



**PRATT • REGIONAL
MEDICAL • CENTER**

200 Commodore • Pratt, KS 67124
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NOTICE OF PRIVACY PRACTICES

for

Pratt Regional Medical Center / Pratt Rehabilitation & Residence Center
South Central Bone & Joint Center / Surgicenter /
Stafford Clinic / Kinsley Rural Health Clinic /
Sylvia Clinic / St. John Clinic / Dodge City
Women's Health Clinic / Pratt Medical
Plaza Laboratory / Pratt Internal
Medical Group

Effective Date: 4-21-05

Revised Date: 4-2014

**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 the HIPAA Privacy Officer by phone at 620-672-7451 or by mail at Pratt Regional Medical Center ATTN: HIPAA Privacy Officer, 200 Commodore, Pratt, KS 67124.

WHO WILL FOLLOW THIS NOTICE

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other hospital personnel.
- Pratt Medical Plaza Laboratory
- PRMC Lab Drawing Station (PFP)
- South Central Kansas Bone and Joint Center
- Surgicenter
- Dodge City Women's Health Clinic
- Pratt Internal Medical Group
- Pratt Rehabilitation & Residence Center
- Kinsley Rural Health Clinic
- Stafford Clinic
- St. John Clinic
- Sylvia Clinic
- Students who rotate through any hospital owned entity for education purposes.
- 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 hospital operations 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 at the hospital or any of the locations identified above ("other locations"). 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 the hospital or other locations identified above.

Each time you receive care and services from the hospital or other locations identified above, the entity compiles information relating to you and your visit. This information is called protected health information and is maintained in a designated record set. We may use and disclose this information in various ways. Sometimes your agreement or authorization is necessary for us to use or disclose your information and sometimes it is not. 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 kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

***HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU
WITHOUT YOUR WRITTEN AUTHORIZATION***

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 doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the hospital or other locations. 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 or other locations 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 other health care providers to promote continuity of care, including providers who are treating you in the future.

- **For Payment**

We may use and disclose medical information about you so that the treatment and services you receive at the hospital or other locations may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. However, if you pay out of pocket for your treatment and make a specific request that we not send information to your insurance company for that treatment, we will not send that information to your insurance company except under certain circumstances.

- **For Health Care Operations**

We may use and disclose medical information about you when it is necessary for us to function as a business. 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 hospital or other locations 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 personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals 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 also disclose your medical information when we contract with other businesses to do specific tasks for us. These businesses are called Business Associates. When we do this, the business agrees to protect your medical information and use and disclose such information only to the extent the hospital or other location would be able to do so.

- **Your Rights Regarding Electronic Health Information Exchange**

As explained above, health care providers and health plans may use and disclose your health information without your written authorization for purposes of treatment, payment, and health care operations. Until now, providers and health plans have exchanged this information directly by hand-delivery, mail, facsimile, or e-mail.

Electronic health information exchange, or HIE, changes this process. Electronic health information technology or HIT allows a provider or a health plan to submit a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other HIE participants. Hospital and other locations participate in HIT.

Only properly authorized individuals may access information through an HIO operating in Kansas, and only for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two choices with respect to HIT. First, you can permit authorized individuals to access your electronic health information through an HIO for treatment, payment, or health care operations only. If you choose this option, you do not have to do anything.

Second, you can restrict access to your information through any HIO operating in Kansas with the exception of access by a properly authorized individual as needed to report specific information as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

If you wish to restrict access, you must complete and submit the required form to KHIE either online at <http://www.KanHIT.org> or by completing and mailing a form to Kansas Health Information Technology, 1000 SW Jackson, Suite 540, Topeka, KS 66612. The form is available at <http://www.KanHIT.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIT or HIOs, please visit <http://www.KanHIT.org> for additional information.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information (*i.e.*, your information may be disclosed unless you take some action in that state). Please communicate directly with your out-of-state health care provider regarding those rules.

- **Appointment Reminders**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care, including leaving a voicemail message.

- **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. In some cases, we may receive payment for these activities. We will give you the opportunity to let us know if you no longer wish to receive this type of information.

- **News Media**

We may release medical information to the news media (such as newspaper, television, and radio.) For example, we may release information to the local newspaper about your condition (such as critical, fair, good) if the media inquiry specifically contains your name, unless you instruct us not to do so at time of registration.

- **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. In some cases, we may receive payment for these activities. We will give you the opportunity to let us know if you no longer wish to receive this type of information.

- **Fund-raising Activities**

We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose Protected Health Information about you to a foundation related to the hospital which would only include your name, address, phone number, date of birth, health insurance information, the dates you received treatment or services, department of service, if applicable, and treating physician. You have the right to opt out of receiving this type of communication and the procedure to opt out will be described on the communication.

- **Hospital Directory**

We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., critical, fair, good, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. Unless you inform us that you do not want any information released, we will tell individuals who ask, your location in the hospital and provide a general statement of your condition.

- **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. We may also tell your family or friends 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 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 hospital. 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 at the hospital.

- **Vendors**

We may disclose medical information about you to vendors who are present for the purpose of new medical devices. For example, a surgical vendor may be present to demonstrate a medical device used in your surgery.

- **Durable Medical Equipment Vendors (DME)**

We will disclose medical information to DME vendors when required for billing of equipment rental. For example, you may require a medical device that is to be billed directly to you. The DME vendor will require information for purposes of billing.

- **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.

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 tissue transplantation or 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.

- **Employer**

We may disclose your protected health information to your employer if we provide you with health care services at your employer's request and the services are related to an evaluation for medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. We will tell you when we make this type of disclosure.

- **Workers' Compensation**

We may release medical information about you for workers' compensation or similar programs providing you 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.

If you agree, we can provide immunization information to schools.

- **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 laws.

- **Lawsuits and Disputes**

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, or another type of discovery request. If there is no court order or judicial subpoena, the attorneys must make an effort to tell you about the request for your medical information.

- **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;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital or other locations; 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 or other locations 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 when it is 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.

OTHER USES AND DISCLOSURES

Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and uses and disclosures that constitute a sale of your medical information require your authorization. Psychotherapy notes are a particular type of protected health information. Mental health records generally are not considered psychotherapy notes. Your authorization is necessary for us to disclose psychotherapy notes.

There are some circumstances when we directly or indirectly receive a financial (e.g., monetary payment) or non-financial (e.g., in-kind item or service) benefit from a use or disclosure of your medical information. Your authorization is necessary for us to sell your medical information. Your authorization is also necessary for some marketing uses of your 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 authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, 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 authorization, and that we are required to retain our records of the care that we provided to you.

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 your 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 receive a copy of your medical information that may be used to make decisions about you, you must submit your request in writing to the Director of Health Information Management, Pratt Regional Medical Center, 200 Commodore, Pratt, KS 67124. You may request that your records be provided in an electronic format and we can work together to agree on an appropriate electronic format. Or you can receive your records in a paper copy. You may also direct that your medical information be sent in electronic format to another individual. You may be charged a reasonable fee for access.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, we will tell you in writing and in some circumstances 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 the hospital.

To request an amendment, your request must be made in writing and submitted to the Director of Health Information Management, Pratt Regional Medical Center, 200 Commodore, Pratt, KS 67124. 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 the hospital or other locations;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

You will be notified in writing if your request is refused and you will be provided an opportunity to have your request included in your medical information.

- **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures" of your medical information that is maintained in a designated record set. This is a list of persons, government agencies, or businesses who have obtained your medical information.

To request this list or accounting of disclosures, you must submit your request in writing to the Director of Health Information Management, Pratt Regional Medical Center, 200 Commodore, Pratt, Kansas 67124. Your request must state a time period, which may not be longer than six years ago. Your request should indicate in what form you want the list (for example, on paper, electronically). 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.

If you self-pay for an item or service and do not want your medical information to go to a third party payor, we will not send the information, unless it has already been sent, you do not complete payment, or there is another specific reason we cannot accept your request. For example, if your treatment is a bundled service and cannot be unbundled and you do not wish to pay for the entire bundle, or the law requires us to bill the third party payor (e.g., governmental payor).

We are not required to agree to any other restriction. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If we have previously agreed to another type of restriction, we may end that restriction. If we end a restriction, we will inform you in writing.

To request restrictions, you must make your request in writing to the Director of Health Information Management, Pratt Regional Medical Center, 200 Commodore, Pratt, KS 67124. 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 Director of Health Information Management, Pratt Regional Medical Center, 200 Commodore, Pratt, KS 67124. 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.

- **Breach Notification**

You have the right to be notified if we determine that there has been a breach of your protected health information.

- **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. Although we have posted a copy in prominent locations throughout the facility and on our website, you may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.prmc.org.

To obtain a paper copy of this notice, contact the HIPAA Privacy Officer at 620-672-7451 or Pratt Regional Medical Center, 200 Commodore, Pratt, KS 67124.

- **Changes to this Notice**

We reserve the right to change this notice at any time. 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 hospital or other location. 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 the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

- **Complaints**

If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with the Privacy Officer, contact the HIPAA Privacy Officer at Pratt Regional Medical Center, 200 Commodore, Pratt, KS 67124. To file a complaint with the Secretary of the Department of Health and Human Services, contact the U.S. Department of Health and Human Services – Office for Civil Rights (Regional Office at Kansas City, Missouri), 601 East 12th Street, Room 248, Kansas City, MO 64106, 816.426.7278; 816.426.7065 (TDD); 816.426-3686 (fax), or through www.hhs.gov/ocr/privacy/hipaa/complaints/index.html.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.