



## **Notice of Privacy Practices**

This notice of Privacy Practices is effective as of September, 2013

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.

### **Understanding your health information-how it is used and how it may be shared with others:**

There are laws that require we give this notice to you about what we do with your health information. This notice is about the health information we keep while you are receiving care in the hospital.

### **What if you have questions about this notice?**

If you do not understand this notice or what it says about how we may use your health information, please contact:

Privacy Officer 316-804-6026

### **What is your health record or health information?**

When you go to a hospital, doctor or other health care provider, a record is made that tells about your treatment. This record will have information about your illnesses, your injuries, signs of illness, exams, laboratory results, treatment given to you and notes about what might need to be done at a later date. Your health information could contain all kinds of information about your health problems. The hospital keeps this health information and can use this information in many different ways. What we do with your health information and how we can use and share this information is what the rest of this notice describes.

### **What is the responsibility of the hospital when it comes to your health information?**

The law requires that NMC Health must do the following when it comes to handling your health information:

- Keep your health information private, only giving it out when allowed by law to do so;
- Explain our legal duty and our rules about keeping your health information private to you;
- Follow the rules given in this notice;
- Let you know when we can't agree with a request or demand you may make to restrict the sharing of your health information with others;
- Help you when you want your health information sent in a different way than it usually is sent or to a different place than it usually is sent.

We will not give out your health information without your permission except in certain cases explained in this notice. There are laws that say we can give out your health information to others without your permission. NMC Health will follow these laws. NMC Health can give out your health information electronically (over computer networks, for example) or by facsimile.

### **What are your health information rights?**

Your health information is the property of the hospital that wrote it. The information contained in your health information belongs to you. You have certain rights concerning this health information. The following is a list explaining your rights:

- **You have the right to look at your health information and get a copy of this information which may be used to help with your care.** This information will usually include medical and billing records. Your information will not have psychotherapy notes and information that is made to be used in a court proceeding or information covered by special laws. If you want to see your health information and get a copy of your health information, you must write a request to the contact person. You may be charged for copies and mailings. We may refuse your request for your health information. If we refuse you, you will be told in writing. If we refuse, you can have the decision reviewed. A neutral person will review your request and we will do what they say.
- **You have the right to ask that we make changes to your records.** If you feel that your health information is not complete or wrong, you can ask that we change it. If you want to make a change to your health information, you must give a good reason for the change. If you don't put your request in writing and give a good reason we may not allow the change to be made. We may also refuse your request for change for the following reasons: (1) the information was not created by NMC Health; (2) it is not a part of the health information kept by or for this hospital; (3) it is not information you are permitted to see or copy; or (4) it is accurate and complete.
- **You have the right to a list of individuals to whom we gave your health information.** To request a list of names to whom we gave your health information, you must write a request to NMC Health. You have to include a time period in your request. The time period can be no longer than (6) years. You should tell us in what form you want the list (paper copy, electronically, or some other form). You can have one list each year at no cost. You will be charged for additional lists within the year period.
- **You have the right to ask for a restriction.** You have the right to ask that we restrict or limit some part of your health information. You can also ask that we limit information about you to a person who is giving you care or paying for your care like a family member or friend. We are not required to agree to your request. We will notify you if the restriction will be applied or not.

If you want to restrict or limit the information in your health information that we give out, you must put your request in writing. Tell us (1) what information you want to limit; (2) whether you want to limit our use of your health information, our giving out your health information, or both; and (3) who should not receive the health information.

- **You have the right to ask for communication accommodations.** You have the right to ask that we communicate with you about your health information only in a certain way or in a certain location. An example would be asking that you only be contacted at work or only by mail. To ask for privacy in communications, you must make your request in writing to NMC health. We will attempt to grant all reasonable requests and although you are not required to give reasons for your request, we may ask you. Be sure to be specific in your request about how and where you wish to be contacted. We may charge you for this privacy request and if you fail to pay, the privacy communication will be stopped.
- **You have the right to a paper copy of this notice.** You have a right to a copy of this notice at any time. Even if you get this notice over email, you will still get a paper copy of it. You can request a copy from the hospital or you can go to our web site, [www.myNMChhealth.org](http://www.myNMChhealth.org), and obtain one there.
- **You have the right to be notified of a breach of your protected health information.**

### **How will we use and give out your health information?**

The hospital can use and disclose your health information without your permission. The following is a list of when we can do this:

- **For treatment.** We may use your health information to provide you with medical treatment or services. We may give your health information to other doctors, nurses, technicians, medical students or other staff personnel who are involved in taking care of you. For example, a doctor treating you for a broken bone may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell a dietitian if you have diabetes so we can arrange for meals. Different departments of the hospital may share your health information in order to coordinate the different services you need, such as prescriptions, lab work and x-rays. We may also disclose your health information to providers outside of NMC health who may be involved in your treatment.
- **For payment.** We may use and give out your health information about the treatment you receive here at NMC health so that you or the insurance company or even a third party can be billed. For example, we may give your health insurance company information about your surgery so that your insurance plan will pay us or pay you for the surgery. Sometimes we may have to tell your insurance company before your surgery to get an “ok” from them so that they will cover the surgery.

- **For health care operations.** We may use or give out your health information to make sure we are giving you the best possible care. For example, we may use your health information to see how well our staff takes care of you. We may combine your health information with other individual's information to decide on additional services we should offer to our patients and to see if new treatments really work. We may also give your health care information out to other doctors, nurses, technicians, medical students and other hospital workers for their review and for their studies. We may also combine information from your health information so others who look at your health information cannot see your name. This way, we can study information without knowing individual names. Here are some other reasons we may use and disclose your health care information: to see how well we are doing in helping our patients; to help reduce health care costs; to develop questionnaires and surveys; to help with care management; to make sure we are doing our job well and to contact you to assess your satisfaction with our services; to better train people so that they can get the education they need to best perform their special skills; to help insurance companies better serve you in their policy making; to help those that check up on hospitals and ensure that we are doing our job correctly; to help us plan and develop the business part of health care including fund raising and advertising so that we are profitable.
- **Appointment reminders.** We may give out your health information to contact you, a relative or a friend to remind you that you have an appointment at NMC health. We may leave a message on your answering machine or voice mail systems unless you tell us not to.
- **Treatment alternatives.** We may use or give out your health information to let you know about treatments that may be offered to you so you can make good choices about your health care.
- **Health related benefits and services.** We may use and give out health information to tell you about health benefits and services that may be of interest to you.
- **Fund-raising activities.** We may use your health information to contact you to help NMC health raise money. We may also give out your health information to a foundation so that they can help NMC health raise money. For fund-raising activities, we will only give out basic contact information such as name, address, phone number and the dates you were treated at the hospital. If you do not want NMC health to contact you for its fund-raising purposes, you must tell one of the contact persons listed on page 1 of this notice.
- **Hospital general public disclosure.** We may give out limited information about you which will be available to the public. While you are here at NMC health as a patient, the information we give out may be your name, room

number in the hospital and your general condition (for example, “fair”, “stable”, etc. And your religion.) All the information except your religion can be given out to the public who asks for you by name. Your religion may be given to a minister, priest or rabbi, even if they don’t ask for you by name. This is so your relatives, friends and religious persons can visit you in the hospital. If you do not want this information given out, please contact a contact person as listed on page 1 of this notice or tell the registration clerk at the time of admission.

- **Individuals involved in your care or payment for your care.** We may give out health information about you to one of your friends or family members who is in some way involved in your medical care. We may give out your health information to another person who is helping pay for your care. We may tell your family or friends about your condition while you are in the hospital. Also, we may give out your health information as part of a disaster relief effort so your family knows about your condition and location. How much of your health information we give out to another person will depend on how much they are involved in your care.
- **Research.** Sometimes for special reasons, we may give out your health information to researchers who want to do scientific research about how well certain drugs or treatments work. If a researcher wants to do a study involving you and your information, we will follow steps to make sure the research is approved that will benefit all people. The research must be worthwhile. We may give out health information to researchers to help them and the patients they need for their research study. This information we give them will usually not leave the hospital. If a researcher wants your name, address and other information about you, we will almost always ask permission from you before they can contact you.
- **As required by law.** Federal, state and local laws may require us to give out certain kinds of health information. Things like wounds from weapons, child and/or elder abuse, communicable diseases and neglect are examples of such information and we do not need your permission to give out this information.
- **To avoid a serious threat to health or safety.** We may use or give out your health information if your health and safety is at risk or in danger. We will also give out your health information if the health of the public or another individual is at risk. If we give out this information, it will be given to someone who may be able to prevent the threat.
- **Organ and tissue donation.** If you are an organ donor, we may give out your health information to people who deal with organ collection, eye or tissue transplants or to a donation bank. We give your information to these people to make sure organ or tissue donation or transplants can be made.
- **Military and veterans.** If you are a member of the armed forces, we may

give out your health information as required by those military authorities in command. If you are a member of the military of another country, we may release your health information to the authority in command in your country.

- **Worker’s compensation.** If you are involved in an injury that happens while you are at work, we may give out your health information so your medical bills can be paid by your employer. This is called worker’s compensation.
- **Public’s health risks.** We may give out your health information without your permission if there is a danger to the public’s health. Some general examples of these dangers: to avoid disease, injury or disability; to report births and deaths; to report child abuse and neglect; to report reactions to drugs and other health products; to report a recall of health products or medications; to tell a person that they have been exposed to a disease or may spread a disease; to tell the government authority if we believe a patient has been abused, neglected or the victim of violence; to let employers know about a workplace illness or workplace safety; to report trauma injury to the state.
- **Health oversight activities.** We may give out your health information without your permission to a special group who checks up on hospitals to make sure they are following the rules. These special groups investigate, inspect and license hospitals.
- **Lawsuits and disputes.** We may be required to give out your health information if you are involved in a lawsuit or dispute. If a court orders that we give out your health information even if you are not involved in a lawsuit or dispute, we may also give out your health information. Other reasons that may cause us to release your health information would be if there is an order to appear in court, a discovery request, or other legal reason by someone else involved in a dispute.
- **Law enforcement.** We may be required to give out your health information if asked for by a police official for the following reasons: for a court order, subpoena, warrant or summons; to find a suspect, fugitive, witness or missing person; to find out about the victim of a crime if we cannot get the person’s permission; about a death we believe may be the result of a crime; about a crime that happens at NMC health; in emergencies to report a crime, the place where the crime happened, the victim of the crime or the identity, description or whereabouts of the person who committed the crime.
- **Coroners, medical examiners and funeral directors.** We may give out your health information to a coroner or medical examiner to identify a person who has died or to determine the cause of death. We may also give out health information to funeral directors so they can carry out their duties.
- **National security and intelligence agencies.** We may give out your health information to federal authorities for intelligence, counter-intelligence, and

other situations involving our national safety.

- **Protective services for the President and others.** We may give out health information about you to federal officials so they can protect the President or other officials or foreign heads of state or so they may conduct special investigations.
- **Inmates.** If you are an inmate of a prison or placed under the charge of a law enforcement official, we may give out your health information (1) to the prison to provide you with medical care; (2) to protect the safety of you and others; or (3) for the safety of the prison.
- **Re-disclosure.** When we use or give out your health information, it may contain information we received from other health care providers.
- **Remuneration.** NMC health does not disclose protected health information for financial or non-financial remuneration.
- **Other uses and disclosures.** Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes require your authorization. Psychotherapy notes are a particular type of protected health information. Mental health records generally are not considered psychotherapy notes. Your authorization is necessary for disclosure of psychotherapy notes.

**Giving permission and revoking previous permission to use or disclose your health information:** except as stated in this notice, in order for us to give out your information, you have to complete a written authorization form. If you want, you can later choose not to let us give out your health information. You can do this at any time. Your request to later stop permission to give out your health information must be in writing and sent to NMC Health. It is not possible for us to take back any information we have already given out about you that we made with your permission.

**What should you do if you have a complaint concerning your health information?** If you believe your right to privacy has been violated, you can write a complaint and give it to NMC Health or the U.S. Department of Health and Human Services. To find exactly how to file a complaint with either NMC Health or the U.S. Department of Health and Human Services, ask the hospital. NMC Health will not retaliate against the individual for filing a complaint. There is no penalty for filing a complaint.

**US Department of Health and Human Services** [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

**NMC Health** 1-800-811-3181 ext. 1215

**If changes are made to this notice:** we will give you a copy of the notice the first time we treat you and whenever you request it. NMC Health must revise the notice when there is a change in privacy practices and we the right to change this notice at any time without notification of the change.

We have the right to make the changed notice to apply to health information we already have about you as well as any we receive in the future.

We will post a copy of the newest notice at NMC Health. You will find the notice at any time by contacting the contact person listed above. You may get a copy of the current notice each time you are admitted to NMC Health for treatment.

**Your rights regarding electronic health information exchange:**

NMC Health participates in electronic health information technology or HIT. New technology allows a provider or a health plan to make a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other hit participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

- You have two options with respect to hit. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything.
- Second, you may restrict access to all of your information through an HIO (except access by properly authorized individuals as needed to report specific information as required by law). If you wish to restrict access, you must submit the required information either online at [www.kanhit.org](http://www.kanhit.org) or by completing and mailing a form. This form is available at [www.kanhit.org](http://www.kanhit.org). You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.
- If you have questions regarding hit or HIO, please visit [www.kanhit.org](http://www.kanhit.org) for additional information.
- Even if you restrict access through an HIO, providers and health plans may share your information directly through other means (e.g., facsimile or secure e-mail) without your specific written authorization.
- If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.