



HASKELL COUNTY HEALTHCARE SYSTEM

NOTICE OF PRIVACY PRACTICES

Effective Date 4/14/03

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:

This notice describes Haskell County Healthcare System's practices and that of:

- any healthcare professional authorized to enter information into your medical record.
- all departments of HCHS.
- any member of a volunteer group we allow to help you while you are in the treatment of HCHS.
- all employees, staff and other healthcare personnel.
- HCHS, Mid-Lakes Home Care, Mid-Lakes Hospice, Mid-Lake HME, Rural Health Clinic, Specialty Clinic, Stigler Medical Clinic. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare operations and purposes as described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Haskell County Healthcare System. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Haskell County Healthcare System, whether made by HCHS personnel or your attending physician. 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.

This notice will tell you about the ways in which HCHS may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that health information that identifies you is kept private.
- give you this notice of our legal duties and privacy practices with respect to health information about you.
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. For each category of uses and disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways are permitted to use and disclose information will fall within one of the categories.

For Treatment:

We may use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, students or other healthcare personnel who are involved in taking care of you at Haskell County Healthcare System. For example, a doctor treating you with depression may need to know if you have diabetes because diabetes may contribute to your depression in addition the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of HCHS also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside of HCHS who may be involved in your medical care after you leave HCHS, such as family members, clergy, or others we use to provide services that are part of your care.

For Payment:

We may use and disclose medical information about you so that the treatment and services you receive at HCHS may be billed to and payment may be collected from you, an insurance company or third party. For example, we may need to give your health plan information about laboratory test you received at HCHS so your health plan will pay us or reimburse you for the lab work. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Healthcare Operations:

We may use and disclose medical information about you for Haskell County Healthcare System operations. These uses and disclosures are necessary to run the organization and make sure that all of our patients receive quality care. For example, we may use medical information to review our treat and services and to evaluate the performance of our staff in caring for you. 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 treatments are effective. We may also disclose information to doctors, nurses, technicians, students, and other HCHS personnel for review and learning purposes. We may also combine the medical information we have with medical information from facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are.

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 at HCHS.

Treatment Alternatives:

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-related Benefits and Services:

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Disaster Relief:

HCHS may disclose medical information about you to an entity or assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research:

Under certain circumstances, we may use and disclose medical information about you for your research purposes. For example, a research project may involve comparing the health and recovery of patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific health needs, so long as the medical information they review does not leave HCHS. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at HCHS.

As Required By Law:

We will disclose health 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 of the public or another person. Any disclosure, however, would only be to someone able to help prevent that threat.

SPECIAL SITUATIONS:**Organ and Tissue Donation:**

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Public Health Risks:

We may disclose health information about you for public health activities. The activities generally include the following:

- to prevent or control disease, injury, or disability.
- to report births and deaths.
- to report abuse or neglect as required by law.
- 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 contracting or spreading a disease or condition.
- to notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities:

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes:

If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order.

Law Enforcement:

We may release health information if asked to do so by a law enforcement official:

- in response to a court order.
- to identify or locate a suspect fugitive, material witness, or missing person.
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- about a death we believe may be the result of criminal conduct or suicide.
- about criminal conduct at HCHS.
- in emergency circumstances to report a crime, the location of the crime or victims, the identity, description or location of the person who committed the crime.

Coroners, Medical Examiner and Funeral Directors:

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of HCHS to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities:

We may release health information about you to authorized federal officials for intelligence, counter intelligence, and other national security activities authorized by law.

Protective Services for the President and Others:

We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

RIGHT TO AN ACCOUNTING OF DISCLOSURES:

You have the right to request an “account of disclosures.” This is a list of the disclosures we made of health information about you. To request this list or accounting of disclosure, you shall submit your request in writing to Medical Records. Your request shall state a time period, which may not be longer than six years and may not include dates before February 23, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS:

You have the right to request a restriction or limitation on the health information we use or disclose about you for your treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a diagnostic test you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide your emergency treatment. To request restrictions, you shall 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, for example, disclosures to your spouse.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you shall make your request in writing to Medical Records. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request shall specify how or where you wish to be contacted.

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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact Medical Records.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health 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 our facility. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at or are admitted to Haskell County Healthcare System for treatment or healthcare services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS:

If you believe your privacy right has been violated, you may file a complaint with Haskell County Healthcare system or with the Secretary of the Department of Health and Human Services. To file a complaint with HCHS, contact the Compliance Officer at 918-967-9003. All complaints shall be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION:

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose health 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, and that we are required to retain our records of the care that we provide to you.

This document is Haskell County Healthcare System Notice of Privacy Practices. HCHS staff will ask you to sign an acknowledgement that you have received this copy of HCHS Notice of Privacy Practices at the first provision of services for each treatment episode. If you have any questions about HCHS Notice of Privacy Practices, please feel free to contact the CEO at 918-967-4682.