



NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

This Notice applies to the staff of the following organizations:

- Warren Memorial Hospital
- Zimmer Medical Clinic

This Notice also applies to other service providers who provide care and/or services at our facility. These providers must also agree to comply with our policies relating to health information privacy.

YOUR HEALTH INFORMATION

It is required by law that we give you this Notice. It will describe to you the ways in which your health information will be used and disclosed. It will also inform you of your rights and our obligations regarding how we use and disclose your personal health information.

This Notice is in regards to the information and records we have about you. This means your health, health status, and the treatment and services you receive at Friend Community Healthcare System. This information may be created and/or received by Friend Community Healthcare System. This information may be in the form of written or electronic records, spoken words, and it may include information about your health history, health status, symptoms, exams, tests, diagnoses, treatments, procedures, billing activity, or other health related information.

The organizations listed above will use and distribute this Notice as their Joint Notice of Privacy Practices. They will follow the information practices described in this Notice when using or disclosing your health information. They will share your information, as necessary, to carry out tasks such as:

- **Treatment**

Your information may be used so that we may provide you with quality medical treatment and/or services. This includes sharing information with your doctors, nurses, technicians, or other personnel involved in your care. Your information will also be provided to your physician and any other subsequent health care providers for the purposes of continuity of care. This is done in order to provide you with the best course of treatment and quality of care.

- **Payment**

Your information may be used and disclosed in order to bill and receive payment for the treatment and services provided to you at Friend Community Healthcare System. The information shared may include personal identifiers as well as your diagnosis, treatment, supplies and other health information. If you were brought in by or transferred to our facility by ambulance, we may disclose your information to this provider for their billing purposes.

- **Health Care Operations**

In our effort at Friend Community Healthcare System to continually improve the quality and effectiveness of the care we provide, your health information may be provided to members of our clinical staff, risk or quality improvement manager, or members of our quality improvement team. We may also disclose your health information to other qualified parties to assist them in quality improvement, such as an ambulance company.

SPECIAL CIRCUMSTANCES UNDER WHICH WE WILL ALSO DISCLOSE YOUR INFORMATION

- **To avoid a serious threat to your health**

We may use and disclose health information in order to prevent serious harm to your health and safety, or the safety of the public.

- **When required by law**

We will disclose your health information when required to by local, state or federal law.

- **For Research Purposes**

We may use and disclose your health information for research purposes. We will request permission if personal identifiers will be accessed by the researcher.

- **Organ and Tissue Donation**

If you are an organ donor, we may release your information to organizations that handle organ donation, transplants, etc., as necessary

- **Military, Veterans, National Security and Intelligence**

If you are currently or have been a member of the armed forces, we may be required to disclose your health information to military command or other government authorities.

- **Workers Compensation**

We may release your health information for workers compensation purposes. These programs deal with and provide benefits for work related injury or illnesses.

- **Public Health Risks**

Your health information may be disclosed in order to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, or any reactions to medications or other products.

- **Health Oversight Agencies**

We may be required to release your health information to health oversight agencies for the purpose of audits, investigations, inspections, or licensing. This may be necessary for certain state and federal agencies in order to monitor the healthcare system, government programs, and compliance with civil rights laws.

- **Legal Matters**

If you are involved in or are a part of a lawsuit or dispute, we may disclose your health information in response to a court order or subpoena, warrant, summons or other similar processes. We are subject to all legal requirements.

- **Coroners, Medical Examiners, and Funeral Directors**

We may release your health information to a coroner or medical examiner. This may be done for the purpose of identifying a deceased person or to determine the cause of death.

- **Information that is not Personally Identifiable**

We may disclose your information as long as it is done in a way that is not personally identifiable to you, or reveal your identity.

- **Family and Friends**

We may disclose your health information to your family and friends if we have your verbal agreement to do so. If there is a situation in which you are not able to give consent, we may disclose your health information after using our professional judgment to determine if it is in your best interest. In that circumstance, we will only disclose information relevant to that person's involvement in your care.

- **Correctional Institutions**

If you are an inmate of a correctional institution or under the custody of law enforcement, your information may be disclosed to that institution or to law enforcement if it is necessary for your treatment or the safety and health of others.

- **Health Information Exchange**

Friend Community Healthcare System may make your health information available electronically through an exchange service to other health care providers, health plans, insurance, or health care clearing houses that request your information. During this exchange, we may also see their information about you.

- **Directory Listing**

Unless otherwise notified of your objection or prohibited by law, we may use your name, location in the facility, general condition, and religious affiliation for our directory purposes. This information may be given to members of the clergy or others who request you by name.

- **Contracted Services**

Some of our services are provided through contracts. These entities are considered business associates and your information may be provided to them in order for those services to be carried out. These associates are required by contract to safeguard your information.

- **Appointment Reminders**

We may contact you to remind you of appointments for medical services and treatment at our organization. We may leave a voicemail with our facility name and contact information.

- **Treatment Alternatives**

We may contact you about any treatments, health related benefits, or services that may be of interest or benefit to you.

- **Fundraising**

You may be contacted regarding fundraising for clinic programs, research or education. If you prefer not to be contacted for these purposes, you may notify us in writing. You may send your request to the FCHS – Privacy Office. Their contact information is listed at the end of this Notice.

- **National Security and Intelligence Activities**

Your information may be released to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

- **Marketing Purposes**

Any disclosures of PHI for marketing purposes must have your authorization to do so if they involve a sale of PHI. If your records include psychotherapy notes, there must also be an authorization for most uses and disclosures of those notes as well.

Any uses or disclosures not described in this Notice will be made only with your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- **Right to Inspect and Copy**

You reserve the right to inspect and copy your health information. This includes medical and billing records. You must submit a written request to our Health Information Department in order to get access to these records. If you request a copy of these records, there may be a charge associated with the copying, mailing or other supplies used to get you your health information.

We will communicate this cost to you and give you the opportunity to withdraw your request at that time. You also have the right to request an electronic copy of your records if we store health information in electronic form. We may deny your request. If this happens, you reserve the right to have your denial reviewed. If the law permits your denial to be reviewed, we will designate a healthcare official other than the one who denied your request to review your case.

- **Right to Amend**

If you believe your health information is inaccurate, incomplete or incorrect in any way, you reserve the right to ask us to amend that information kept by Friend Community Healthcare System. Your request must be in writing and provide a rational reason for the amendment. Your request must be sent to the HIM Department at Friend Community Healthcare System. We may deny your request. If this occurs, we will notify you of the reason for denial.

- **Right to an Accounting of Disclosures**

You may request to be shown whom your information has been disclosed to. An accounting of disclosures is a list of disclosures made of your health information. This is for the disclosures made for purposes other than treatment, payment, or other health care related operations. Your request will need to be in writing and cannot be for a period beyond 6 years or prior to April 14, 2003.

- **Right to Restrictions**

You may request a restriction on the health information that we disclose for treatment, payment or other health care operations. This also includes family members who may be involved in your care or the payment for it. We may deny your request unless you have paid for the particular service or item in full. This also includes your right to request that this information not to be communicated to your health plan since it was paid for "out of pocket". However, there may be instances where we will be required to release this information by law. This restriction may also be voided if the information is needed as part of emergency care. Your request must be in writing and sent to the HIM Department at Friend Community Healthcare System.

- **Right to Request Confidential Communications**

You may request a certain way or location in which we communicate with you about medical matters. You may request to only be contacted at work, at home, by mail, etc. This request must be submitted in writing to the HIM Department.

- **Right to a Paper Copy**

You may request an additional paper copy of this Notice at any time from any patient registration area at Friend Community Healthcare System. Even if you have agreed to receive an electronic copy, you still maintain the right to a paper copy.

INCIDENTAL USES AND DISCLOSURES

It is possible that your health information may be disclosed while you are a patient at our facility. An example of this would be using your name in the waiting area in our facility in order to identify your family members. There may be other individuals in the waiting area at the same time as your family members. All Friend Community Healthcare System employees will make a reasonable effort to limit these disclosures throughout your stay.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the newly revised or modified notice effective for any past medical information we already have about you as well as future information. We will post our current Notice at our locations with the revised date present and we will also inform you for any significant changes made to this Notice.

BREACH OF INFORMATION

If there is a breach of your unsecured information, you will be notified.

If you have any requests or concerns regarding this Notice, you may contact the Health Information Department at Friend Community Healthcare System at:

**FCHS – HIM Department
905 2nd Street
Friend, NE 68359
402.947.2541**

If you believe your rights have been violated, you may file a complaint with the FCHS Privacy Officer or with the Secretary of Health and Human Resources. There will be no penalties for filing a complaint. If you wish to file a complaint or have questions, you may contact the Privacy Officer at:

**FCHS – Privacy Office
905 2nd Street
Friend, NE 68359
402.947.2541**

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