

NOTICE OF PRIVACY PRACTICES

**Kearny County Hospital
500 Thorpe Street
Lakin, Kansas 67860
(620) 355-7111**

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 Notice of Privacy Practices is effective as of 04/01/2024

UNDERSTANDING YOUR HEALTH INFORMATION -- HOW IT IS USED AND HOW IT MAY BE SHARED WITH OTHERS: There are laws that require we give this Notice to you about what we do with your health information. This Notice is about the health information we keep while you are receiving care in the Hospital. Hereafter “Hospital” is defined as Kearny County Hospital, members of Kearny County Hospital’s medical staff, High Plains Retirement Village, and Family Health Center.

WHAT IF YOU HAVE QUESTIONS ABOUT THIS NOTICE? If you do not understand this Notice, what it says about how we may use your health information, or if you would like to file a complaint with the Hospital’s privacy officer, please contact:

Kearny County Hospital
Privacy Officer
500 Thorpe Street
Lakin, Kansas 67860
(620) 355-7111
(620) 355-8627 Fax

WHAT IS YOUR HEALTH RECORD OR HEALTH INFORMATION? When you go to a hospital, doctor, or other health care provider, a record is made that tells about your treatment. This record will have information about your illnesses, your injuries, signs of illness, exams, laboratory results, treatment given to you, and notes about what might need to be done at a later date. Your health information could contain all kinds of information about your health problems. The hospital keeps this health information and can use this information in many different ways. What we do with your health information and how we can use and share this information is what the rest of this Notice describes.

THIS NOTICE COVERS ALL OF YOUR HEALTH INFORMATION WITH KEARNY COUNTY HOSPITAL, FAMILY HEALTH CENTER, AND HIGH PLAINS RETIREMENT VILLAGE.

WHAT IS THE RESPONSIBILITY OF THE HOSPITAL WHEN IT COMES TO YOUR HEALTH INFORMATION? The law requires that this Hospital must do the following when it comes to handling your health information:

- Keep your health information private, only giving it out when allowed by law to do so;
- Explain our legal duty and our rules about keeping your health information private to you;
- Follow the rules given in this Notice;
- Let you know when we can’t agree with a request or demand you may make to restrict the sharing of your health information with others.
- Help you when you want your health information sent in a different way than it usually is sent or to a different place than it usually is sent.

We will not give out your health information without your permission except in certain cases explained in this Notice. There are laws that say we can give out your health information to others without your permission in these cases. The Hospital will follow these laws. When permitted or required to do so, the Hospital may give out your health information electronically (over computer networks, for example), by mail, or by facsimile. The protections described in this Notice will continue to protect your information even after your death.

WHAT ARE YOUR HEALTH INFORMATION RIGHTS? Your health information is the property of the doctor or hospital that wrote it. The information contained in your health information belongs to you. You have certain rights concerning this health information. The following is a list explaining your rights:

- You Have the Right to Look at Your Health Information and You Can Get a Copy of This Information Which May Be Used to Help With Your Care. This information will usually include medical and billing records. Your information will not have psychotherapy notes or information we prepare to be used in a court proceeding or information covered by special laws. If you want to see your health information and get a copy of your health information, you must write a request to the Privacy Officer on page 1. You may be charged for copies and mailing. *In some limited situations, we may deny your request for your health information.* If we deny your request, you will be informed in writing. If we deny your request, you can have the decision to not allow you to see your health information reviewed. A neutral person will review your request and we will do what they say.
- You Have the Right to Ask That We Make Changes to Your Records. If you feel that your health information is not complete or wrong, you can ask that we change it. You can ask that we make a change to your health information for as long as we have it. If you want to make a change to your health information, you must give a good reason for the change. If you don't put your request for a change in writing and give a good reason, we may not allow the change to be made. We may also refuse your request for change for the following reasons: (1) the information was not created by this Hospital; (2) it is not a part of the health information kept by or for the Hospital; (3) it is not information you are permitted to see or copy; or (4) it is accurate and complete.
- You Have a Right to a List of Individuals or Business Associates to Whom We Gave Your Health Information. To request a list of names to whom we gave your health information, you must write a request to the Hospital. You have to include a time period in your request. The time period can be no longer than six (6) years and you cannot request a list of names that covers the time period before April 1, 2003. You should tell us in what form you want the list (paper copy, electronically, or some other form). The first request you make in a year will be provided at no cost to you. For additional requests in a year, we may charge you for the cost of providing the list.
- You Have the Right to Ask for a Restriction. You have the right to ask that we restrict or limit some part of your health information. You can also ask that we limit information about you to a person who is giving you care or paying for care like a family member or friend. For example, you could ask that we not give out information about some treatment you have had or that we not tell certain people specific information in your health information. If you request certain restrictions, we may be required to agree to your request, but you will be asked to pay in full for your services in advance. If payment in full is not received, we are not required to agree to your request to restrict access to your information. We may not agree to request restrictions on your information if the information is needed for your care. There is a person called a Privacy Officer who is the only one who can agree to your request. We will notify you if the restriction will be applied or not. *How to make a request.* If you want to restrict or limit the information in your health information that we give out, you must put your request in writing. Tell us: (1) what information you want to limit; (2) whether you want to limit our use of your health information, our giving out your health information, or both; and (3) who should not receive the health information.
- You Have the Right to Ask for Privacy in Communications. You have the right to ask that we communicate with you about your health information only in a certain way or at a certain location. An example would be asking that you only be contacted by us at work or only by mail. To ask for privacy in communications, you must make your request in writing to the Hospital. We will attempt to grant all reasonable requests and although you are not

required to give reasons for your request, we may ask you. Be sure to be specific in your request about how and where you wish to be contacted. We may charge you for this privacy request and if you fail to pay, the privacy communication will be stopped.

- You Have the Right to a Paper or Electronic Copy of This Notice. You have a right to a copy of this Notice at any time. Even if you get this Notice over e-mail, you still can get a paper copy of it. You can request a copy from the Hospital or you can go to our web site, www.kearnycountyhospital.com, and obtain one there.
- The Hospital cannot require you to waive any of these rights, including the right to be notified if your information has been breached, as a condition of providing care to you.
- Your Rights Regarding Electronic Health Information Exchange: Kearny County Hospital participates in an 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 HIO's, 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. Please communicate directly with your out-of-state health care provider regarding those rules.
- How to Exercise Your Rights. Contact the Privacy Officer on page 1 to request a restriction on the disclosure of your information, to be contacted by alternative methods, to ask for an accounting of disclosure, a change to your medical records, or to ask to view or copy your medical records.

HOW WILL WE USE AND GIVE OUT YOUR HEALTH INFORMATION? The Hospital can use and disclose your health information without your permission. The following is a list of when we can do this:

- For Treatment. We may use your health information to provide you with medical treatment or services. We may give your health information to other doctors, nurses, technicians, medical students, or other staff personnel who are involved in taking care of you. *For example*, a doctor treating you for a broken bone 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 meals. Different departments of the Hospital may share your health information in order to coordinate the different services you need, such as prescriptions, lab work, and x-rays. We also may disclose your health information to providers outside the Hospital who may be involved in your treatment while you are in the Hospital or after you leave the Hospital.
- For Payment. We may use and give out your health information about the treatment you receive here in the Hospital so that you or the insurance company or even a third party can be billed. *For example*, we may give your health insurance company information about your surgery so that your insurance plan will pay us or pay you for the surgery. Sometimes we may have to tell your insurance company before your surgery to obtain approval for them in order to pay for the costs of your surgery.
- For Health Care Operations. We may use or give out your health information to make sure we are giving you the best care possible. For example, we may use your health information to see how well our staff takes care of you. We may combine your health care information with other individual's information to decide on additional services

we should offer to our patients and to see if new treatments really work. We may also give your health care information out to doctors, nurses, technicians, medical students, and other hospital workers for their review and for their studies. We may also combine information we have with other hospitals to compare and see how we are doing and how we can provide better treatment. We may remove information from your health information so others who look at your health information cannot see your name. This way, we can study information without knowing the individual names. We may also use and disclose your health care information: to see how well we are doing in helping our patients; to help reduce health care costs; to develop questionnaires and surveys; to help with care management; to make sure we are doing our job well and successfully; to better train people so they can get the skills they need to best perform their special skills; to help insurance companies better serve you in their policy making; to help those that check up on hospitals and ensure that we are doing our job correctly; to help us plan and develop the business part of health care including fund-raising and advertising so that we are profitable. *For example*, if you have surgery we may use your surgery information to see how long you were in the operating room so we can determine how to improve our scheduling.

- Appointment Reminders. We may use your health information to contact you, or a designated relative or friend to remind you that you have an appointment at our Hospital. We may leave a message on your answering machine or voice mail system unless you tell us not to.
- Treatment Alternatives. We may use or give out your health information to let you know about treatments that may be offered to you so you can make good choices about your health care.
- Health Related Benefits and Services. We may use and give out health information to tell you about health benefits or services that may be of interest to you.
- Marketing. Under some circumstances, we may use your health information to market hospital services related to your present treatment to you.
- Fundraising Activities. We may use your health information to contact you to help our Hospital raise money. We may also give out your health information to a foundation so they can help the Hospital raise money. For fund-raising activities, we will only give out basic contact information such as name, address, contact information, age, gender, date of birth, department of treatment, treating provider, and the dates you were treated at the Hospital. If you do not want the Hospital to contact you for its fund-raising purposes, you may notify the Privacy Officer at the contact information listed on Page 1.
- Hospital Directory. We may provide limited information about you to individuals calling to ask about your care while you are here. While you are in the Hospital as a patient, the information we give out may be your name, room number in the Hospital, and your general condition (for example, “fair”, “stable”, etc. and your religion). All the above information except your religion can be given out to the public who ask for you by name. Your religion may be given to a minister, priest, or rabbi even if they don’t ask for you by name. This is so your relatives, friends, and religious persons can visit you in the Hospital. If you do not want this information given out, you must write the Hospital or by writing this on the admission form.
- Individuals Involved in Your Care or Payment for Your Care. We may give out health information about you to one of your friends or family members who is in some way involved in your medical care. We may give out your health information to another person who is helping pay for your care. We may tell your family or friends about your condition and that you are in the Hospital. Also, we may give out your health information as part of a disaster relief effort so your family knows about your condition and location. How much of your health information we give out to another person will depend on how much they are involved in your care.

- 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 health information.
- As Required by Law. Federal, state, and local laws may require us to give out certain kinds of health information. Things like wounds from weapons, abuse, communicable diseases, and neglect are examples of such information and we do not need your permission to give out this information.
- To Avoid a Serious Threat to Health or Safety. We may use or give out your health information if your health and safety is at risk or in danger. We also will give out your health information if the health of the public or another individual is at risk. If we give this information out, it will be given to someone who may be able to prevent the threat.
- Organ and Tissue Donation. If you are an organ donor, we may give out your health information to people who deal with organ collection, eye or tissue transplants, or to a donation bank. We give your information to these people to make sure organ or tissue donation or transplants can be made.
- Military and Veterans. If you are a member of the armed forces, we may give out your health information as required by those military authorities in command. If you are a member of the military of another country, we may release your health information to the authority in command in your country.
- Worker's Compensation. If you are involved in an injury or illness that happens while you are at work, we may have to give out your health information so your medical bills can be paid by your employer. This is called worker's compensation.
- Public Health Risks. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Health Oversight Activities. We may give out your health information without your permission to a special group who checks up on hospitals to make sure they're following the rules. These special groups investigate, inspect, and license hospitals. This is necessary for our government to know about our hospitals and that they are following the rules and the laws.
- Lawsuits and Disputes. We may give out your health information if you are involved in a lawsuit or dispute. If a court orders that we give out your health information even if you are not involved in a lawsuit or dispute, we may also give out your health information. Other reasons that may cause us to release your health information would be if there is an order to appear in court, a discovery request, or other legal reason by someone else involved in a dispute. There must be an effort made to tell you about this request or an order to make sure that the information they want is protected.
- Law Enforcement. We may give out your health information if asked for by a police official for the following reasons: for a court order, subpoena, warrant, or summons; to find a suspect, fugitive, witness, or missing person; to find out about the victim of a crime if we cannot get the person's ok; about a death we believe may be the result of a crime; about some crime that happens at the Hospital; in emergencies to report a crime, the place where the crime happened, the victim of the crime, or the identity, description or whereabouts of the person who committed the crime.
- Coroners, Medical Examiners and Funeral Directors. We may give out your health information to a coroner or medical examiner to identify a person who has died or determine the cause of death. We may also give out health information to funeral directors so they can carry out their duties.

- National Security and Intelligence Activities. We may give out your health information to federal authorities for intelligence, counter-intelligence, and other situations involving our national safety.
- Protective Services for the President and Others. We may give out health information about you to federal officials so they can protect the President or other officials or foreign heads of state or so they may conduct special investigations.
- Inmates. If you are an inmate of a prison or placed under the charge of a law enforcement official, we may give out your health information (1) to the prison to provide you with health care; (2) to protect the health and safety of you and others; or (3) for the safety of the prison.
- Redisclosure. When we use or give out your health information, it may contain information we received from other hospitals and doctors.
- Department of Health and Human Services. We may disclose your information to the Secretary of the Department of Health and Human Services to show how we comply with federal privacy laws or for their enforcement activities.

GIVING PERMISSION AND REVOKING PREVIOUS PERMISSION TO USE OR DISCLOSE YOUR HEALTH INFORMATION: Except as stated in this Notice, in order for us to give out your information, you have to complete a written authorization form. If you want, you can later choose not to let us give out your health information. You can do this at any time. Your request to later stop permission to give out your health information **must be in writing** and sent to the Hospital. It is not possible for us to take back any information we have already given out about you that we made with your permission.

WHAT SHOULD YOU DO IF YOU HAVE A COMPLAINT CONCERNING YOUR HEALTH INFORMATION? If you believe your right to privacy has been violated, you can write a complaint and give it to the privacy officer or the Secretary of the U.S. Department of Health and Human Services. 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/.

You will not be punished or retaliated against in any way for informing the Hospital of a complaint you have with the privacy or security of your information.

BREACH OF INFORMATION. If we discover your information may have been compromised in violation of privacy laws, we will notify you of the incident.

IF CHANGES ARE MADE TO THIS NOTICE: We will give you a copy of this Notice the first time we treat you and whenever you request it. We have the right to change this Notice at any time without letting people know we are going to change it. We have the right to make the changed Notice apply to health information we already have about you as well as any information we receive in the future. We will post a copy of the newest Notice at Kearny County Hospital, High Plains Retirement Village, and Family Health Center, as well as on our website. You will find the date the Notice takes effect at the top of the first page below the title. You can get a copy of this Notice at any time by contacting one of the Contact Persons listed above.

Non-Discrimination Statement

Kearny County Hospital complies with applicable Federal civil rights laws and prohibits discrimination on the basis of race, color, national origin, age, disability, or sex. Kearny County Health facilities do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Each Kearny County Hospital entity:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats which may include: large print, audio, accessible electronic formats, or other formats.

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please request assistance from staff.

If staff is unable to assist you, please contact the facility Section 504/1557 Coordinator. See contact information below.

If you believe that a Kearny County Health facility has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Kearny County Hospital
Risk Manager
500 E. Thorpe Street
Lakin, KS 67860
Phone: 620-355-7111
Fax: 620-355-8627

You can file a grievance in person or by mail, fax, or email within 60 days of the date you become aware of the alleged discriminatory act. If you need help filing a grievance, the above mentioned Section 504/1557 Coordinator is available to help you.

Procedures for filing a complaint are available upon request.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building
Washington, DC 20201 1-800-368-1019
1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

¹ 42 C.F.R. §164.552(a)(1)(ii).