

JOINT NOTICE OF PRIVACY PRACTICES

NEWMAN REGIONAL HEALTH, NEWMAN REGIONAL HEALTH MEDICAL PARTNERS, HOSPICE, NEWMAN PHYSICAL THERAPY, COMMUNITY WELLNESS AND MEMBERS OF THE NEWMAN REGIONAL HEALTH ORGANIZED HEALTHCARE ARRANGEMENT

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 questions about this notice or want more information, please contact:

Steffanie Hall, RHIA
HIM Director/Privacy Officer
1201 West 12th
Emporia, Kansas 66801
620-343-6800 ext. 2621
shall@newmanrh.org
www.newmanrh.org

The effective date of this notice is May 1, 2018.

This notice applies to all segments of Newman Regional Health, Newman Regional Health Medical Partners, Hand in Hand Hospice, Newman Physical Therapy, NRH Community Wellness Programs, and all members of the NRH Organized Health Care Arrangement (Collectively "NRH"). The Organized Health Care Arrangement encompasses all members of the Lyon County Medical Community who practice at or see patients of Newman Regional Health. Your personal physician or other healthcare providers may have different privacy policies or notices regarding that physician or provider's use and disclosure of information created or maintained outside NRH.

When you receive services from NRH, we obtain certain information from or about you. This information primarily relates to your health care or payment for your health care. We will use and disclose this information and other information we collect in the ways described below.

We may use and disclose your health information for treatment, payment, and health care operations.

- **Treatment.** We may use and disclose your information within our facility to provide you with medical treatment and services. Your information may also be disclosed to outside providers and facilities providing care to you. These providers and facilities need your information to coordinate and provide services to you. For example, your information may be communicated among our nursing staff to provide services to you as an inpatient. The information may also be disclosed to your primary physician for coordination of care following discharge.
- **Payment.** We may use and disclose your information to receive payment for the services and treatment provided to you. We use your information to create a bill and disclose your information when we send the bill to your insurance company, you, or a third party. The individual or entity paying the bill may request more information to determine whether the bill is covered by your insurance. For example, we may tell your health plan about a treatment you are going to receive to get approval for payment or to determine whether your health plan will cover the treatment.

- **Health Care Operations.** We may use and disclose your information for health care operation purposes. Health care operations include quality assessment and improvement activities, evaluation of practitioner and provider performance or qualifications, medical review, legal services, auditing functions, business planning, and other business management and administrative activities. For example, your information may be used to manage your treatment and services.
- **Appointment Reminders.** We may use and disclose your information to remind you of an upcoming appointment for services. We may also leave a reminder message on your answering machine/voice mail system.
- **Treatment Alternatives.** We may provide you with information about treatment alternatives and other health related benefits and services.

We may also disclose your health information to outside entities without your consent or authorization in the following circumstances:

- **Required by Law.** We disclose information as required by law. For example, we are required to report gunshot wounds to the police. We are also required to provide information to the Secretary of the Department of Health and Human Services to demonstrate our compliance with HIPAA.
- **Public Health Purposes.** We disclose information to health agencies as required by law for preventing or controlling disease. Examples are reporting of sexually transmitted, communicable, and infectious diseases.
- **To Prevent a Serious Threat to Health or Safety.** We may disclose information about you to law enforcement or an identified victim to prevent a serious threat to your health or safety or the health or safety of another individual or the public.
- **Research.** Your information may be used by or disclosed to researchers for research approved by a privacy board or an institutional review board.
- **Health Oversight Activities.** Your health information may be disclosed to governmental agencies and boards for investigations, audits, licensing, and compliance purposes.
- **Judicial and Administrative Proceedings.** We may be required to disclose your health information to a court or for an administrative proceeding.
- **Law Enforcement Activities.** We may be required to disclose your information as required by law, pursuant to a court order, warrant, subpoena, or summons.
- **Deceased Individual.** We may disclose information for the identification of a body or to determine a cause of death.
- **Military and Veterans.** If you are a member of the armed forces we may release information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official. This release must be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety or security of the correctional institution.
- **Organ and Tissue Donation.** If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ bank, as necessary to facilitate organ or tissue donation.

- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs.
- **Specialized Governmental Functions.** We may release information about you to authorized Federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

We will give you the opportunity to object to the following uses and disclosure of your information. If you are not present or are unable to communicate your preference, we may use and disclose your information for these purposes if we believe, in our professional judgment, that it is in your best interest:

- **Individuals Involved in Care.** We may tell your friends, family members, or other individuals involved in your care information which is relevant to their involvement in your care.
- **Disaster Relief.** We may disclose information about you to public or private agencies for disaster relief and notification purposes.
- **Facility Directory.** We may disclose information about you as part of our facility directory. This information may include your name, location in the hospital, and your religious affiliation. Upon admission you will be provided the opportunity to opt into the directory.
- **Fundraising.** We may use and disclose information about you to contact you in an effort to raise money for our facility and its operations. We may disclose information to the NRH Foundation related to the facility so that the NRH Foundation may contact you in raising money for the facility. If you do not want the Foundation to contact you for fundraising efforts, you must notify the Executive Director of the NRH Foundation in writing.

Except as provided above, we will obtain your written authorization prior to disclosure of your information for any other purpose. Specifically, written authorization is required prior to the disclosure of your information:

- **Psychotherapy Notes.** We will not use or disclose your psychotherapy notes without a written authorization except as specifically permitted by law.
- **Marketing.** We will not use or disclose your information for marketing purposes, other than face-to-face communications with you or promotional gifts of nominal value, without your written authorization.
- **Sale of Information.** We will not sell your PHI without your written authorization, including notification of the payment we will receive.

Where a disclosure is made under your written authorization, you have the right to revoke the authorization at any time. Revocation of an authorization must be in writing. The revocation is effective as of the date you provide it to NRH and does not affect any prior disclosures made under the authorization.

If a state or federal law provides additional restrictions or protections to your information, we will comply with the most stringent requirement.

Your Rights

- You have the right to request a restriction on how information about you is used and disclosed. If you want to request a restriction of a use or disclosure of your information, contact our Privacy Officer at the number listed at the beginning of this form. We are required to agree to a request for a restriction related to disclosure of information to your health plan for payment or healthcare operations where you

pay for the service in full. We are not otherwise required to agree to any restriction on the use or disclosure of your information.

- You have the right to request communications with you be made at an alternative address or phone number. To request that communication be made at a different address or phone number contact our Privacy Officer at the number listed at the beginning of this form. We will comply with a reasonable request. Although we may ask for clarification regarding your request, we will not require you disclose the reason for your request.
- You have the right to inspect and copy your medical record. To inspect and copy your medical record, contact our Privacy Officer at the number listed at the beginning of this form. There are limited situations in which we may deny your request.
- If you believe the information we have about you is incorrect or incomplete you may request that we amend your medical record. To request amendment to your medical record, contact our Privacy Officer at the number listed at the beginning of this form. There are situations in which we may deny your request.
- You have the right to receive an accounting of disclosures of your information made in the six (6) years preceding your request. There are limited disclosures which are not required to be included in an accounting. You may receive one (1) free accounting during a twelve (12) month period. If you request more than one (1) accounting in a twelve (12) month period, you will be charged a fee.
- You have the right to request a paper copy of this Notice.

Your Rights Regarding Electronic Health Information Exchange

Newman Regional Health participates in electronic health information exchange or HIE. This technology allows a provider or a health plan to make a single request through a health information organization or HIO to obtain electronic records for a specific patient from other HIE participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIE. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything.

Second, you may restrict access to **all** of your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at <http://www.KanHIT.org> or by completing and mailing a form. This form is available at <http://www.KanHIT.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIE or HIOs, please visit <http://www.KanHIT.org> for additional information.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

Our Duties

- We are required by law to maintain the privacy of protected health information and to provide individuals with this Notice of our legal duties and privacy practice regarding health information.
- We are required to notify you if there is a breach of your unsecured protected health information.
- We are required to follow the terms of the current Notice.

We may change the terms of this Notice and the revised Notice will apply to all health information in our possession at that time. If we revise this Notice, a copy of the revised Notice will be posted and a copy may be requested from our Privacy Officer at the number listed at the beginning of this form.

Complaints

If you believe your privacy rights have been violated you may file a complaint with NRH or the Secretary of the Department of Health and Human Services. To file a complaint with NRH contact the Privacy Officer at the number listed on page one.

To file a complaint with the Secretary of the Department of Health and Human Services see: www.hhs.gov/ocr.

You will not be penalized for filing a complaint.