

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. The notice is provided in two layers. This top layer briefly summarizes how we handle your health information, and the bottom layer provides further details of our privacy policies and procedures.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION. We use health information about you for treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your information may be shared with other providers to whom you are referred. We may use or disclose your health information without your authorization for several reasons, but beyond those situations, we will ask for your written authorization before using or disclosing your health information. You have the right to revoke an authorization to stop any future uses and disclosures.

YOUR RIGHTS: In most cases, you have the right to look at or get a copy of your health information that we use to make decisions about you. If you request copies we may charge you a cost based fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.

OUR LEGAL DUTY: We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, notify individuals following a breach of unsecured health information, prohibited from using genetic information for underwriting purposes, and seek your acknowledgment of receipt of this notice. We may change our privacy policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time.

PRIVACY COMPLAINTS: If you are concerned that we have violated your privacy rights, our privacy policies, if you disagree with a decision we made about access to your health information, or if you have questions about this notice, you may contact the person listed below. You may also send a written complaint to the department of health and human services.

Privacy Officer:
Kimball Health Services
255 W. 4th St
Kimball, NE 69145
308-235-1952 Ext 162
medrec@kimballhealth.org

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.

Effective Date: **September 23, 2013**

WHO WILL FOLLOW THIS NOTICE

This notice describes our organization's practices and that of:

- Any health care professional, authorized to enter information into your medical records; examples include physicians, physician assistants, therapists, nurses.
- All departments and units of the hospital and clinic (Kimball Health Services).
- All employees, volunteers, students and members of the workforce.
- The individuals listed above follow the terms of this notice. In addition, these individuals share medical information with each other for treatment, payment of hospital operations and purposes 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 the hospital. 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 Kimball Health Services, This notice will tell you about the ways in which we 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 medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you
- Notify affected individuals following a breach of unsecured protected health information
- Prohibited from using or disclosing protected health information that is genetic information of an individual for underwriting purposes.
- Follow the terms of this notice that are 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 or 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 we 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 or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. 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 the hospital 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 the hospital, such as family members, clergy or others we use to provide services that are part of your care.

For Payment: We may disclose your medical information in order to collect an unpaid account. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. 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. We may use your information so that other covered entities may obtain payment for treatment that they have provided such as ambulance service providers and pathology services. Please be aware that you may receive separate bills from these independent groups. Unless restriction is requested, the guarantor/responsible party will have access to information created during the episode of treatment.

For Health Care Operations: We may use and disclose medical information about you for Kimball Health Service operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you including quality and improvement activities, reviewing competence or qualifications of healthcare providers, review by external agencies for licensure, accreditation or auditing We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements for 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 health care and health care delivery without learning who the specific patients are.

For Another Provider's Treatment, Payment or Health Care Operations: The law also permits us to disclose your medical information to another health care provider involved with your treatment to enable that provider to treat you and get paid for those services as well as for that provider's health care operations and activities involving quality reviews, assessments or compliance audits.

Special circumstances when we may disclose your medical information related to treatment, payment or operations:

Research: After de-identification (name, address, etc.) we may use your information for research, public health activities, or other health care operations.

PLANNED USES TO WHICH YOU MAY OBJECT

We will use or disclose your health information for the purposes described in this section unless you object to or otherwise restrict a particular release.

Appointment Reminders/Scheduling/follow up calls: We may use and disclose medical information to contact you as a reminder that you have an appointment, have been referred to schedule a visit, or to follow up with you after a recent visit. We may leave a brief reminder on your answering machine/voicemail system unless you tell us not to.

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.

Fundraising Activities: We may use medical information about you to 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 the foundation may contact you in raising money for the hospital. We only would release limited information, such as demographic information, dates of service, department of service, treating physician and outcomes. You will be given an opportunity to opt out of fundraising communications.

Hospital Directory: We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share personal health information to individuals without your approval. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Communication Barriers: We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and if it is determined using professional judgment, that you intend to consent to use or disclosure if information under the circumstances.

OTHER USES & DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT

As Required by Law: We will discuss medical information about you when required to do so by federal, state or local law including those that require reporting of certain types of wounds or physical injuries

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 or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Organ and Tissue Donation If you are an organ donor, we may release medical 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.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities or for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Employers: We may release to your employer medical information about you when we have provided health care to you at the request of your employer.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health: We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- 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 the 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 medical 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 health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: 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 limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In response to a medical emergency, other than on the premises to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release medical 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 the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Kimball Health Services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied the request. We will comply with the outcome of the review.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete; you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to Kimball Health Services. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy, or;
- Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information for purposes other than treatment payment or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to The Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve (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 medical information we use or disclose about you for treatment and payment of health care operations. You may request restriction on disclosures of PHI to a health plan if the service is paid for in full out of pocket. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **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 you emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer, you must 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 medical 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 must make your request in writing to The Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must 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. You may obtain a copy of this notice at our website at www.kimballhealth.org

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 medical information we already have about you as well as any information we receive in the future. 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. The Notice of Privacy practices will be posted on our website at www.kimballhealth.org, visibly posted in the facility and available upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Kimball Health Services or with the Secretary of the Department of Health and Human Services. To file a complaint with Kimball Health Services, submit in writing to the Privacy Officer. You may also file a complaint with the Secretary of the Department of Health and Human Services at 1-800-368-1019 or view the web-site: <http://www.hhs.gov/ocr/privacy/hipaa/complaints>. **You will not be penalized for filing a complaint with Kimball Health Services or the Department of Health and Human Services.**

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical 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 medical 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 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, and that we are required to retain our records of the care that we provided to you.