

# CMH HIPAA PRIVACY NOTICE

Citizens Memorial Hospital District & Citizens Memorial Health Care Foundation • Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice • Effective Nov. 1, 2018

**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.**

If you have any questions about this notice, please contact the CMH Privacy Officer at 417-328-6422.

## WHO WILL FOLLOW THIS NOTICE

This notice describes Citizens Memorial Hospital District and Citizens Memorial Health Care Foundation practices and that of:

- Health care professionals' authorization to enter information into your medical record
- All departments and units of the organization
- Any member of a volunteer group we allow to help you while you are in our facilities
- All employees, staff and other organization personnel
- The organization of Citizens Memorial Hospital & Citizens Memorial Health Care Foundation includes the following facilities: Citizens Memorial Hospital, Home Care Services, Home Medical Equipment, Homemaker Plus, Parkview Health Care Facility, Citizens Memorial Health Care Facility, Colonial Springs Health Care Center, Community Springs Health Care Facility, Ash Grove Health Care Facility, Butterfield Residential Care Center, CMH-owned pharmacies and CMH-owned physician clinics. And any additional facilities or providers added in the future.
- All of these entities, sites and locations will 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 operational 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. 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 CMH, whether made by CMH personnel or your personal doctor or other practitioners involved in your care. 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 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; and
- follow the terms of the notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION

The following categories describe different ways that we may 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 following categories.

**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, health care students, clergy or others who are involved in your care. 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 organization also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. CMH can disclose medical information and other general information about you to other health care providers outside the organization who are providing you with care.

**Payment:** We may use and disclose medical information about you so that the treatment and services you receive from CMH 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 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.

**Healthcare Operations:** We may use and disclose medical information about you for health care 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 treatment and services and/or to evaluate the performance of our staff. We also may send you a patient satisfaction survey or call after you receive treatment in one of our facilities. We may combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health care students and other CMH personnel for review and learning purposes. We may also combine medical information we have with medical information from other health care organizations 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 health care and health care delivery without learning who the specific patients are.

**Appointment Reminders:** We may use and disclose your medical information to contact you as a reminder that you have an appointment for treatment or medical care. You may receive a call before your scheduled clinic visit to remind you the upcoming appointment.

**Treatment Alternatives:** We may use and disclose your 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 your medical information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

**Fundraising Activities:** We may use information about you to contact you or your family members in an effort to raise money for the organization. We may disclose information to a foundation related to the hospital so that the foundation may contact you to raise money for the hospital. We would only release contact information such as your name, address and phone number and the dates you received treatment or services. If you do not want the organization to contact you for fundraising efforts, you must notify our Privacy Officer in writing.

**Patient Directory:** We may include certain limited information about you in the patient directory while you are patient. This information may include your name, location in the hospital or facility, your general condition (e.g., fair, critical, 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 even if he or she does not ask for you by name. This is so your family, friends and clergy can visit you and generally know how you are doing. 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.

**Patient Identification Purposes:** In some of our care settings, patient or resident names may be posted on the door of the patient or resident's room for patient safety identification purposes.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a caregiver who may be a friend or family member. We may also give information to someone who helps pay for your care (for example a group health plan).

**As Requested by Law:** We will disclose medical information about you when required to do so by federal, state or local law.

## SPECIAL SITUATIONS

**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 an organ donation bank, as necessary to facilitate organ or tissue donation or transplantation.

**Military:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

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

**Public Health Risk (Health and Safety to You and/or Others):** We may disclose medical information about you for public health activities. We may use and disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child or elder 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 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.

**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 on CMH property; and
- in emergency circumstances 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:** CMH 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.

**Protective Service for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical 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, contact the Health Information Management Department by calling 417-328-6304. 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 must act on your request no later than 30 days after receipt of such a 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 denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome recommendation from that review. Records requested that are not part of the denial will be provided to you.

**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 organization.

To request an amendment, your request must be made in writing and submitted to the Director of Health Information Management Department. In addition, you must provide a reason that supports your request. We must act on your request no later than 60 days after receipt of such a 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 organization;
- is not part of the information which you would be permitted to inspect or 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 about you to others except for purposes of treatment, payment and operations identified above and why such disclosures were made.

To request this list or accounting of disclosures, you must submit your request in writing to the Director of the Health Information Management Department. 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 or 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 medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we use to disclose about you to someone who is involved in your care or payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery 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 you with emergency treatment.

To request restrictions, you must make your request in writing to the Director of Health Information Management Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit or use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure 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 communication, you must make your request in writing to the Director of Health Information Management Department. 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 Paper Copy of This Notice:** You have the right to a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from any staff member of CMH.

## 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. We will post a copy of the current notice for display. The notice will contain on the first page the effective date. In addition, each time you register at or are admitted to CMH for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

## COMPLAINTS

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Privacy Officer. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services.

**The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.**

## Other Uses for 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 that permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We will be unable to take back any disclosures we have already made with your permission and we are required to retain our records of the care that we provide to you.

- Privacy Officer 417-328-6422
- Risk Management Department 417-328-6541
- Health Information Management Department 417-328-6304

**Nondiscrimination Policy:** Citizens Memorial Hospital and Citizens Memorial Health Care Foundation complies with applicable Federal and State civil rights laws and does not exclude, discriminate against or treat people differently on the basis of age, race, ethnicity, religion, creed, culture, language, physical or mental disability, socioeconomic status, payment sources, sex, sexual orientation, gender identity or expression, or communicable disease such as, but not limited to, HIV, MRSA and Hepatitis B.



1500 North Oakland • Bolivar, Missouri 65613 • 417-326-6000 • www.citizensmemorial.com