

Your Information. Your Rights. Our Responsibilities.

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.

This Joint Notice of Privacy Practices is provided by the Hutchinson Regional Healthcare System Organized Healthcare Arrangement comprised of Hutchinson Regional Medical Center, Inc. Hutchinson Health Care Services, Inc. d/b/a Health-E-Quip, Horizons Mental Health Center, Inc.; Hospice of Reno County, Inc. d/b/a Hospice and Home Care of Reno County, Living Center, Inc. d/b/a Ray E. Dillon Living Center, (collectively "us") and any healthcare providers who provide patient care services at our facilities. The Notice applies to the facilities we operate. An individual provider who renders services at our facilities and other locations may have additional privacy policies or notices regarding services provided at the other locations and information maintained by that provider outside our control.

Please contact our Privacy Officer at 620-665-2496 to ask questions or exercise your rights.

Your Rights

You have the right to:

- Get access to the information we maintain about you
- Request correction of information we maintain about you
- Request confidential communication
- Ask us to limit the information we share
- Get an accounting of certain disclosures of your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

SEE RED SECTION BELOW FOR MORE INFORMATION ON THESE RIGHTS AND HOW TO EXERCISE THEM

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

SEE GREEN SECTION ON REVERSE FOR MORE INFORMATION ON THESE CHOICES AND HOW TO EXERCISE THEM

OUR USES & DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

SEE BLUE SECTION ON REVERSE FOR MORE INFORMATION ON THESE USES AND DISCLOSURES

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Request access to your information in our records

- You can ask to see or get a copy of your medical or billing record. There may be a fee associated with your request.
- There are limited situations in which we may deny your request. We must respond to your request within 30 days

Ask us to correct your information

- You can ask us to correct information about you that you think is incorrect or incomplete.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Ask us to limit what we use or share

- You can ask us not to use or share your information in ways that we are otherwise permitted to under the law. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information

Get a list of when your information has been shared

- You can ask for a list (accounting) of the times we've shared your information, including to whom it was shared and why. We'll provide one accounting a year for free but may charge a fee if you ask for another one within 12 months.
- The list will not include every use or disclosure of your information. It will not include disclosures for treatment, payment, and health care operations; disclosures to you or on your request; and certain other disclosures.

Get a copy of this notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting 620-665-2496
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices **For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission

- Marketing purposes
- Most sharing of psychotherapy notes
- Sale of your information

In the case of fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

Treat You

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our hospital, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications
- Preventing or reducing a serious threat to anyone's health or safety
- Helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Organized Health Care Arrangement

- We may share your information with the other entities in our organized healthcare arrangement, as described on page 1, for treatment, payment, and healthcare operations related to the arrangement.

Health Information Organization We participate in electronic health information technology or HIT. This technology allows a provider or a health plan to make a single request through a health information organization or HIO to obtain electronic records for a specific patient from other HIT participants 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 options with respect to HIT. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything. Second, you may restrict access to ALL of your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at <http://www.KanHIT.org> or by completing and mailing a form. This 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 healthcare services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state healthcare provider regarding those rules.

Our Responsibilities We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html. **This Notice is Effective November 19, 2015.**

Changes to the Terms of this Notice We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.