



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.

If you have any questions about this notice, please contact:

Marsha Kuehl, RN, Privacy Officer
707 S. Roland
Spearman, TX 79081
806-659-5837
marshakuehl@hchd.net

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of Hansford County Hospital District and that of:

- Any health care professional authorized to enter information into your chart.
- All departments and units of Hansford County Hospital District.
- Any member of a volunteer group we allow to help you while you are in the care of Hansford County Hospital District.
- All employees, staff and other Hansford County Hospital District personnel including contracted employees.
- Hansford Home Care
- Family Medical Clinic of Hansford County
- Hansford Hospice
- Hansford Manor
- Hansford Hospital Pharmacy
- Hansford County Hospital DME
- Companies contracted to perform billing, coding, transcription, and collection services

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or Hansford County Hospital District operational purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical, billing and personal information is very important. We are committed to protecting the privacy of that information. We create a record of the care and services you receive from Hansford County Hospital District. 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 Hansford County Hospital District, whether made by Hansford County Hospital District or another provider that you were referred to. Other physicians you may see in the course of your treatment 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.

We will not sell your protected health information for direct or indirect payment without your authorization.

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.

Law requires us to:

- Keep medical, billing and personal information about you private;
- Give you this notice of our legal duties and privacy practices with respect to protected health information;
- To notify you of an unauthorized disclosure of your medical, billing or personal information;
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical, billing and personal information about you. 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. 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 who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Hansford County Hospital District may be billed. Payment may be collected from you, an insurance company or a third party. For example, we may need to share your health care information about treatment you received at the Hansford County Hospital District so your health plan will pay us or reimburse you for the care. We may also tell your health plan about a treatment or service you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. NOTE: If you pay out of pocket in full for the care or service provided, you have the right to ask us to restrict the disclosure of that information to your insurance company;
- **For Health Care Operations.** We may use and disclose medical information about you for Hansford County Hospital District operations. These uses and disclosures are necessary to run Hansford County Hospital District 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. We may also combine medical information about many patients to decide what additional services the Hansford County Hospital District 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 Hansford County Hospital District personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health 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 medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION FOR:

- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care.
- **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.
- **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for **Hansford County Hospital District** and its operations. We may disclose medical information to a foundation related to **Hansford County Hospital District** so that the foundation may contact you in raising money for **Hansford County Hospital District**. Monies raised are used to expand and improve the programs and services that we provide to the community. We only would release contact information; such as your name, address, phone number, date of birth, health insurance status, gender, dates of service, department of service information and treating physician at **Hansford County Hospital District**. You have the right to opt-out of receiving future communications. If you do not want **Hansford County Hospital District** to contact you for fundraising efforts, you must notify the Privacy Officer in writing. Your decision to opt-out will have no impact on your treatment or payment for services at **Hansford County Hospital District**.
- **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.
- **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. We may also give information to someone who helps pay for your care.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For Example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Hansford County Hospital District. 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 with Hansford County Hospital District.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **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.** We will 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.

- **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 Risks.** 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 report overdoses of certain medications;
 - 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, communicable diseases 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 Hansford County Hospital District; 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.** 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 Hansford County Hospital District 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 Services 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 or conduct special investigations.
- **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.
- **Disaster Relief.** We may disclose medical or personal information to authorities or to an entity assisting with disaster relief so that your family can be notified of your location, status and condition.

IF YOU ARE ADMITTED AS A PATIENT

- You have the option of not being listed in the facility patient directory.
- If you do chose to be listed in the directory, the following information will be listed and may be released to anyone who asks for you by name, except religious affiliation:
 - Your name
 - Your location in the facility
 - Your general condition (good, fair, guarded, critical, etc.)
 - Your religious affiliation (your religious affiliation may be disclosed to clergy, even if they do not ask for you by name).

OTHER USES OF YOUR MEDICAL INFORMATION

- Other than face-to-face conversations about services and treatment alternatives we will not use your protected information for marketing purposes without your authorization.
- In any other situation not mentioned in this notice, we will ask for your written authorization before using or disclosing your medical, billing or personal information.

If you chose to authorize the use or disclosure of your medical, billing or personal information, you can later revoke that authorization by notifying us in writing of your decision.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical, billing or personal 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 the Medical Records Director. You may request this information in a printed format or if the information is maintained electronically you may request an electronic copy of the information. If you request a copy of the information, either electronic or printed, we will 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 Hansford County Hospital District will

review your request and the denial. The person conducting the review will not be the person who denied your 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 Hansford County Hospital District.

To request an amendment, your request must be made in writing and submitted to the Medical Records Director. 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 or billing information kept by or for Hansford County Hospital District;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

You may appeal, in writing, a decision by us not to amend a record. This appeal must be submitted to the Medical Records Director.

- **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, billing and personal information about you, for reasons other than treatment, payment or healthcare operations or without your authorization.

To request this list or accounting of disclosures, you must submit your request in writing to the Medical Records Director. Your request must state a time period, which must be less than a six (6) year time period and may not include dates before March 25, 2003. You may receive the list in a printed format or, if available, in an electronic format. There may be a cost associated with your request. You will be informed of the cost before any charges are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical, billing or personal 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, billing or personal 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 Medical Records Director. In your request, 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 your medical and billing information be communicated to you in a confidential manner, such as sending mail to an address other than your home. You must notify us in writing of the specific manner or location for us to use to communicate with you.

To request confidential communications, you must make your request in writing to the Medical Records Director. 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.** If you initially received this notice electronically, you have the right to a paper copy.

You may obtain a printable copy of this notice at our website: www.hchd.net

To obtain a paper copy of this notice, contact:

Marsha Kuehl RN, Privacy Officer
707 S. Roland, Spearman, TX 79081
(806)-659-5837
marshakuehl@hchd.net

CHANGES TO THIS NOTICE

We may change our policies and privacy practices at any time. Changes will apply to your protected health information we already have, as well as new information obtained after the change occurs. When we make a significant change in our policies, we will change our notice and post the new notice prominently in waiting and registration areas and on our website at www.hchd.net.

You can receive a copy of the current notice at any time. The effective date is listed just below the title. You will be offered a copy of the current notice each time you register at our facility for treatment. You will also be asked to acknowledge your receipt of this notice in writing.

COMPLAINTS

If you believe your privacy rights have been violated or if you disagree with a decision made about access to your records, you may file a complaint with Hansford County Hospital District or with the Secretary of the Department of Health and Human Services. To file a complaint with Hansford County Hospital District, contact:

Marsha Kuehl RN, Privacy Officer
707 S. Roland, Spearman, TX 79081
(806)-659-5837
marshakuehl@hchd.net

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

To file a complaint with the Secretary of the Department of Health and Human Services, contact:

OCR Regional Manager
Region VI, Office for Civil Rights,
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
Voice Phone (800) 368-1019 Fax (214) 767-0432 TDD (800) 537-7697
OCRMail@hhs.gov

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to HCHD will be made only with your written permission. If you provide HCHD permission to use or disclose medical, billing or personal information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, HCHD will no longer use or disclose medical information about you for the reasons covered by your written authorization. Please understand that HCHD is unable to take back any disclosures that have already been made with your permission, and that we are required to retain our records of the care that we provided to you.