

Heartland

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

Effective Date: April 14, 2003

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 at Heartland Health (Heartland.) 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 Heartland or by a health care provider at the hospital, whether made by Heartland or your personal doctors. Your personal doctors may have different policies or notices regarding the doctors' use and disclosure of your medical information created in the doctors' office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. It only provides examples of how your information may be used and disclosed. It gives examples of when your providers are required by law to disclose your information.

This notice also explains your rights (and limits on those rights) to:

- Have access and copy your information;
- Request changes to your information;
- Request limits on disclosing your information;
- Request a different phone number or address be used for communication; and
- Request a listing of disclosures other than for treatment, payment, or health care operations or pursuant to an authorization by you

Our duties:

- We are required by law to maintain the privacy of protected health information and to provide individuals with this Notice of our legal duties and privacy practices regarding health information.
- We are required to follow the terms of the current Notice.
- The current notice is posted at the Medical Center and on our web site (www.heartland-health.com). We may change the terms of the Notice and the revised Notice will apply to all health information in our possession. If we revise this Notice, a copy will be posted at the Medical Center and on our web site and a copy may be requested from the Privacy Team Leader by calling (816) 271-7184.

WHO WILL FOLLOW THIS NOTICE

Heartland may use and disclose your information to treat you, to get paid, and for its own management and quality purposes. For these purposes, we need to obtain information from you such as your full name and address, insurance information, family medical history, current medical history, and current medical condition. Heartland has entered into an arrangement (called an Organized Health Care Arrangement) with the doctors and other health care providers that may provide care to you while you are at Heartland. Your providers may share information about you to treat you, to get paid, and for their management and quality purposes. This arrangement does not affect in any way how your doctors medically treat you or your doctors' medical decisions about your care; it only affects how information about you is shared with your providers. **This arrangement does not make your doctor or other health care provider an employee or agent of Heartland; he or she makes his or her own medical decisions about your care.** This Notice only covers your information at Heartland; it does not cover your information in a provider's office that is not employed by Heartland or facility that is not owned by Heartland. You will receive another notice when you go to other facilities not associated with Heartland and offices of providers who are not employed by Heartland.

The Organized Health Care Arrangement covers Heartland and any entity owned or under common control by Heartland Regional Medical Center that provides care to patients and to those health care providers (except those who have opted out) who provide care to patients in Heartland Regional Medical Center or facilities owned by Heartland. These entities/facilities include, but are not limited to:

- Heartland Regional Medical Center
- Comprehensive Family Care
- Family Medicine Center
- Gower Medical Center
- Gaul Family Practice
- Specialists of Internal Medicine
- Internal Medicine Associates
- Lakeside Pediatrics
- Heartland Anesthesia
- Pain Clinic
- Heartland Neurosurgery
- Heartland Infectious Diseases
- Heartland Endocrinology
- Heartland Cardiovascular Consultants
- Heartland Pulmonary and Critical Care
- Heartland Cardiovascular and Thoracic Surgery
- Heartland Arthritis Center
- Heartland Physical Medicine and Rehabilitation
- Heartland Psychiatry
- The Apothecary
- Heartland Paramedics

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

For each category of uses or disclosures we will explain what we mean and try to give some examples. All of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Treatment** We may use and disclose your information to provide you with medical treatment and services. Your information may be disclosed to individuals providing care to you. These individuals need your information to provide care and services (such as prescriptions, lab tests, meals, and x-rays). We may also disclose your information to individuals outside Heartland that may be involved in your care after you leave.
- **Payment** We may use and disclose your information to receive payment for the services and treatment provided to you. We use your information to create a bill and disclose your information when we send the bill to your insurance company, you, or a third party. The individual or entity paying the bill may request more information to determine whether the bill is covered by your insurance. For example, we may tell your health plan about a treatment you are going to receive to get approval for payment or to determine whether your health plan will cover the treatment.
- **Health Care Operations** We may use and disclose your information for health care operation purposes. Health care operations includes review of the care you receive for quality assessment, educational, business planning, and compliance plan purposes.
- **Appointment Reminders** We may provide appointment reminders to you.
- **Treatment Alternatives** We may provide you with information about treatment alternatives 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 disclose 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 disclosed to researchers for research approved by a privacy board or an institutional review board.
- **Facility Directory** Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. We may disclose this information to members of the clergy and except for religious affiliation, to other people who ask for you by name.
- **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 an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

SPECIAL SITUATIONS

- **Public Health Purposes** We disclose information to health agencies as requires 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 disclosed to governmental agencies and boards for investigations, audits, licensing, and compliance purposes.
- **Judicial and Administrative Proceedings** We may be required to disclose your health information to a court or for an administrative proceeding.

- **Law Enforcement Activities** We may be required to disclose your information as required by law, pursuant to a court order, warrant, subpoena, or summons.
- **In Emergency Circumstances** We may disclose information about you to other providers to provide care to you in an emergency.
- **Deceased Individual** We may disclose information to a coroner or medical examiner for the identification of the body or to determine the cause of death. We may disclose 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 an inmate of a correctional institution or under the custody of a law enforcement official. This release must 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 or security of the correctional institution.
- **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.
- **Organ and Tissue Donation** If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ bank, as necessary to facilitate 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 disclose information about you to public or private agencies for disaster relief purposes.

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 your medical record. To inspect and copy your medical record a request must be made in writing on the form provided by Heartland. To request a form contact Health Information Services at (816) 271-6080.

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.

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 hospital.

To request an amendment, your request must be made in writing on the form provided by Heartland. To request a form contact Health Information Services at (816) 271-6080.

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 hospital;

Is not part of the information which you would be permitted to inspect and 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. You will not receive an accounting of disclosures for treatment, payment, and healthcare operations, disclosures made to you; disclosures made pursuant to an authorization; incidental 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 data set; and disclosures made before April 14, 2003. You may receive one (1) free accounting during a twelve (12) month period. If you request more than one (1) accounting you will be charged a fee. 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.

To request this list or accounting of disclosures, you must submit your request in writing on the form provided by Heartland. To request a form contact Health Information Services at (816) 271-6080.

Right to Request Restrictions. You have the right to request a restriction on how information about you is used and disclosed. To request a restriction, you must submit your request in writing on the form provided by Heartland. To request a form contact Health Information Services at (816) 271-6080.

We are not required to agree to your request..

Right to Confidential Communications. You have the right to request communications with you be made at an alternative address or phone number. To request confidential communications contact Patient Financial Services at (816) 271-7524.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. To obtain a paper copy of this notice, request a copy from the Privacy Team Leader at (816) 271-7184.

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 in the Medical Center and on our web site. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us. All complaints must be submitted in writing on the form provided by Heartland. To obtain a form, contact the Privacy Team Leader at (816) 271-7184. You also may file a complaint with the Secretary of the U. S. Department of Health and Human Services.

You will not be penalized for filing a complaint.

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 disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke 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 retain our records of the care that we provided to you.

If you have any questions about this notice, please contact (816) 271-7184.