



COLUMBUS COMMUNITY HOSPITAL
4600 38TH ST.
COLUMBUS, NE. 68602-1800

Effective Date: 5-1-2018

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

Columbus Community Hospital (“CCH,” “us,” “we,” “our”) is required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and other applicable laws to maintain the privacy of your medical information and to provide you with this Notice. Your “medical information,” for purposes of this Notice, is generally any information that identifies you and is created, received, maintained or transmitted by us in the course of providing health care items or services to you. If you have any questions or would like additional information about this Notice, please contact our Privacy Officer at (402) 562-3144.

WHO WILL FOLLOW THIS NOTICE

This Notice describes our privacy practices including those of:

- Any health care professional authorized to enter information into your medical record;
- All of our departments, units, and clinics.
- Any volunteer we allow to help you while you are provided care; and
- All of our 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; and
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, departments, units, or clinics. Your personal doctor may have different policies or notices regarding disclosure of your medical information created in that doctor's office or clinic.

This 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 private;**
- 2. give you this Notice of our legal duties and privacy practices;**
- 3. follow the terms of this Notice; and**
- 4. notify you following a breach of your unsecured medical information.**

SPECIFIC USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

The following are some specific uses and disclosures we may not make of your medical information **without** your authorization:

- **Marketing activities:** We must obtain your authorization prior to using or disclosing any of your medical information for marketing purposes unless such marketing communications take the form of face-to-face communications we may make with individuals or promotional gifts of nominal value that we may provide. If such marketing involves financial payment to us from a third party your authorization must also include consent to such payment.
- **Sale of medical information:** We must obtain your authorization prior to selling your medical information to any third party
- **Psychotherapy notes:** We must obtain your authorization prior to using or disclosing any psychotherapy notes created as part of your treatment unless such notes are used for certain treatment, payment or health care operations.

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 disclosures, 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 our 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. Our business associates may in turn disclose your medical information to their subcontractors. To protect your medical information, we require our business associates and their subcontractors to appropriately safeguard your medical information. We also require our business associates to enter into agreements with their subcontractors to help ensure the privacy and safety of medical information shared between 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. At the time we contact you about our fundraising efforts we will provide you with an opportunity to elect not to receive future fundraising communications and explain how you can opt out of receiving such communications. We may not condition treatment or payment on your choice of whether to receive fundraising communications from us.
- **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. Upon your death, we may disclose to your family members or to other persons who were involved in your care or payment for health care prior to your death (such as your personal representative) health information relevant to their involvement in your care unless doing so is inconsistent with your preferences as expressed to us prior to your death.
- **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 to the health and safety of the public or another person. Any such 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 or tissue donation bank, as necessary to facilitate organ or tissue donation or transplantation.
- **Workers' 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:** 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; and
 - 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.
- **Health Information Exchange:** We participate in one or more electronic health information exchanges which permits us to electronically exchange medical information about you with other participating providers (for example, doctors and hospitals) and health plans and their business associates. For example, we may permit a health plan that insures you to electronically access our records about you to verify a claim for payment for services we provided to you. Or, we may permit a physician providing care to you to electronically access our records in order to have up to date information with which to treat you. As described earlier in this Notice, participation in a health information exchange also lets us electronically access medical information from other participating providers and health plans for our treatment, payment and health care operations purposes as described in this Notice. We may in the future allow other parties, for example, public health departments that participate in the health information exchange, to access your medical information electronically for their permitted purposes as described in this Notice.
- **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 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 information 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.
- **Genetic Information:** We cannot use genetic information to decide whether coverage can be given or at what price.
- **Plan Sponsor:** Information can be disclosed to a plan sponsor for plan administration.

YOUR RIGHTS TO AUTHORIZE OTHER USES OR DISCLOSURES

- Other uses and disclosure of your medical information that are not described in this Notice will be made only with your written authorization.
- You may give us written authorization permitting us to use your medical information or to disclose it to anyone for any purpose.
- We will obtain your written authorization for uses and disclosure of your medical information that are not identified in the Notice or are not otherwise permitted by applicable law.
- We must agree to your request to restrict disclosure of your medical information that pertains solely to a health care item or service for which you have paid in full (or for which another person other than the health plan has paid in full on your behalf). Any such disclosure must be for the purpose of carrying out payment or health care operations and must not be required by law.

YOUR RIGHTS TO REVOKE 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. However, we are unable to take back any disclosures we have already made with your authorization and for which we are required to retain records of the care provided. To revoke your authorization you must submit a revocation request in writing to our Privacy Officer at the address below.

You have the right to revoke an authorization if the covered entity intends to engage in any of the following activities: separate statements for certain uses or disclosures involving fundraising.

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;
 - 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
 - Then 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.

- **Right to Designate Another Party to Receive Your Medical Information:** You have the right to request that we transmit an electronic copy of your medical information directly to another party.

To request that we electronically transmit your medical information to a third party, you must make your request in writing to the Privacy Officer at the address below. Your request must clearly identify the designated recipient and where to send the copy of the medical information.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time. We further reserve the right to make the revised or changed Notice 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 CCH entities. This Notice will contain the effective date on the first page, in the top right hand corner. In addition, each time you register or are admitted to the hospital, departments, units, or clinics, we will offer you a copy of the current Notice then 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