



Notice of Privacy Practices for Protected Health Information

Effective April 14, 2003, this notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read carefully.

Community HealthCare System is permitted by federal privacy laws to make uses and disclosures of your health information for purposes of treatment, payment, and health care operations. Community Hospital Onaga, Inc. (CHO) will be used throughout the Notice of Privacy Practices to refer to all health care operations encompassed in Community Hospital, Onaga/St. Marys; Redbud Plaza; Rural Health Clinics at Centralia, Frankfort, Holton, St. Marys, and Onaga; Home Health at Centralia, Frankfort, Holton, St. Marys, and Onaga; Eastridge Nursing Home and St. Marys Manor Nursing Home; and DME at Onaga and St. Marys. Protected health information is the information we create and obtain in providing our services to you. Such information may include documenting your symptoms, examination and test results, diagnoses, treatment, and applying for future care or treatment. It also includes billing documents for those services. CHO must provide individuals with a notice of CHO legal duties and privacy practices, and abide by the terms of the notice currently in effect.

Examples of uses of your health information for treatment purposes are:

- A nurse obtains treatment information about you and records it in a health record
- During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input
- If treated in the emergency room and the physician decides to transfer to another hospital, the ER records will transfer with you.

An example of use of your health information for payment purposes: We submit request for payment to your health insurance company. The Health Insurance Company requests information from us regarding medical care given. We will provide information to them about you and the care given.

Examples of use of your health information for health care operations:

- The state licensing authority (KDHE- Kansas Department of Health and Environment) wants to review records to assure that we have acted consistent with state law regarding your care. In doing so, it wants to take a sampling which includes review of your chart. At the licensing authority's request, we will provide it with a copy of your record.
- Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care service we provide.

Your Health Information Rights

The health record we maintain and billing records are the physical property of CHO. The information in it, however, belongs to you. You have a right to:

- Request a restriction on certain uses and disclosures of your health information by delivering the request in writing to CHO we are not required to grant the request but we will comply with any request granted;

- Obtain a paper copy of the Notice of Privacy Practices for Protected Health Information (“Notice”) by requesting from CHO;
- Request that you be allowed to inspect and copy your health record and billing record-you may exercise this right by delivering the request in writing to CHO using the form we provide to you upon request;
- Receive confidential communication between you and your health care provider;
- Appeal a denial of access to your protected health information except in certain circumstances;
- Request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to CHO using the form we provide to you upon request, this must include a reason for the request. CHO has 60 days to act on the request;
- File a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information;
- Obtain an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to CHO using the form we provide to you upon request; an account will not include internal uses of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care;
- Request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to CHO using the form we give you upon request; and,
- Revoke authorizations that you made previously to use or disclose information except to the extent information or action has already been taken by delivering a written revocation to CHO.

If you want to exercise any of the above rights, please contact: Cindy Flentie, RHIT, Privacy Officer/Contact Person, 120 W 8th Street, Onaga, KS 66521; Phone: (785) 889-4274 ext. 1294

Our Responsibilities

CHO is required to:

- Maintain the privacy of your health information as required by law;
- Provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you;
- Abide by the terms of this Notice;
- Notify you if we cannot accommodate a requested restriction or request; and,
- Accommodate your reasonable requests regarding methods to communicate health information with you.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions for protected health information we maintain. If our practices change, we will amend our Notice. You may receive a revised copy of the Notice by calling and requesting a copy of our “Notice” or by visiting our office and picking up a copy.

To Request Information or File a Complaint

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact: Cindy Flentie, RHIT, Privacy Officer/Contact Person, 120 W 8th Street, Onaga, KS 66521; Phone: (785) 889-4274

If you believe your privacy rights have been violated, you may file a written complaint at CHO by delivering the written complaint to Cindy Flentie. You may also file a complaint by mailing it or e-mailing it to the Secretary of Health and Human Services whose street address and e-mail address is: 200 Independence Ave, SW, Washington, DC 20201; E-mail: mailto:hhsmail@os.dhhs.gov

- We cannot and will not require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from CHO;
- We cannot and will not retaliate against you for filing a complaint with the Secretary.

Other Disclosures and Uses

Business associates: We have business associates with whom we may share your protected health information. For example, in preparing our annual financial statement, auditors may need to review samples of the medical care given. We may disclose your health information to the accounting firm to prepare this material.

Directory: Unless you notify us that you object, we will use and disclose your name, location, general condition, and religious affiliation in a hospital directory. This information may be provided to members of clergy and, except for religious affiliation, to other people who ask for you by name. Unless you object, we will also post a paper directory. This directory will have your name and room number so visitors to the hospital will be able to locate you.

Notification: Unless you object, we may use or disclose your protected health information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, about your location, your general condition, or your death.

Communication with Family: Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Disaster Relief: We may disclose your protected health information to assist in disaster relief efforts.

Funeral Directors/Coroners: We may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose your protected health information to organ procurement organizations or entities engaged in organ procurement, banking or transplantation for tissue donation and transplant.

Providing information about health related benefits: We may inform you of health related benefits and services that may interest you. We may also recommend treatment alternatives.

Marketing: We may contact you to provide you with appointment reminders, with information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

Fund Raising: We may contact you as part of a fund raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA your protected health information relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.

Workers Compensation: If you are seeking compensation through Workers Compensation, we may disclose your protected health information to the extent necessary to comply with Workers Compensation laws.

Public Health: As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Abuse & Neglect: We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Correctional Institutions: If you are an inmate of correctional institution, we may disclose to the institution or agents there of your protected health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose your protected health information for law enforcement purposes as required by law, e.g., when required by court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight: Federal law allows us to release your protected health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings:

- We may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order;
- To avert a serious threat to health or safety, we may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.

For Specialized Governmental Functions: We may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

Appointment Reminders: We will call with appointment reminders. If there is no answer we will leave a message on you answering machine, unless you say otherwise.

Guarantor: We will provide the guarantor with billing information, if the guarantor request such a disclosure.

Drug Indigent Program: The social services department will provide to pharmaceutical companies, demographic data, diagnosis and financial information of patients who need financial assistance with prescription drugs per physician or patient request.

Kansas Trauma Registry: When a patient presents to the hospital or ER for treatment of a trauma we will report that trauma to the Trauma Registry, per state requirements.

Other Uses: Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization and you may revoke the authorization as previously provided.

Website: We maintain a website that provides information about our entity. This Notice is on the website, and you can obtain a copy electronically at the site. If the Notice is sent by e-mail and fails, we have a mechanism to provide you a paper copy.