These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for Health Oversight Activities:

- to your health and safety or the health and safety of the public or another person. These activities generally include the following:

**SPECIAL SITUATIONS**

**WHO WILL FOLLOW THIS NOTICE**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

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

**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

Healthcare Operations: We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to the proper functioning of the organization and to provide you with quality care.

- To our health plan.
- To determine whether you have health care coverage for your treatment.
- To contact you as a reminder that you have an appointment, or as otherwise reasonably necessary to remind you about your treatment.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

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.

- To provide you with health care services.
- To contact you, or attempt to contact you, to remind you about your appointment. We may also use and disclose medical information about you to tell you about health care products or services that may be of interest to you.

**Patient Directory:** We may use or disclose your medical information to contact you that you have an appointment for treatment or medical care. You may receive a call before your scheduled visit to remind you of your upcoming appointment.

- To contact you as a reminder that you have an appointment, or as otherwise reasonably necessary to remind you about your treatment.

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

**Right to Copy and to Receive a Summary of this Notice:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

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

**Nondiscrimination Policy:** As a recipient of Federal financial assistance, we will not discriminate against you as a result of your disability or because you are a recipient of Federal financial assistance. The Civil Rights Office maintains a complaint procedure for you to file a complaint if you believe that you have been discriminated against in any way.

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

**Right to Restrict or Limit Use and Disclosure of Your Medical Information:**

- To contact you, or attempt to contact you, to remind you about your appointment. We may also use and disclose medical information about you to tell you about health care products or services that may be of interest to you.

**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, and health care operations. We would need to know what information you want to limit and how we will be limited in our use and disclosure of the requested information.

**Patient Directory:** We may use or disclose your medical information to contact you that you have an appointment for treatment or medical care. You may receive a call before your scheduled visit to remind you of your upcoming appointment.

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

**Right to Access:** If you request an accounting of disclosures, we must submit your request in writing to the Director of the Health Information Management Department. In addition, you must provide a reason that supports the request. We will not accept your request no later than 30 days after receipt of such a request.

**Right to Request an Amendment:** You have the right to request an amendment to incorrect or incomplete medical information about you if you believe that the information is incorrect or incomplete. We will initially review your request and then review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with such a request.