

## **NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE JUNE 22, 2016**

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:*

**Christy Stahl, Privacy Officer**

**2220 Canterbury Drive, Hays, Kansas 67601**

**Office: (785) 623-2188 Cell: (785) 623-1821 Fax: (785) 623-5018 Hotline: (785) 623-2194**

**E-Mail: [cstahl@haysmed.com](mailto:cstahl@haysmed.com)**

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

Pawnee Valley Community Hospital (PVCH) provides health care to patients in partnership with physicians and other professionals and organizations. The information in this Notice of Privacy Practices will be followed by all the following entities, sites, and locations of PVCH:

- All individuals employed by PVCH
- All hospital inpatient and outpatient departments
- Volunteers working at PVCH facility
- Medical, nursing, and other students present at any PVCH facility
- Any health care professional who treats you at any PVCH facility
- Pawnee Valley Medical Associates

All these entities, sites and locations follow the terms of this Notice. In addition, these entities, sites and locations may share your health information with each other for treatment, payment, or health care operations as described in this Notice.

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

- Each time you visit a hospital, physician, or other healthcare professional, a record of your visit is made.
- Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, a plan for your future care or treatment and billing-related information.
- Such records are necessary to provide you with quality care and to comply with certain legal requirements.
- Other health care professionals from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information.
- We understand that your health information is personal.
- We are committed to protecting your health information.
- This Notice will tell you about the ways in which we may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

### **WE ARE REQUIRED BY LAW TO**

- Make sure that health information that identifies you is kept private
- Give you this Notice of our legal duties and privacy practices with respect to your health information
- Follow the terms of the Notice that is currently in effect.

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

PVCH may use and disclose your health information for the following purposes without your express consent or authorization.

### ***Treatment***

- We may use and disclose your health information to provide you with medical treatment or services at a PVCH facility or other location.
- We may disclose your health information to doctors, nurses, technicians, students, or other personnel involved in your care.
- Different departments of PVCH may share your health information in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays.
- We may disclose your health information to other individuals (*e.g.*, family members and friends) and health care providers involved in your medical care outside PVCH's facilities.
- We may disclose your health information to other health care providers who request such information for purposes of providing treatment to you.

### ***Payment***

- We may use and disclose your health information to obtain payment for goods and services we provide to you.
- We may disclose your health information to a third-party payor to receive prior approval or to determine whether the third-party payor will provide coverage for specific goods or services.
- We may disclose your health information to your family members and friends involved in the payment for goods and services provided to you.
- We may disclose your health information to other health care providers who request such information for purposes of obtaining payment for goods and services they provide.

### ***Health Care Operations***

- We may use and disclose your health information for our internal operations.
- We may disclose health information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider's or plan's internal operations.

### ***Appointment Reminders and Telephone and E-mail Messages***

We may use and disclose your health information to provide you with appointment reminders. This may include contacting you with the date, time and location of your appointment by (1) sending a reminder card to the most recent mailing address we have for you; (2) sending an e-mail message to the most recent e-mail address we have for you; or (3) calling the most recent telephone number we have available and, if necessary, leaving a voice mail message or a message with a person other than you who answers your telephone number. If we need to contact you for a reason other than an appointment reminder (*e.g.*, to report test results), we may send or leave a message asking you to contact us. We will not leave any additional information, unless you direct us otherwise in a particular circumstance.

### ***Surveys***

We may use and disclose health information to conduct surveys to assess your satisfaction with our services. We may send such survey to you by regular mail or by sending a message to the most recent e-mail address we have for you.

### ***Treatment Alternatives and Health-Related Benefits and Services***

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives, to tell you about health-related benefits or services that may be of interest to you, or to provide you with promotional gifts of nominal value. We may communicate such information face-to-face, by regular mail, or by sending a message to the most recent e-mail address we have for you.

### ***Fundraising Activities***

We may use your health information to contact you in an effort to raise money for PVCH and its operations. We may disclose your health information to a foundation related to PVCH so that the foundation may contact you in raising money for PVCH. We only would disclose contact information, such as your name, address and telephone number and the dates you received treatment or services at PVCH. If you do not want PVCH to contact you for fundraising efforts, you must notify the person identified on the first page of this Notice in writing.

### ***Business Associates***

PVCH provides some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.

### ***Hospital Directory***

We may include certain limited information about you in the hospital directory while you are a patient at PVCH. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask or you by name.

### ***Creation of De-Identified Health Information***

We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

### ***Research***

- Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects, however, are subject to a special approval process which evaluates a proposed research project and its use of health information, trying to balance the research needs with patient privacy interests.
- Before we use or disclose health information for research, the project will have been approved through this research approval process.

### ***As Required by Law***

We will disclose health 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 your health information when necessary to prevent or lessen a serious threat to the health or safety of a person or the public, or as necessary for law enforcement authorities to identify or apprehend an individual.

### ***Organ and Tissue Donation***

If you are an organ donor, we may disclose your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### ***Military and Veterans***

If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

### ***Employers***

- We may disclose your health information to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such disclosure of information to your employer.
- Any other disclosures to your employer will be made only if you sign a specific authorization for the disclosure of that information to your employer.

### ***Worker's Compensation***

We may disclose your health information for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### ***Public Health Risks***

We may disclose your health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls 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;

### ***Health Oversight Activities***

We may disclose your health 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.

### ***Disclosures for Judicial and Administrative Proceedings***

We may disclose your health information in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.

### ***Disclosures About Victims of Abuse, Neglect, or Domestic Violence***

We may disclose your health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

### ***Disaster Relief***

We may disclose your health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

### ***Law Enforcement***

We may disclose your health 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 limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About suspected criminal conduct at PVCH's facilities;
- 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 disclose your health information to a coroner or medical examiner.
- We may also release information about patients of PVCH to funeral directors as necessary to carry out their duties.

### ***National Security and Intelligence Activities***

We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### ***Disclosures for Specialized Government Functions***

We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

### ***Inmates/Persons in Custody***

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official if such disclosure is necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **OTHER USES AND DISCLOSURES**

We will obtain your express written authorization before using or disclosing your information for any other purpose not described in this Notice. For example, authorizations are required for use and disclosure of psychotherapy notes, certain types of marketing arrangements, and certain instances involving the sale of your information. You may revoke such authorization, in writing, at any time, to the extent PVCH has not relied on it.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

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

### ***Right to Inspect and Copy***

- You have the right to inspect and copy your health information maintained by PVCH.
- To inspect and copy your health information, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the PVCH Health Information Management Department at (620) 285-3161, extension 8858. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request. We may require that you pay such fee prior to receiving the requested copies. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by PVCH will review your request and the denial. The

person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

#### ***Right to Request an Amendment***

- If you believe that health information we have about you is inaccurate 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 PVCH. To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request. To obtain this form or to obtain more information concerning this process, please contact the PVCH Health Information Management Department at (620) 285-3161, extension 8858. We may deny your request for an amendment if you fail to complete the required form in its entirety. 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 health information kept by or for PVCH.
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your health records.

#### ***Right to an Accounting of Disclosures***

You have the right to request a list of disclosures of your health information we have made, with certain exceptions defined by law. To request this list or accounting of disclosures, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the person identified on the first page of this Notice. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

#### ***Right to Request Restrictions***

- You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations.
- To request restrictions, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the PVCH Health Information Management Department at (620) 285-3161, extension 8858.
- PVCH is not required to honor your request for restrictions, except if (a) the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law, and (2) the protected health information pertains solely to a health care item or services for which you or any person (other than a health plan on your behalf) has paid PVCH in full.

#### ***Right to Request Alternative Methods of Communications***

You have the right to request that we communicate with you in a certain way or at a certain location. To request alternative methods of communications, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the person identified on the first page of this Notice. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

### ***Right to a Paper Copy of This Notice***

- You have the right to a paper copy of this Notice. To obtain a paper copy of this Notice, contact the person identified on the first page of this Notice.
- You may obtain a copy of this Notice at our website: [www.pawneevalleyhospital.com](http://www.pawneevalleyhospital.com)

### ***Rights Relating to Electronic Health Information Exchange***

- PVCH participates in electronic health information exchange, or HIE. New 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.
- You have two options with respect to HIE. First, you can 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 can restrict access to all of your electronic health information (except access by properly authorized individuals as needed to report specific information as required by law). If you wish to restrict access, you must complete and submit a specific form available at <http://www.khie.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 HIO's please visit <http://www.khie.org> for additional information. Your decision to restrict access through an HIO does not impact other disclosures of your health information. Providers and health plans may share your information directly through other means (e.g., facsimile or secure e-mail) without your specific written authorization.
- 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 about what action, if any, you need to take to restrict access.

### **COMPLAINTS**

If you believe your rights with respect to health information have been violated, you may file a complaint with PVCH or with the Secretary of the Department of Health and Human Services. To file a complaint with PVCH, contact PVCH's Privacy Officer. Complaints should be submitted in writing. **You will not be penalized for filing a complaint.**

### **CHANGES TO THIS NOTICE**

PVCH reserves the right to change the terms of this Notice and to make the revised Notice effective with respect to all protected health information regardless of when the information was created. The Notice will contain the effective date on the first page.