

## **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.

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

- Any health care professional authorized to enter information into your medical record.
- All departments of Tri-County Area Hospital.
- Any member of a volunteer group or health care students we allow to help you while you are receiving care from this hospital.
- All employees, staff and other hospital personnel, including Home Care Services.
- All the above-identified individuals, sites, and locations will follow the terms of this notice. In addition, these individuals, sites, and locations may share medical information with each other for treatment, payment or hospital operations as described in this notice.
- Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

### **UNDERSTANDING YOUR MEDICAL RECORD INFORMATION:**

Each time you visit Tri-County Area Hospital a record of your visit is made.

Typically, this record describes your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record or designated record set, also includes your financial record and may be in paper or electronic form and serves as a:

- basis for planning your care and treatment;
- means of communication among the many health care professionals who help with your care;
- legal documents describing the care you received;
- means by which you or a third party payer, such as your insurance company, can verify that services billed were actually provided;
- a tool in educating health professionals;
- a source of data for medical research;
- a source of information for public health officials who work to improve the health of the nation;
- a source of data for facility planning and marketing;
- a tool with which we can use to continually work to improve our patient care and the outcomes.

Understanding what is in your record and how it is used will help you to:

- make certain it is accurate;
- better understand who, what, when, where and why others may access your health information;
- make a more informed decision when giving your permission for your health information to be sent or released to others.

## **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

Although your medical record is the physical property of Tri-County Area Hospital, the information belongs to you. Tri-County Area Hospital has developed procedures as described in the federal law that allows you several rights.

### Right To See And Get Copies Of Your Medical Information

In most cases, you have the right to look at or get copies of your medical information that we have, but you must make the request in writing. If we don't have your information but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and how you can have the denial reviewed.

If you request copies of your medical information, we may charge a fee for the costs of the copying, mailing, or other supplies associated with your request.

### Right To Correct Or Update Your Medical Information

If you believe that there is a mistake in your medical information or that a piece of information is missing, you have the right to request that we correct the existing information or add the missing information. That request must be made in writing and you must provide a reason for the change. We will respond within 60 days of receiving your request. We may deny your request if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the medical information is:

- correct and complete;
- not created by us;
- not allowed to be looked at and copied for you; or
- not part of our records.

Our written denial will tell you the reasons for the denial and will tell you how to file a written statement of disagreement with the denial.

### Right To Get A List Of The Disclosures We Have Made

You have the right to get a list of instances in which we have disclosed your medical information. This list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory. This list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before the effective date of this notice. We will respond within 60 days of receiving your written request and will include disclosures made in the last six years, but not before the effective date of this notice, unless you request a shorter time. We will

provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a fee for each additional request. We will notify you of the cost involved and you may choose to withdraw or change your request at that time.

#### Right To Request Limits On Uses And Disclosures Of Your Medical Information

You have the right to ask that we limit how we use and disclose your medical information. We will consider your written request but are not legally required to accept it. If we accept your request, we will abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

#### Right To Choose How We Send Medical Information To You

You have the right to ask that we send information to you at an alternate address or by alternate means. We must agree to your written request so long as we can easily provide it in the format you requested.

#### Right To A Paper Copy Of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may also obtain a copy of this notice at our website, [www.tricountyhospital.com](http://www.tricountyhospital.com).

#### Right To Withdraw Your Authorization To Use Or Disclose Your Medical Information

If you give us permission to use or disclose your medical information, you may withdraw or cancel that permission, in writing, at any time. If you withdraw your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

### **OUR RESPONSIBILITIES:**

Tri-County Area Hospital is required by law to:

- maintain the privacy of your medical information;
- provide you with a paper copy of this notice as to our legal duties and privacy practices concerning the medical information we collect and maintain about you;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested limit or restriction;
- follow reasonable requests you may have to communicate your medical information at an alternate address or by an alternate means.

We reserve the right to or may be required by law to change our privacy practices, which may result in changes in this notice. We further reserve the right to make the revised or changed privacy practices 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 the hospital and on our website, [www.tricountyhospital.com](http://www.tricountyhospital.com). The notice's effective date will be in the bottom right-hand corner of the last page. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice

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

### **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS:**

Not every use or disclosure in a category is listed. However, all the ways we are permitted to use and disclose your medical information will fall within one of the categories.

- ◆ We will use your medical information for treatment. For example, medical information obtained by a nurse, doctor or other health care workers will be recorded in your record and used to decide the treatment that should work best for you. Members of your healthcare team will then record the actions they took and their observations. In that way, the doctor will know how you are responding to treatment. We may also disclose that information about you to other doctors, nurses, technicians, hospital personnel, medical students and health care students who are involved in taking care of you at the hospital.

We will also provide your physician or another healthcare provider or facility with information which may include copies that should assist them in treating you once you are discharged from the hospital.

- ◆ We will use your medical information for payment. For example, a bill may be sent to you or a third-party payer, such as your insurance company. The information on or sent with the bill may include your identity, diagnoses, procedures performed, and supplies used. We may also provide necessary information to other healthcare providers for their billing purposes in services they provided you.

We may tell your health plan about treatment you are receiving while you are in the hospital. This may also be done to obtain prior approval or to determine whether your health plan will cover the treatment and/or hospital stay.

- ◆ We will use your health information for regular hospital operations. For example, members of the Medical Staff and quality management teams may use your medical information to assess the care and outcomes of 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 services we provide, including if we need to offer additional services. We may also disclose your medical information to medical students and other healthcare students for review and learning purposes.

1. We will allow our business associates to use your medical information if necessary. For example, there are some services provided in our organization through contracts with other persons or organizations, known as business associates. Our radiology or x-ray films are read by physicians not employed by us and another organization performs the pathology services. To protect your medical information, however, we require the business associates to appropriately protect your medical information.

2. We will provide your information for the hospital directory. For example, unless you object, we will use your name, your location in our hospital, and religious preferences for directory purposes. This directory information may be released to people who contact the hospital and ask for you by name. The information provided to members of the clergy will be released by religious affiliation.
3. We will provide notification as well as communication with your family about your medical information. For example, using their best judgment, our health care professionals may release medical information about you to a family member or friend who is involved in your medical care and may tell your family or friends your condition and that you are in the hospital. We may also give the information to someone who helps pay for your care. In addition, we may tell your medical information to an organization helping in a disaster relief effort so that your family can be notified about your condition, status, and location.
4. We will release your medical information for research. For example, we may disclose information to researchers when their research has been approved through our research approval process. The research team must have established privacy protocols to make certain that your medical information is kept private.
5. We will provide your health information to coroners, medical examiners and funeral directors. For example, we may release medical information to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release medical information about our patients to funeral directors as necessary to carry out their duties.
6. We will use your medical information for organ and tissue donation. For example, according to law, we may disclose medical information to organ donation organizations or other organizations involved in the obtaining of organs or tissue, the banking of the organs, or the transplantation of the same.
7. We will use your information for appropriate reminders. For example, we may contact you to remind you of appointments for diagnostic testing or treatment or other health-related benefits and services that may be of interest to you, including educational opportunities.
8. We will use your medical information for fundraising activities. For example, we may contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a foundation related to the hospital so that they may contact you in raising money for the hospital. We would only release your name, address, phone number, and dates you received services at the hospital. If you do not want the hospital to contact you for fundraising purposes, you must notify Tri-County Area Hospital (administrator or ?) in writing.
9. We will use your medical information for public health purposes. For example, we may disclose medical information about you for public health activities or as authorized by law. This activities generally include the following examples:
  - to prevent or control disease, injury, or disability;

- to report births or deaths;
  - 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 contacting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.
10. We will use your medical information for Workers' Compensation. For example, we may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
11. We will use your medical information for the correctional institution. For example, if you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.
12. We will use your medical information for law enforcement. For example, we may release medical 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 circumstances, we are unable to obtain the victim's agreement;
  - about a death we believe may be the result of criminal conduct;
  - about criminal conduct at the hospital;
  - 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.
13. We may use your medical information for health oversight activities. For example, we may disclose medical information to a health oversight agency for activities authorized by law. This may include 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.

**FOR MORE INFORMATION OR TO REPORT A CONCERN:**

If you have questions about this notice and would like additional information you may contact the Privacy Officer at Tri-County Area Hospital (308) 324-5651. All complaints/requests must be submitted to writing to the Privacy Officer also.

If you believe your privacy rights have been violated and not addressed by Tri-County Area Hospital, you have the right to file a complaint with the Secretary of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

Effective date: (DATE)