

(MHS Logo)

Nebraska Methodist Health System
Nebraska Methodist Hospital
Jennie Edmundson Memorial Hospital
Richard Young Center
Physicians Clinic, Inc.
Physicians Resources, Inc.

Methodist Health System Privacy Notice

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.

This notice applies to all Nebraska Methodist Health System organizations that provide direct patient care, including the following:

[Insert phone numbers for HIM Director/Privacy Officer at each of :]

- Nebraska Methodist Hospital
- -Jennie Edmundson Memorial Hospital
- -Richard Young Center
- Physicians Clinic, Inc.
- Physicians Resources, Inc.
- Methodist Home Health Hospice
- Nebraska Methodist Health System Business Health
- Rehab Partners

The organizations listed above will share your health information with each other, as necessary to carry out treatment, payment, or health care operations.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health record, serves as a basis for planning your care and treatment and is a vital means of communication among the many health professionals who contribute to your care. Your health information is also used by insurance companies to verify that services billed were provided.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information.
- Obtain a paper copy of the privacy notice upon request
- Inspect and obtain a copy of your health records
- Request amendment of your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Nebraska Methodist Health System shall:

- Maintain the privacy of your health information
- Provide you with a copy of this notice
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all health information we receive.

We will not use or disclose your health information without your authorization, except as described in this notice.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: ~~Information:~~ Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment. Health care team members will communicate with one another personally and through the health record to coordinate care provided. We will also provide your physician or subsequent healthcare provider with copies of various reports that should assist him or her in treating you in the future.

We will use your health information for payment.

For example: ~~A:~~ A bill may be sent to you or an insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for healthcare operations and internal business practices.

For example: ~~Members:~~ Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.

Communication with family: ~~Health:~~ Health professionals, using their best judgment, ~~may,~~ may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Directory: Unless we are otherwise restricted by state or federal law, or unless you notify us that you object, we will release your location within the facility to people who ask for you by name. In addition, we may release your name, location, and religious affiliation to members of the clergy.

Business Associates: ~~There:~~ There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate ~~so thatso that~~ they can perform the job we've asked them to do and bill you or your insurance company for services rendered. To protect your health information, however, we require the business associate to use appropriate safeguards. ~~appropriately safeguard your information.~~

Funeral Directors: ~~We: We~~ may disclose your health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: ~~Consistent: Consistent~~ with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or ~~transplantation of~~ transplantation of organs for the purpose of tissue donation and transplant.

Research: We may disclose information to researchers when their research has been approved by an institutional review ~~board that~~ board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): ~~We: We~~ may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: ~~We: We~~ may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: ~~As: As~~ required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correction institution: ~~Should: Should~~ you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: ~~We: We~~ may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise ~~violated professional~~ violated professional or clinical standards and are potentially endangering one or more patients, ~~workers, workers~~, or the public.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact ~~the~~ the Privacy Officer or Director of Health Information Management at this facility. If you believe your privacy rights have been violated, you can file a complaint with the Director of Health Information Management, at the phone number listed above, or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: ~~April~~ April 14, 2003

Revised 7/3/025/29/02