

How medical information about you is used

Words and terms to know:

Business associates: People or companies who do work for BryanLGH Medical Center, but who are not employees.

Disclose: Sharing medical information with your permission with those who need to know.

Medical information: Health information, which may include your name, age, religion, and information about your care.

Notice: This information handout.

Provider: Companies and agencies that provide care such as doctors, nurses, an ambulance company, and home health care services.

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please read it carefully.

Each time you receive care at BryanLGH Medical Center, a record is made of your visit. Your medical record may include your symptoms, what was found during the exam, test results, diagnoses, treatment given, and a plan for future care or treatment. Your financial record may include facts about your bill and insurance. Together this is called your **health information**.

Your health information serves as a:

- Basis for planning your care and treatment.
- Means of communication among many health professionals who have a role in your care.
- Legal document describing the care you received.
- Record by which you or your insurance company can check that services billed were provided.
- Source of information to:
 - Educate health professionals
 - provide data for medical research
 - improve public health
 - plan and market the medical center
 - improve the care we give

Understanding how your health information is used helps you to:

- Ensure accuracy
- Follow the agreed-upon treatment plan
- Know who, what, when, where, and why other may use all or part of your health information.
- Make a more informed decision when given permission to share information with appropriate companies, agencies, and healthcare workers.

Your health information rights

Although your medical records and financial record are property of BryanLGH, the information belongs to you. BryanLGH complies with all federal and state laws and regulations that apply to this topic. We have policies that give you the right to request in writing your desire to”

- Restrict with whom we may share your health information.
- Look at and get all or part of your health information.
- Amend your health information.
- Receive a list of companies/agencies/persons who have received your health information.
- Have us communicate with you in a certain way or at a certain location.
- Change your mind about sharing health information except for what has already been shared.

Our responsibilities

BryanLGH is required to:

- Protect the privacy of your health information.
- Provide you with a current copy of the Notice of Information Practices.
- Do what we say we'll do in this notice.
- Display the most current copy on the BryanLGH website (www.bryanlgh.org)
- Notify you if we are unable to agree to your written request. BryanLGH Medical Center will honor patient requests if possible.

We will use and share your health information only with your permission, **except as described in this notice or as required by state or federal regulations.**

We have the right to change this notice and apply it to the health information we already have about you and any we receive in the future.

Examples of sharing information for treatment, payment, and the operation of the medical center

1. We will use your health information for treatment.

For example:

- Information obtained by a nurse, doctor, or other member of your healthcare team will be written in your medical record and used to determine the treatment that should work best for you. Members of your healthcare team will document their actions, your progress and response to treatment.
- We will provide any facility or provider involved in your care with information that may assist in your treatment.
- When you are no longer receiving care from BryanLGH, we will provide information to the next provider or facility that cares for you. These copies of your medical record are to help them continue your plan of care after discharge.

2. We will use your health information for payment.

For example:

- We will send a bill to you and/or your insurance company. The information may include your name, diagnosis, procedures, and supplies used.
- We will provide needed information to other healthcare providers for their billing purposes. For example, if you are brought in by ambulance, the information collected will be given to the ambulance provider for billing purposes.

3. We will use your health information for the operation of the medical center.

For example:

- Medical center staff members may use information in your medical record to assess the results of your care. This information is used to improve the services we provide.

4. We will allow our business associates to use your health information if needed.

For example:

- Some services are provided by people or companies, known as business associates, who are not employed by us. BryanLGH requires business associates to protect patients' health information.

5. We will provide information about you to the medical center directory.

For example:

- Unless you tell us not to, we will share your name and location in the facility with other people who ask for you by name. We also may give your name and location to members of the clergy.

6. We will give your health information to:

- A family member or friend who is involved in your care.
- Persons who help pay for your care.
- News media who ask for you by name for your condition.
- An organization assisting in disaster relief efforts so that your family can be told about your condition and location.

7. We may use your health information for research.

For example:

- Medical Center approved research includes your health information only with your written permission.

8. We may provide your health information to coroners, medical examiners, and funeral directors.

For example, this could be needed to:

- Identify a deceased person.
- Allow funeral directors to carry out their duties.

9. We may share your health information with organ transplant organizations.

For example:

- Following state law, we may share health information with organizations or groups that manage, bank, or transplant organ and tissue donations.

10. We may call you about appointments or treatment.

For example:

- To speed up your registration, we may call ahead for information.

11. We may use your health information for fundraising activities.

For example:

- We may use medical information about you to contact you in an effort to raise money for the medical center and its operations.

12. We will share health information about you to assist public health activities or as required by law.

For example, to:

- Prevent or control disease, injury, or disability.
- Report births, deaths, and child abuse or neglect.
- Report reactions to medications or problems with fault products.
- Notify people of recalls of products they may be using.
- Notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition.
- Notify an appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

13. We may use your health information for Worker's Compensation.

For example:

- If you are injured on the job, we may share medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

14. We may share your health information with a correction institution.

For example, if you are an inmate or in the custody of law enforcement, your information will be shared to:

- Provide you with health care.
- Protect your health and safety.
- Protect the health and safety of others.
- Assist in the safety and security of the correctional institution.

15. We will give your health information to law enforcement.

For example, we may share your health information as needed:

- In response to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- If we suspect you are a victim of an accident or crime.
- If death occurs, which we believe may be the result of a crime.
- In an emergency to report a crime committed on the premises; the location of the crime or victims; or identity; description or location of the person who committed the crime.

Complaints of questions about your privacy rights must be made in writing to the Information Security Officer at BryanLGH Medical Center, 1600 S. 48th Street, Lincoln, NE, 68506. If you have questions about this process, call (402) 481-8224.

If you believe your privacy rights have been violated, you have the right to file a complaint in writing with the Secretary of Health and Human Services. Nothing will be held against you for filing a complaint.

Reference: Code of Federal Register 164.520

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