



**NEMAHA VALLEY  
COMMUNITY HOSPITAL**

1600 Community Drive • Seneca, KS 66538 • 785-336-6181  
*People you know - Care you trust*



**SENECA FAMILY PRACTICE**

201 NORTH 6TH STREET  
SENECA, KS 66538  
785-336-6107

**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, contact the Privacy Officer at 785-336-6181.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes Nemaha Valley Community Hospital (NVCH) practices and that of: Any health care professional authorized to enter information into your NVCH chart. Any member of a volunteer group affiliated with NVCH. All employees, staff and other NVCH personnel. Staff of all NVCH subsidiaries, remote sites and clinic locations -- as well as other affiliates as might be added to the system -- will follow the terms set forth in this notice. In addition, these subsidiaries, sites and locations may share medical information with each other for treatment, payment, or hospital operation 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 within the NVCH system. 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 NVCH personnel and/or your personal physician. Your personal physician may or may not have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician's office depending on their affiliation with the hospital.

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 private; give you this notice of our legal duties and privacy practices with respect to medical information about you; follow the terms of the notice that is currently in effect.

We will not give out your health information without your permission except in certain cases as explained in this Notice. NVCH can give out your health information electronically (over computer networks, for example) or by facsimile.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we 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 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 physicians, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the physician may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of NVCH 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 and providers outside NVCH 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 NVCH may be billed to and payment may be collected from you, an insurance company, or another third party payor. For example, we may need to give your health plan information about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For health care operations** We may use and disclose medical information about you for NVCH operations. These uses and disclosures are necessary to run NVCH and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment, services, and to evaluate the performance of our staff in caring for you. We may also combine medical information about many NVCH patients to decide what additional services NVCH should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to physicians, nurses, technicians, medical students, and other NVCH personnel for review and learning purposes. We may also compare our services with other healthcare facilities in order to make improvements in the care and services provided at NVCH. We may remove 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 medical information to tell you about or recommend possible treatment options or alternatives.

**Treatment Alternatives** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives.

**Health-Related Benefits and Services** We may use and disclose medical information to tell you about health-related benefits or services.

**Fundraising activities** We may use information about you to contact you in an effort to raise money for NVCH and its operation. We may disclose your information to a foundation related to NVCH so that the foundation may contact you in raising money for NVCH. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at NVCH. If you do not want the hospital or foundation to contact you for fundraising efforts, you must notify the administrative privacy officer.

**Hospital Directory** We will not post for public view in any manner nor transmit for publication or broadcasting by any aspect of the media any information concerning your status as a patient of the hospital or its affiliates. So your family and friends can visit or call you while you are in the hospital, as your condition allows and unless otherwise restricted by you previously in writing or verbally at the time of your admission or anytime thereafter during your stay in the hospital, we will transfer calls to your room phone or direct visitors to your room if they first call or stop at the admissions office or nurses station if after office hours and specifically identify you by name as being a patient and ask to either speak or visit with you. Your religious affiliation may be given to a member of the clergy, even if they do not ask for you by name.

**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 condition and that you are in the hospital. 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.

**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 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 at NVCH.

**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.

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

**Military and Veterans** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**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 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, and compliance with civil rights law.

**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 the hospital; 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 the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities** We may release your medical information to 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, or other authorized persons or foreign heads of state or conduct special investigations, information about you to authorized federal officials for intelligence.

**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 receive a copy of 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 obtain a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. 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. NVCH has up to 30 days to comply with your request.

We may deny your request to inspect and obtain a 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 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 NVCH.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. 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 information kept by or for NVCH; 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 people, providers, or other third parties, who have received information about you from your medical records. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. 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, 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 disclose about you to someone who is involved in your care, or the payment for 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 emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer. 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 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 communications, you must make your request in writing to the Administrative Privacy Officer. 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.** You have the right to 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 Admissions Office at NVCH or call 785-336-6181 ext.130

### **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 receive in the future.

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

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with NVCH or with the Secretary of the Department of Health and Human Services.

To file a complaint with NVCH, write: NVCH Privacy Officer, 1600 Community Drive, Seneca, KS 66538. All complaints must be submitted in writing.

"For instructions on how to file a complaint with HHS, go to <http://www.hhs.gov/ocr/privacy/howtofile.htm>." *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.