuse laws and privacy laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit, claim, potential claim, or dispute, we may disclose medical information about you to attorneys, investigators, and insurance companies representing the interests of or insuring our hospital or personnel affiliated with our hospital. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the Hospital; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information to funeral directors so they can carry out their duties.

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

**Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**HIV-related Information.** The Hospital and organized health care arrangements will not release or share your health information except as specifically required by law for HIV status.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. Depending on the situation, this right may not include psychotherapy notes, information compiled for use in a legal proceeding, or certain information maintained by laboratories. In order to inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The Hospital will review your request and, where appropriate, the denial. A licensed healthcare professional will conduct the review. The reviewer will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you think that medical information we have about you 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 the Hospital. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must give a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, 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 or for the Hospital;
- is not part of the information that you would be permitted to inspect and copy; or
- is accurate and complete.

We will provide you with written notice of action we take in response to your request for amendment.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of certain disclosure we made of medical information about you. We are not required to account for any disclosures you specifically requested or for disclosures related to treatment, payment, healthcare operations, or made pursuant to an authorization signed by you. To request an accounting of disclosures you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should state in what form you want the list (for example, on paper, or electronically). You may request one accounting in any 12-month period. We will attempt to honor your request. We may charge you for our reasonable retrieval, list preparation, and mailing costs. We will notify you of the costs involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. To request a restriction, you must make your request in writing to the Privacy Officer. **We are not required to agree to your request.** If we agree to your request, we will comply with your request unless the information is needed to provide your emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice at your first treatment encounter at the Hospital. You may get an additional copy of this Notice at any time by contacting the Privacy

Officer. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this notice electronically at our website, <http://www.bcmhospital.com>.

**Right to Restrict if You Have Paid Out of Pocket.** You have a right to restrict certain disclosures about your health information, to a health plan, if you have paid out of pocket for the treatment for that health information.

**Right to Receive Notification in Case of Breach.** You have a right to receive notification, and will receive notification, in the event that your health information is breached. A breach is a disclosure of your health information that is unauthorized and unhelpful to you.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information about you we already have as well as any information we receive in the future. We will post copies of the current Notice in the Hospital. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the Hospital for treatment or health care services as an inpatient or outpatient, we will make available copies of the current Notice. Any revisions to our Notice will also be posted on our website.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

To file a complaint with the Hospital, call 660-200-7028, or mail your complaint to:

Privacy Officer  
Bates County Memorial Hospital  
P.O. Box 370  
Butler, MO 64730

#### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization.

#### **Revoking An Authorization**

If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we may continue to use or disclose that information to the extent we have relied on your authorization or in an emergency. You also understand that we are unable to take back any disclosure we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.