

PRIVACY NOTICE

This is the Privacy Notice of Kearney Regional Medical Center (KRMCC) and Platte Valley medical Clinic, a division of KRMCC.

THIS NOTICE DESCRIBES HOW PERSONAL MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW PATIENTS CAN GET ACCESS TO THEIR INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice also describes the privacy practices that apply to the relationship with our credentialed providers, identified as an Organized Healthcare Arrangement, for purposes of federal privacy requirements. These providers may share protected health information with each other, as necessary, to carry out treatment, payment, and healthcare operations.

Patients Have the Right To:

- Review and copy their paper or electronic medical record
- Request corrections to the contents of their medical record
- Receive confidential communication
- Request limitations on information shared
- Obtain a list of recipients of their health information
- Receive a copy of our Privacy Notice
- Elect a representative to act on their behalf
- File a complaint regarding a violation of privacy

Requests to obtain copies of electronic or paper medical records can be made through our Health Information Management Department. Requests will be fulfilled within 30 days in most cases.

Patients who feel that information contained in their medical record is incomplete or incorrect may request corrections. These requests can be made through our Health Information Management Department. Requests will be evaluated and addressed within 60 days.

Preferred contact information for communicating with our patients confidentially will be updated according to patient preference. This may include changing current information or adding additional contact methods.

Our patients have the right to request that we not use or share certain health information. With the goal of confidentiality in mind, requests to limit information shared may be denied if the quality of care provided may be compromised.

Patients who pay for care out of pocket may request that information not be shared with insurers for the purpose of payment or operations. These requests will be honored unless otherwise legally required.

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A list of instances in which health information has been shared can be requested. The list will include who information was provided to and why. This information can be obtained for occurrences six years prior to the date requested. Patients are entitled to one request for this list in a 12-month period, or more often with responsibility to pay a cost-based charge.

All requests for a paper or electronic version of this Privacy Notice will be provided promptly.

Individuals elected to act as Medical Power of Attorney or legal guardian may exercise a patient's rights and make choices about health information. This authority will be verified prior to action made on behalf of our patients.

To request more information, or submit a complaint in the event that these rights have not been upheld, please call or submit a letter to our HIPAA Privacy Officer:

- (308) 455-3600
- 804 22nd Avenue, Kearney, NE 68845

A complaint can also be filed with the U.S. Department of Health and Human Services Office for Civil Rights. No retaliation will be made against anyone who chooses to file a complaint.

- 1 (877) 696-6775
- 200 Independence Avenue, S.W. Washington D.C. 20201
- www.hhs.gov/ocr/privacy/hipaa/complaints/

Patients Can Choose:

- How care information is shared with family or friends
- How information is shared during disaster relief situations
- To exclude information in the hospital directory
- Whether to be contacted during fundraising efforts

If unconscious, KRMC may share information if believed to be in the patient's best interest. Information may also be shared to lessen a serious and imminent threat to health or safety.

Information will never be disclosed without written permission for the purpose of marketing or sale and with most sharing of psychotherapy notes.

Uses and Disclosures of Patient Information:

- Providing quality care and treatment
- Conducting business operations
- Billing for services
- Assistance with public health and safety
- Research practices
- Complying with state and federal law

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Health Information is typically shared with other professionals in order to provide treatment.

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

It is also used to run our organization, to improve the care we provide, and to contact our patients when necessary

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

Necessary information is also used and shared in order to bill for our services and collect payment from health plans, work compensation claims, and other entities.

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

Health information is also used for public health and research, such as reporting births and deaths, preventing disease, product recalls, reporting adverse reactions to medications, suspected abuse, neglect, and to prevent or reduce a serious threat to an individual's health or safety. Please visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html for more information.

Information may be used to contact you to provide appointment reminders, material about treatment alternatives, and provide information about other health related items.

Health information will be shared under any circumstance required by state or federal law, as well as for law enforcement purposes, in response to court or administrative order or subpoena, with oversight agencies for activities authorized by law, in response to workers' compensation claims, and for special government functions such as military, national security, and presidential protective services.

Information may also be shared when collaborating with organ procurement organizations, and with coroners, medical examiners, or funeral directors in the case of death.

Our Responsibilities:

We are required by law to maintain the privacy and security of protected health information. Patients will not be notified immediately if a breach occurs that may have compromised the privacy or security of this information. We must follow the duties and privacy practices described in this notice and provide patients with this notice. Health information will not be used or shared in any way other than as described in this notice unless requested or permitted in writing by an authorized individual.

The terms of this notice may be changed. Changes will apply to all previous health information collected. Changes in this notice will be available upon request and on our website at www.kearneyregional.com.

I have reviewed the Notice of Privacy Practices and Patient Rights forms. I hereby acknowledge that I have read and understand the content within, and realize I may request my own copy of these documents at any time.

I hereby authorize Kearney Regional Medical Center to provide any portion of my medical record as requested provider unless otherwise specified. Additionally, my medical condition may also be discussed with these individuals:

No Changes from previous consent
 Opt out of records release

Name Relationship () Phone

Name Relationship () Phone

Name Relationship () Phone

Name Relationship () Phone

CONDITIONS:

- This form will be maintained by this organization for a period of six (6) years.
- I understand that my healthcare information may be disclosed for the purposes of treatment, payment or for healthcare operations.
- This healthcare organization reserves the right to either honor or dismiss my request to limit the use of the healthcare information.
- This consent can be revoked; however, the request must be in writing.
- Additional information can be obtained by reading the organization's Privacy Notice.

Name of Patient (Print) Date of Birth

Signature of Patient or Representative Date

Relationship of Representative to Patient