

Columbus
Community Hospital

NOTE OF PRIVACY

Practices



COLUMBUS
COMMUNITY HOSPITAL



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CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at anytime. We further reserve the right to make the revised or changed Notice of Privacy Practices 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 Notice in all Columbus Community Hospital entities. This Notice will contain on the first page, in the top right hand corner, the version number and effective date. In addition, each time you register or are admitted to the hospital, HHS, CCH Pediatric Clinic or Humphrey Medical Clinic we will offer you a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Columbus Community Hospital Privacy Officer or with the Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

CONTACTS

Columbus Community Hospital
Privacy Officer
PO Box 1800
Columbus, Ne. 68602-1800
(402) 562-3144

- The information is not part of the medical information kept by or for a Home Healthcare Service entity;
- The information is not part of the information which you would be permitted to inspect and copy under the law; or
- The information is accurate and complete.

Right to an Accounting of Disclosures:

You have the right to request an accounting of disclosures, which is a list of certain disclosures of your medical information.

To request an accounting of disclosures, you must submit a request in writing to the Health Information Department. Your request must state a time period which may not be longer than 6 years and may not include dates before April 14, 2003.

The first accounting of disclosures you request within a 12 month period will be free. We may charge for the costs of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request 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 care, like a family member or friend.

We are not required to agree to your request. If we do agree to a requested restriction, we will comply with your request unless the information is needed to provide emergency treatment or unless we notify you that we no longer agree to the restriction.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications:

You have the right to request that we communicate with you about your medical matters in a certain way or at a certain location.

To request confidential communications, you must make your request in writing to the Health Information Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your requests must specify how or where you wish to be contacted.

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

If you have any questions or would like additional information about this Notice or our Privacy Practices, please contact the Privacy Officer at (402) 562-3144.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the privacy practices of Columbus Community Hospital, Inc. ("CCH") entities including those of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of Columbus Community Hospital, CCH Pediatric Clinic & Humphrey Medical Clinic.
- Any volunteer we allow to help you while you are provided care; and
- All Columbus Community Home Healthcare Services

All of the above-identified entities, sites and locations will follow the terms of this Notice. In addition, these entities, sites & locations may share medical information with each other for treatment, payment or hospital operations as described in this Notice.

ORGANIZED HEALTH CARE ARRANGEMENT

For purposes of this Notice, the Hospital and the Medical Staff shall be considered an "Organized Health Care Arrangement" or OHCA as that term is defined under federal law. This Notice shall be the Joint Notice of Privacy Practices of the OHCA for the Hospital (including the entities, sites, and locations listed above) and the providers on the Medical Staff. Under the OHCA, the members of the OHCA will share protected health information with each other, as necessary, to carry out treatment, payment or health care operations relating to the OHCA. Additionally, under the OHCA, the Hospital and the providers on the Medical Staff will:

1. use this joint Notice for inpatient and outpatient services;
2. obtain a single acknowledgment of receipt of this Notice;
3. follow the practices described in this Notice.

Each OHCA participant remains responsible for following the practices described in this Notice. This Notice does not cover the private offices of the providers or the information practices utilized at such offices.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal and we are committed to protecting that medical information. We create a record of the care and services you receive and use this record to help provide quality care and also comply with legal requirements. This Notice applies to the records of your care, whether generated by the Hospital, home care, CCH Pediatric Clinic or Humphrey Medical Clinic. Your personal doctor may have different policies or notices regarding disclosure of your medical information created in that doctor's office or clinic.

This privacy practice notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

1. make sure the medical information that identifies you is kept confidential;
2. give you this Notice of our legal duties and privacy practices; and
3. follow the terms of the Notice that is currently in effect.

OTHER USES OF MEDICAL INFORMATION

Other uses or disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your 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 for the reasons covered by our written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization and that we are required to retain records of the care provided.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOURSELF:

You have the following rights regarding the 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 or billing records.

You must submit your request to inspect and copy your medical information in writing to the Health Information Department. If you request a copy of the information, we may charge a fee for the cost of

copying, mailing or other supplies associated with the request.

We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional chosen by the hospital 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 Amend:

If you feel 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.

Your request for an amendment must be in writing and submitted to the Health Information Department. In addition, you must provide a reason that supports your request for amendment. 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 for any of the following reasons:

- The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

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, including but not limited to the following examples:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To assist in identifying or locating a suspect, fugitive, material witness, or missing person;
- In response to inquiries as to the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- In response to inquiries as to a death we believe may be the result of criminal conduct;
- Inquiries as to criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victim; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors:

We may release medical informa-

tion to a coroner or medical examiner, as necessary, to assist them in carrying out their duties. We may also release medical information to funeral directors.

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 to conduct special investigations.

Inmates:

We may release medical information about you to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official. This release would 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 and security of the correctional institution.

How We May Use and Disclose Medical Information About You

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

For Treatment:

We may disclose your medical information to doctors, nurses, technicians, medical students, or other personnel who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes since diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian about your diabetes so we can arrange for appropriate meals. Different departments of the hospital, as well as other persons or entities involved with your care, may also use and disclose your medical information in order to coordinate your care, such as prescriptions, lab work, x-rays and follow up care.

For Payment:

We may use and disclose medical information about you in order to bill and be paid for your care and services at the Hospital. For example, we may need to give your health plan information about a surgery you received so the health plan will pay us or reimburse you for the surgery. We may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment. We may also disclose medical information about you to entities outside of Columbus Community Hospital who may need this information to bill for services they provided to you.

For Health Care Operations:

We may use and disclose medical information about you for Columbus Community Hospital health care operations. These uses and disclosures are necessary to operate the entity and promote quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, medical students and other personnel for review and learning purposes.

Business Associates:

We may disclose medical information to other persons or organizations, known as business associates, who provide services on our behalf pursuant to an agreement. To protect your medical information, we require our business associates to appropriately safeguard the information we disclose to them.

Appointment Reminders:

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives:

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives of interest.

Health-Related Benefits or Services:

We may use and disclose medical information to tell you about health-related benefits or services of interest.

Fund-raising Activities:

Columbus Community Hospital Foundation may contact you as part of fund raising efforts for hospital operations. We will only release contact information, such as your name, address and phone number and the date you received treatment or services. If you do not want to be contacted for fund-raising efforts, you must notify the Columbus Community Hospital

Foundation in writing at PO Box 1800, Columbus, NE 68602-1800.

Hospital Directory:

We may include certain limited information about you in the hospital directory while you are a patient. This information may include your name, and location in the hospital. The directory information may also be released to people who contact the hospital and ask for you by name or to members of the clergy, unless you notify us that you object or when we are otherwise restricted by state or federal law.

Individuals Involved in Your Care or Payment of Your Care:

We may release medical information about you to a friend, family member or any other person identified by you as being involved in your medical care or who is involved in the payment of your care. We will only release information if you agree to the disclosure, or given the opportunity to object to such a disclosure and do not, or we reasonably infer that you do not object to the disclosure. 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 use and disclose medical information about you for research purposes where the research has

been approved by an institutional review board that has reviewed the research proposal and established protocols to protect the privacy of your medical information.

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. Any disclosure would only be to someone able to help prevent the threat.

Organ and Tissue Donation:

If you are an organ 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 or tissue donation or transplantation.

Worker' Compensation:

We may release medical information about you for workers' compensation or similar programs that provide benefits for work related injuries or illness.

Public Health Activities:

• Public Health Activities: We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births or deaths:

- To report reactions to medication 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;
- To notify the appropriate government authority if we suspect a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities:

We may disclose medical information to a health oversight agency for activities authorized by law. Oversight activities that are necessary for the government to monitor the health care system, government programs and compliance with civil right laws include audits, investigations and inspections.

Lawsuits & Disputes:

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a