

Northwest Health Services

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED (SHARED WITH OTHERS) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING MEDICAL INFORMATION

Northwest Health Services (NHS) understands that medical information about you and your health is personal. We are committed to protecting medical information about you. In connection with the care you get from NHS, we create a record of the services you receive. We need this record to provide you with quality care and to meet certain legal requirements. This notice describes how we may use and disclose your medical information and the rights that you have.

OUR DUTIES

We provide you with this notice to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We are required by HIPAA to:

- maintain the privacy of your medical information as required by law;
- provide you with notice of our legal duties and privacy practices regarding your medical information, and to comply with the terms of the notice; and
- notify you following any improper release or use of your medical information that is not secured according to certain security standards.

WHO WILL FOLLOW THIS NOTICE

NHS and its providers (e.g. doctors, nurses, dentists and therapists) will follow this notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following list describes different ways that we use and disclose protected medical information that we have and share with others. Except for the listed items below, your permission is not required for us to use or disclose your medical information for the following purposes:

- **Treatment:** We may use and share your information to provide you with medical treatment and services. Your information may be shared with individuals providing care to you. These individuals need your information to provide care and services (such as prescriptions, lab tests, and x-rays). We may also share your information to individuals (doctors, nurses, hospitals or others) outside NHS that may be involved in your care after you leave.
- **Payment:** We may use and share your information to receive payment for the services and treatment provided to you. For example, we may tell your health plan about a treatment you are going to receive to get approval for payment or find out if your health plan will cover the treatment.

- **Health Care Operations:** We may use and share your information for health care operations purposes. Health care operations include review of the care you receive for quality assessment, educational, business planning, and legal review to make sure we are following the law.
- **Appointment Reminders:** We may use your information to contact you in order to provide appointment reminders to you.
- **Treatment Alternatives:** We may use your information to you with information about other treatment choices and other health-related benefits and services.
- **Required by Law:** We disclose information as required by law. For example, we are required to report gunshot wounds to the police.
- **To Prevent a Serious Threat to Health or Safety:** We may share information about you to law enforcement or an identified victim to prevent a serious threat to your health or safety or the health or safety of another individual or the public.
- **Research:** Your information may be used by or shared with researchers for research approved by a privacy board or an institutional review board.
- **Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may release medical information about you to a friend, family member, or other who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to a business or agency assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **Victims of Abuse, Neglect or Domestic Violence:** We may disclose your medical information to a government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.
- **Public Health Purposes:** We provide information to health agencies as required by law. Examples include reporting vital statistics (births and deaths) and reporting to prevent or control disease, injury or disability.
- **Health Oversight Activities:** Your health information may be shared with governmental agencies and boards to do investigations, audits, licensing, and to ensure rules and regulations are followed.
- **Judicial and Administrative Proceedings:** We may disclose information about you in response to an order of a court or administrative tribunal. We may also disclose information about you in response to a subpoena, discovery request or other lawful process without an order from a court or administrative tribunal, under certain circumstances.
- **Law Enforcement Activities:** We may disclose your medical information to law enforcement in limited circumstances, such as to identify or locate suspects, fugitives, witnesses or victims of a crime, to report deaths from a crime, to report crime on our premises or in emergency treatment situations.
- **In Emergency Circumstances:** We may share information about you to other providers to provide care to you in an emergency.
- **Deceased Individuals:** We may share information to a coroner or medical examiner for the identification of the body or to determine the cause of death. We may share information to a funeral director to carry out their duties.
- **Military and Veterans:** If you are a member of the armed forces we may release information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

- **Inmates:** If you are or become an inmate of a correctional institution (prison, jail, etc.) or are in the custody of a law enforcement official, we may disclose to the institution or law enforcement official information necessary to give health care to you, for your health and safety, for the health and safety of other individuals and law enforcement on the premises of the institution, and for the safety, security and condition of the institution.
- **Protective Services for the President and Others:** We may share medical 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.
- **Organ and Tissue Donation:** If you are an organ donor, we may release your medical information to companies or groups that handle organ procurement or organ, eye or tissue transplantation or to an organ bank, as necessary to enable the organ or tissue donation.
- **Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs.
- **National Security and Intelligence Activities:** We may release information about you to authorized Federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Disaster Relief:** We may share information about you to public or private agencies for disaster relief purposes.
- **Marketing:** Marketing communications that NHS receives payment as a result of require authorization from you, even if they are treatment related.
- **Sale of Protected Health Information:** The sale of your protected health information is not allowed unless you give permission.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Inspect and Copy. You have the right to inspect and copy your medical record. If we maintain your medical information electronically, you may obtain an electronic copy of the information or ask us to send it to a person or organization that you identify. To inspect and/or copy your medical record you ask for it in writing by filling out the form provided by NHS.

If you ask for a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies.

Right to Change. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to correct the existing information or add the missing information. You must ask for it in writing on the form given to you by NHS. We will notify you if we cannot accommodate your request.

Right to receive notice in the event of a breach. NHS will notify you of any unauthorized uses and disclosures of your Protected Health Information.

Right to an Accounting of Disclosures. You have the right to ask for an "accounting of disclosures." This is a list of the disclosures we made of medical information about you within the last 3 years. You will not receive an accounting of: disclosures for treatment, payment, and healthcare operations; disclosures made to you; disclosures made that you authorized; related disclosures; disclosures of information in the facility directory, for notification purposes, for disaster relief purposes, and to persons involved in your care; disclosures for national security or

intelligence purposes; disclosures to correctional institutions or law enforcement officials having custody of you; disclosures as part of a limited file.

You may receive one (1) free accounting during a twelve (12) month period. If you ask for more than one (1) accounting you will be charged a fee. We will tell you the cost involved, and you may choose to cancel or change your request at that time before any costs are charged.

Right to Ask for Limits. You have the right to ask for a limit on how information about you is used and shared. We will consider your request, but we do not have to agree to a limit you ask for except for in the following situation: if you have paid for services yourself in full (no part paid for by insurance, Medicare/Medicaid, or other business), you may ask us not to disclose information related only about those services to your health plan. We are required to honor such a request, except where we are required by law to make the disclosure. Any request for a limit must in writing and submitted to Director of Performance Improvement/Risk Management at 2303 Village Drive, St. Joseph, MO 64506. We will let you know if we cannot satisfy your request.

Right to opt out of (ask not be a part of) fundraising communication (letter, call or e-mail). NHS does not plan to ask you to be a part of any fundraising efforts. However, if you receive such a communication (letter, call or email) from us, you will be given an opportunity to stop getting these communications in the future.

Right to Confidential Communications. You have the right to ask that letters and phone calls with you be made at a different address or phone number. To ask for private and personal communications contact NHS Director of Performance Improvement/ Risk Management at (816) 901-1499.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. To get a paper copy of this notice, ask for a copy from the registration desk at any NHS clinic.

HEALTH INFORMATION EXCHANGES:

Northwest Health Services and other area providers may use Health Information Exchanges (computer systems with ability to access medical records to help doctors and others provide care) to electronically share information about your care. Providers must have provided you treatment in the past in order to see your information. You may opt out of refuse to be a part of the information exchange by asking for a form from Northwest and returning the completed form.

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 share medical information about you, you may cancel that permission, in writing, at any time. If you cancel 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 keep our records of the care that we provided to you.

CHANGES TO THIS NOTICE

We have the right to change this notice. We also have 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. We will post a copy of the current notice in our clinics and on our web site.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us. All complaints must be given in writing on the form provided by NHS. To obtain a form, contact NHS or call the Director of Performance Improvement/Risk Management at (816) 901-1499. You also may file a complaint with the U. S. Department of Health and Human Services Office for Civil Rights. *You will not be penalized for filing a complaint.*

Please agree that you have received and read this Notice of Privacy Practices by signing below.

Patient Signature:		Date:
Print Name:		
Signature of parent or patient's representative (if it applies):		
Please describe your legal right to act on behalf of the patient:		

COMPLAINTS:

If you believe your privacy rights have been violated , you may file a complaint with us. All complaints must be given in writing on the form provided by NHS. To obtain a form, contact NHS or call the Director Quality Improvement at (816) 271-8227. You also may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. **You will not be penalized for filing a complaint.**

