

Ray County Memorial Hospital

NOTICE OF PRIVACY PRACTICES

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.

Understanding your health record and information:

Each time you visit Ray County Memorial Hospital a record of your visit is made. Usually this record contains your symptoms, examination, test results, diagnoses, treatment and a plan for future care or treatment. This information is often referred to as your medical record and serves as a:

- Basis for planning your care and treatment.
- Method of communication for health care providers who share in your care.
- Legal document describing the care you received.
- Means for you or a third-party payer to verify services billed were provided.
- Source of data for public health officials who oversee the delivery of health care in the U.S.
- Source of data for facility planning and marketing.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

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.

Our Responsibilities

Ray County Memorial Hospital staff and personnel are required to maintain the privacy of your health information. We provide you with this notice as to our legal duties and privacy practices with respect to the information we collect and maintain on you, we will abide by this notice. We will notify you if we are unable to agree to a requested restriction. We will accommodate reasonable requests you have to communicate your health information by alternative means or at alternative locations. We will not use or disclose our health information without your authorization, except as described in this notice. In the event that there is a breach of unsecured PHI, we will notify you.

How We Will Use or Disclose Your Health Information:

1. **Treatment:** We will use your health care information in your treatment. For *example* as information is recorded in your record by nurses, doctors and other members of the health care team your primary care doctor will use this information to determine the course of treatment that may work best for you. And your doctor will document his instructions to members of the health care team. We will also provide your physician or a subsequent healthcare providers or healthcare facilities with copies of various reports and information to assist in the continuation of your healthcare. Most uses and disclosures of psychotherapy notes (where appropriate) require an authorization.
2. **Payment:** We will use your health information for payment. For *example*, a bill may be sent to you or a third-party payer, including Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, your diagnosis, procedures and supplies used.
3. **Health Care Operations:** We will use your health information for regular health operations. For *example*, the Quality Improvement Committee 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 health care services we provide.
4. **Business Associates:** There are some services provided in our organization through contracts with business associates. *Examples* include our accountants and attorneys. When these services are contracted we may disclose your health information to our business associates so they can perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.
5. **Directory:** Unless you notify us that you object, we may use your name, location in the facility, your 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. We may also place your name on the wall near your bed for purposes of identifying you, unless you notify us that you object.
6. **Notification.** We may use or disclose information to notify a family member, personal representative or care-giver of your location and general condition. For example if we are unable to reach your family member or personal representative, then we may leave a message for them on a telephone answering machine.

7. **Communication with family.** Health professionals, using their best judgment, may disclose to a family member, 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.
8. **Research.** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.
9. **Funeral Directors.** We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.
10. **Organ transplant organizations.** Consistent with applicable law, we may disclose health information to organ transplant organizations or other entities engaged in obtaining, banking or transplantation of organs for the purpose of tissue donation and transplant.
11. **Marketing.** 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. Uses and disclosures of PHI for marketing purposes, and disclosures that constitute sale of PHI require an authorization.
12. **Fund Raising.** We may contact you as part of a fund-raising effort. You have a right to opt out of any fund raising effort.
13. **Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product defects or post marketing surveillance information to enable product recalls, repairs or replacement.
14. **Worker's Compensation.** We may disclose health information to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
15. **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.
16. **Correctional Institution.** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
17. **Law Enforcement.** We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena or court order.
18. **Reports.** 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.
19. **Other Uses** and disclosures not described in the Notice of Privacy Practices will be made only with an authorization from an individual.

Your Health Information Rights

Although your medical record is the physical property of Ray County Memorial Hospital, the information in the health record belongs to you. You have the following rights:

- You may request restrictions on the use or disclosure of your health information for a particular reason related to treatment, payment, or Ray County Memorial Hospital health care operations, and/or to a particular family member, relative or close personal friend. We ask that such requests be made in writing on a form provided by our facility. Although we will consider your request, please be aware that we are not obligated to accept or abide by it. For more information about this right, see 45 Code of Federal Regulations (C.F.R.) 164.522(a).
- You have a right to restrict certain disclosures of PHI to a health plan if you pay for a service in full and out of pocket. We ask that such requests be made in writing to assist in proper identification of services.
- If we maintain an electronic health record about you, you have the right to request your copy in electronic format.
- If you are dissatisfied with the manner in which, or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means, or at alternative locations. Such a request must be made in writing and submitted to the **Privacy Officer at 816-470-7370**. We will attempt to accommodate all reasonable requests. For more information about this right, see 45 C.F.R. 164.522(b).
- You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. If you request copies, we will charge you a reasonable fee. For more information about this right see 45 C.F.R.) 164.524.

- If you believe that any health information in your record is incorrect, or if you believe important information is missing, you may request that information be added or amended to existing information.. Such requests must be made in writing and must provide a reason to support the amendment. We ask that you use the form provided by our facility to make such requests. For a request form, please contact the Privacy Office, 816-470-7370. For more information about this right see C.F.R. 164.526.
- You may request that we provide you with a written accounting of all disclosures made by us during the period for which you request (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our facility. Please note that an accounting will **not** apply to the following types of disclosures:
 1. Disclosures made for reasons of treatment, payment or health care operations.
 2. Disclosures made to you, or your legal representative, or any other individual involved with your care.
 3. Disclosures to correctional facilities, law enforcement officials or for reasons of national security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.
- You have the right to obtain a paper copy of our Notice of Information Practices upon request.
- You may revoke an authorization to use or disclose health information, except to the extent the action has already been taken. Such a request must be in writing.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officer at 816-470-7370.

If you believe your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by our facility. The complaint form may be obtained by contacting 816-470-7370, and when completed should be returned to the attention of the Privacy Officer, Ray County Memorial Hospital. You may also file a complaint with the Secretary of the Federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: April 14, 2003

Revised: Feb 22, 2010

Revised: July 25, 2013

Revised: April, 2014