

Memorial Community Hospital & Health System NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS
TO YOUR MEDICAL INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY

Memorial Community Hospital & Health System (MCH) is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

This notice provides you with the following important information:

- How Memorial Community Hospital & Health System may use and disclose your identifiable health information;
- Your privacy rights in your identifiable health information; and
- Memorial Community Hospital & Health System's obligations concerning the use and disclosure of your identifiable health information.

The terms of this notice apply to all records containing your identifiable health information that are created or retained by Memorial Community Hospital & Health System. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records Memorial Community Hospital & Health System has created or maintained in the past, and for any of your records we may create or maintain in the future. We will post a copy of our current notice in each of our facilities in a prominent location, and you may request a copy of our most current notice during any visit. We will also keep posted our current notice on Memorial Community Hospital & Health System's web site, www.mchhs.org. The effective date of our notice will be posted in the upper left-hand corner of the notice.

Memorial Community Hospital & Health System participates in an Organized Health Care Arrangement ("OHCA") with Catholic Health Initiatives (CHI) Health and other health care providers in Nebraska not otherwise affiliated with MCH&HS to better manage health care of shared patients and for purposes of risk management activities. To further those goals, MCH&HS, CHI Health and other OHCA members use a shared electronic health record platform that allows MCH&HS and the other OHCA members to store, update and use your health information. The share electronic health record platform makes it easier for one of your health care providers to access all of your relevant health information, including records that were created by another of your health care providers and stored on the shared electronic health record platform. For a list of health care providers that participate in the OHCA and utilize the shared electronic health record platform, please contact MCH&HS Quality Department at 402.426.1296.

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of the entities that are part of Memorial Community Hospital & Health System, including:

- Any health care professional authorized to enter information into your medical records, including members of our medical staff;
- All departments, units and offices operated by Memorial Community Hospital & Health System;

- Any member of a volunteer group that assists you while you are patient of Memorial Community Hospital & Health System;
- All employees, staff and other personnel of Memorial Community Hospital & Health System; and
- All of the following entities:
 - Memorial Community Hospital
 - Burt and Washington County Home Health Care and Hospice
 - Blair Clinic
 - Fort Calhoun Clinic
 - Cottonwood Clinic

All of these entities, individuals, sites and locations will follow the terms of this notice. In addition, these entities, individuals, sites and locations may share health information with each other for treatment, payment or health care operations purposes as described in this notice. Please realize that your personal doctor may use different notices or policies regarding health information created in his or her office.

HOW WE MAY USE AND DISCLOSE YOUR IDENTIFIABLE HEALTH INFORMATION

The following categories describe different ways in which we may use and disclose your identifiable health information. For each category of uses or disclosures we will explain what we mean and provide 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. Please realize, in some instances Nebraska and Iowa have special laws concerning the use and disclosure of certain types of health information, such as mental health, substance abuse and HIV/AIDS information. The laws of the state in which you receive treatment from Memorial Community Hospital & Health System will apply to uses and disclosures of these types of health information.

- **Treatment.** We may use health information about you to provide you with health treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at one of the Memorial Community Hospital & Health System hospitals or clinics. 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 a Memorial Community Hospital & Health System dietitian if you have diabetes so that appropriate meals can be arranged. Memorial Community Hospital & Health System may share health information about you with others in order to coordinate the different things you need, such as prescriptions, lab work, x-rays and follow-up care. To the extent permitted by law, we also may disclose health information about you to people outside Memorial Community Hospital & Health System who may be involved in your health care (such as family members, home health agencies and others that provide services that are part of your care).
- **Payment.** We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We also may 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 also may disclose your health information to other health care providers and health plans for the payment activities of those providers and plans. For example, we may provide your information to a physician who is not on our medical staff so that the physician may bill you or your insurer for the services you received from that physician.
- **Health Care Operations.** Memorial Community Hospital & Health System may use and disclose health information about you for administrative and operational purposes. These uses and disclosures are necessary for our operations, and to make sure that all of our patients receive quality care. For example, we may use your health information to review our treatment and services and to evaluate our performance in caring for you. We may combine health information about some or all of our patients to decide what additional services we should offer, what services may not be needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and our personnel for review and learning purposes. We may also combine the health information we have with health information from other health care providers 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 health information so others may use it to study health care and health care delivery without

learning who the specific patients are. We also may disclose your health information to certain other individuals and organizations, including physicians, hospitals and health plans, to assist with certain health care operations activities of these individuals and organizations. Except for those individuals and organizations described in the section of this Notice entitled "Who Will Follow This Notice," these individuals and organizations either have or had in the past a relationship with you.

The information we disclose about you will relate to this relationship. For example, we may disclose your health information to a hospital that is not affiliated with Memorial Community Hospital & Health System if that hospital has treated you in the past, the information we disclose relates to that relationship, and the hospital intends to use your information for its quality assurance and improvement activities. Similarly, we may share your health information with your health plan for quality assurance and improvement purposes. These are but some of the various permissible uses and disclosures Memorial Community Hospital & Health System may engage in as part of routine health care operations.

- **Business Associates.** We may provide health information to entities who provide services for Memorial Community Hospital & Health System. We require these business associates to protect the health information we provide to them.

For example, we may disclose name, phone number, address, zip code, age, gender, payer, dates, types, locations and providers of service to Gallup, Inc. surveys or others for patient satisfaction surveys. Gallup, Inc. measures patient satisfaction through phone surveys following doctor appointments, outpatient procedures and inpatient hospital stays.

Gallup, Inc. maintains a Business Associates Agreement with Memorial Community Hospital & Health Systems that requires Gallup, Inc. and all of its staff to maintain full confidentiality of all information shared.

- **Appointment Reminders.** We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care.
- **Treatment Options.** We may use and disclose your health 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 your health information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** In order to raise money for Memorial Community Hospital & Health System and its operations, MCH will only release contact information to the MCH foundation, such as your name and address. If you do not want Memorial Community Hospital & Health System to contact you for fundraising efforts, you must notify the MCH Foundation Coordinator at (402) 426-1464.
- **Hospital/Facility Directory.** We may include certain limited information about you in our patient/client directory while you are receiving treatment at a Memorial Community Hospital & Health System hospital or facility. This information may include your name, location in the facility, 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 Memorial Community Hospital & Health System and generally know how you are doing. If you do not want your information included in Memorial Community Hospital & Health System's directory, upon your admission you or your caregiver should inform the personnel registering you into this facility. NOTE: Memorial Community Hospital & Health System will strive to comply with requests for restrictions to disclosure of this general information. However, Memorial Community Hospital & Health System cannot ensure complete success.
- **Release of Information to Family/Friends.** We may release your health information to a friend or family member that is helping you pay for your health care, or who assists in taking care of you. We also may tell your family or friends your condition and that you are in a Memorial Community Hospital & Health System facility.

In addition, we may disclose health 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. As part of our spiritual commitment to both patients and their friends and family members, we may use your health information to engage in

bereavement-related services, such as notifying family members of memorial services sponsored by Memorial Community Hospital & Health System for our patients who have passed away. If you do not want your information to be used for bereavement-related services, upon your admission you or your caregiver should inform the personnel registering you into this Memorial Community Hospital & Health System facility or your caregiver. If you have specific objections or instructions regarding these communications, you may discuss them with your caregivers.

- **As Required By Law.** We will use and disclose your health information when we are required to do so by federal, state or local law.

USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe circumstances in which we may use or disclose your identifiable health information:

- **Public Health Risks.** We may disclose health information about you for state and federal public health activities. These activities generally include the following:
 - to report, 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 these disclosures if you agree or when we are otherwise required or authorized by law to do so.

- **Health Oversight Activities.** We may disclose your health information to state or federal health oversight agency for activities authorized by law. These oversight activities include, for example, investigations, inspections, audits, surveys; licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We also may disclose your health information in response to a subpoena, discovery request, or other lawful process by another party 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 health information if asked to do so by a local, state or federal 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 in certain limited circumstances, if 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 any Memorial Community Hospital & Health System facility; and

- In emergency circumstances to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
- **Coroners, Medical Examiners 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 health information about our patients to funeral directors as necessary to carry out their duties.
- **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.
- **Research.** We may use and disclose health information about you for research purposes in certain limited circumstances. For example, a research project may involve comparing the health of all patients who received one medication to those who received another, for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, however, we may disclose health 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 health information they review does not leave our premises. 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.
- **Serious Threats to Health or Safety.** We may use and disclose health 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 and/or to any specifically identified victims of the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities.** We may disclose your health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official. Disclosure for these purposes would be necessary: (1) for the institution to provide health care services to you; (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.
- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

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

- **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 may ask that we contact you at work or by U.S. Mail. To request that we contact you in a certain way or at a certain location, you must make your request in writing to the Administrator of the facility at which you are receiving care or contact the Lead of Health Information Management, 810 N. 22nd Street, Blair, NE, 68008. We will not ask you the reason for your request, and we will accommodate reasonable requests.

Your written request must specify how or where you wish to be contacted. You must provide us with a mailing address where you can receive correspondence and other communications from us related to payment for the services you have received from us. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

- **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your health information for treatment, payment or healthcare operations purposes. You also have the right to request that we limit our disclosure of your health information to individuals involved in your care or the payment for your care, such as family members and friends. **Memorial Community Hospital & Health System is not required to agree to your request.** NOTE: If we do agree, we will strive to comply with your request unless your information is needed to provide emergency treatment to you. However, Memorial Community Hospital & Health System cannot ensure complete success.

To formally request a restriction, you must make your request in writing to the Administrator of the facility at which you are receiving care or contact the Lead of Health Information Management, 810 N. 22nd Street, Blair, NE, 68008. In your request, you must describe in a clear and concise fashion: (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. Memorial Community Hospital & Health System does not have the authority to bind anyone else to any restrictions to which Memorial Community Hospital & Health System may agree. In addition, all requests for restrictions will require completion of a "Request for Restriction on the Use or Disclosure of Your Health Information" form located as "Attachment A" of MCH&HS policy # 100.118 "Shared Electronic Health Record (EHR) Platform Privacy and Breach Response Policy".

- **Inspection and Copies.** You have the right to inspect and copy health information that may be used to make decisions about your care, including your medical records and billing records, but not including psychotherapy notes. Memorial Community Hospital & Health System will respond to your request within thirty (30) days, unless state law requires us to respond earlier.

To formally inspect or obtain a copy of health information that is maintained by or on behalf of Memorial Community Hospital & Health System and that may be used to make decisions about you, you must submit your request in writing to the Lead of Health Information Management, 810 N 22nd Street, Blair, NE, 68008. Memorial Community Hospital & Health System 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 your health information under certain limited circumstances. For example, you may not be provided with your health information if it is determined that providing such information could cause harm to you or another person. In most cases, if you are denied access to health information you may request that the denial be reviewed. Memorial Community Hospital & Health System's Chief Medical Officer in accordance with applicable law will review your request and the denial. The person conducting the review will not be the person who denied your request. The Memorial Community Hospital & Health System organization that originally denied you access will comply with the outcome of the review.

- **Amendment.** If you feel that health information Memorial Community Hospital & Health System has 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 Memorial Community Hospital & Health System.

To formally request an amendment of health information that is maintained by or on behalf of Memorial Community Hospital & Health System about you, your request must be made in writing and submitted to the Lead of Health Information Management, 810 N. 22nd Street, Blair, NE, 68008. In addition, you must provide a reason that supports your request.

Memorial Community Hospital & Health System 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, Memorial Community Hospital & Health System may deny your request if you ask to amend information that:

- Is accurate and complete;
- Was not created by Memorial Community Hospital & Health System, unless the person or entity that created the information is no longer available to make the amendment;

- Is not part of the health information kept by or for Memorial Community Hospital & Health System; or
 - Is not part of the information which you would be permitted to inspect and copy.
- **Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” An accounting of disclosures is a list of certain disclosures Memorial Community Hospital & Health System has made of your identifiable health information. To request an accounting of disclosures made by Memorial Community Hospital & Health System, you must submit your request in writing to the MCH medical record custodian at 810 N. 22nd Street, Blair, NE, 68008. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, you may be charged for the costs of providing the list. You will be notified of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Privacy Director or the Lead of Health Information Management, 810 N 22nd Street, Blair, NE, 68008. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You also may obtain a copy of this notice at the following website: www.mchhs.org

RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with the MCH&HS Privacy Officer at (402) 426-1296 or MCH&HS Concerns at (402) 426-1682 or write to Memorial Community Hospital & Health System at 810 N. 22nd Street, Blair, NE, 68008.

You may also submit a complaint to the Secretary of the Department of Health & Human Services at 200 Independence Ave SW, Washington, DC, 20210 or by calling toll free 1-877-696-6775.

All complaints must be submitted in writing. The Office of Civil Rights of HHS provides information on its website about how to file a complaint: www.hhs.gov/ocr/hipaa/. **You will not be penalized for filing a complaint.**

RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES

We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note, we are required to retain records of your medical care.

If you have any questions about this notice, please contact Memorial Community Hospital & Health System’s Privacy Office, 402-426-1296.