

Salina Regional Health Center (SRHC)

Notice of Privacy Practices (NoPP)

Effective Date: April 7, 2003

Revised July 15, 2022

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

WHY WE ARE PROVIDING YOU THIS NOTICE:

SRHC compiles information relating to you and the treatment/services you receive. This information is called protected health information (PHI) and is maintained in a designated record set. SRHC 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 describes how we may use and disclose your PHI and your rights. We are required by law to give you this Notice and we are required by law to follow it. We may change this Notice at any time if the law changes or when SRHC policies change. If we change the Notice you will have the opportunity to obtain a revised Notice. You may also access this Notice at the SRHC website: www.srhc.com.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION:

For your treatment. SRHC may share your PHI with other treatment providers that include doctors, nurses, technicians, students, care managers or other SRHC workers. For example, departments may share your medical information to plan your care. Your care plan may include prescriptions, lab results and x-rays/imaging. SRHC may share your medical information with providers not at SRHC. This may include referring physicians and home health care nurses who are treating you.

For payment. SRHC may share your PHI with anyone who may pay for your treatment. For example, we may need to obtain a pre-authorization for treatment or send your health information to an insurance company so it may pay for treatment. There is an exception when you pay out of pocket for your treatment and SRHC has a completed, signed Request to Restrict Uses and Disclosures of Protected Health Information form stating you do not want your insurance company to receive information about your treatment. SRHC will not send that information to your insurer except under certain circumstances.

For SRHC healthcare operations. SRHC may use and disclose your protected health information when it is necessary for us to function as a business. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer and/or what services are not needed. When we contract with other businesses to do specific tasks for us, we may share your PHI related to those tasks. When SRHC does this, the business agrees in the contract to protect your health information and to use and disclose such health information only to the extent SRHC would be able to do so. These businesses are called Business Associates.

For appointment reminders. We may use and disclose health information to contact you as a reminder that you have an appointment, missed an appointment or to reschedule an appointment for treatment

or medical care at SRHC. SRHC may leave a voice message or text message on your most recent telephone number, e-mail message on your most recent e-mail address or mail you a postcard to your most recent home address. Unless specifically instructed by you SRHC will not disclose any health information to any person other than you who answers your phone except to leave a message for you to return the call. We may disclose appointment information upon request.

Surveys. We may use and disclose your protected health information to contact you to assess your satisfaction with our services.

Treatment Alternatives. SRHC may use and share medical information to tell you about different types of treatment available to you. We may use and share medical information to tell you about other benefits and services related to your health.

Hospital Directory. SRHC may include limited information about you in the hospital directory while you are a patient in the hospital. This information may include your name, location in the hospital, general condition (fair, stable, etc.), and religion. We may share the directory information, except for religion, with people who ask for you by name. We provide this service so your family, friends and others close to you can visit you and generally know how you are doing. If you do not want people to know that you are in the hospital, we will not share this information. You must tell your nurse, physician, registration person or Admitting Department that you do not want this information to be shared.

SRHC may disclose health information about you to people outside SRHC who may be involved in your medical care after you leave SRHC, such as family members, friends, or others we use to provide services that are part of your care. We will give you an opportunity, however, to restrict such communications.

Research. SRHC will use and share your medical information for research. We will share your medical information with 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 medical information. We may also share your medical information with people preparing to conduct a research project. We may also use and share your medical information to contact you about the possibility of enrolling in a research study.

As Required by Law. SRHC will share your medical information when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. SRHC may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of another person.

Organ and Tissue Donation. SRHC may use or disclose PHI to an organ donation bank or to other organizations that handle organ procurement to assist with organ or tissue donation and transplantation.

Employers. SRHC may disclose your PHI 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. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Workers' Compensation. SRHC may release your PHI for workers' compensation or similar programs providing you benefits for work-related injuries or illness. For example, we may release health information about you to a case manager who coordinates your medical status between your health care provider and your employer.

Public Health Risks. SRHC may disclose your PHI for public health activities which include the prevention or control of 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 devices or products; 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; or to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. If you agree, we can provide immunization information to schools.

Health Oversight Activities. SRHC may disclose your PHI 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 civil rights laws.

Legal Proceedings. SRHC may disclose your PHI when we receive a court or administrative order. We may also disclose your protected health information if we get 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 protected health information.

Law Enforcement. When a law enforcement official requests your PHI, it may be disclosed in response to a court order, subpoena, warrant, summons, or similar process. It may also be disclosed to help law enforcement identify or locate a suspect, fugitive, material witness, or missing person. We may also disclose PHI about the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct at SRHC; or in an emergency to report a crime, the location of the crime, victims of the crime, or to identify the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. SRHC may share medical information with a coroner or medical examiner. For example, we may do this to identify a deceased person or to determine the cause of death. We may share medical information with funeral directors as necessary to carry out their duties.

National Security. SRHC may, when authorized by law, share your medical information with the proper federal officials for national security reasons.

Protective Services for the President and Others. SRHC may disclose your PHI to certain federal officials so they may provide protection to the President, other persons, or foreign heads of state, or to conduct special investigations.

Inmates or Persons in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or a law enforcement official when it is necessary for the institution to provide you with health care; when it is necessary to protect your health and safety or the health and safety of others; or when it is necessary for the safety and security of the correctional institution.

Fundraising Activities. SRHC may use your information to contact you for efforts to raise funds for Salina Regional Health Center. We may share your information with foundations so they can help to raise money for SRHC. Such foundations may contact you to raise funds. We may share contact information. We may also share the following types of information: dates of service, treating physician and department, outcome and health insurance status. If you do not want SRHC to, contact you for fundraising efforts or give out your information for fundraising activities you must notify the Privacy Office in writing. Please contact:

Privacy Office
Salina Regional Health Center
400 S. Santa Fe
Salina, KS 67401

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 PHI 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 SRHC to disclose psychotherapy notes.

There are some circumstances when SRHC 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 PHI. Your authorization is necessary for SRHC to sell your PHI. Your authorization is also necessary for some marketing uses of your PHI.

YOUR HEALTH INFORMATION RIGHT

Right to Access and to Receive Copies. You have the right to look at and to receive copies of the medical information used to make decisions about your care, including information kept in an electronic health record, and/or to tell us where to send the information. Usually, this includes medical and billing records. It does not include some records such as psychotherapy notes. To look at and to receive copies of medical information used to make decisions about you, you must submit your request in writing. A request for medical records form may be accessed at:

https://srhc.com/health_information_management/

We may charge a fee for the costs of processing your request. If the copies provided are in an electronic form, we can only charge you for our labor costs. Call Medical Records Department Release of Information at (785) 452-7152 to get more details. In some limited cases, we may say no to your request, such as a request for psychotherapy notes. You may ask that such a decision be reviewed. To ask for a review, contact the SRHC Privacy Office, (785)-452-7313.

Right to Amend. You have the right to ask for an amendment of your protected health information in your record. To ask for a change to your record, you must make your request in writing and submit it to:
Director of Health Information Management

Salina Regional Health Center
400 S. Santa Fe
Salina, KS 67401

A Request to Amend Health Information form may be sent to you upon request. Please contact the Privacy Office (785) 452-7313. Also, you must give a reason that supports your request. We may say no to your request for an amendment to your record. We may do this if it is not in writing or does not include a reason to support the request. We also may say no to your request if you ask us to amend information that we did not create, unless the person or entity that created the information is no longer available to make the amendment. Is not part of the records used to make decisions about you. Is not part of the information which you are permitted to inspect and to receive a copy. The information 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 protected health information.

Right to an Accounting of Disclosures. You have the right to get a list of the disclosures we made of your medical information including medical information we maintain in an electronic health record. This list may not include all disclosures that we made. For example, this list will not include disclosures that we made for treatment, payment or health care operations purposes or disclosures you specifically approved. To ask for this list you must submit your request in writing on the approved form. Please contact the Privacy Office (785) 452-7313. The form will be sent to you upon request. You have the right to one accounting per year at no cost. You will be charged for any additional lists within the year period.

Right to Request Restrictions. You have the right to ask SRHC to restrict disclosures of your PHI. To exercise this right, you should contact the Privacy Officer at (785) 452-7313 because you must complete a Request for Disclosure Restriction/Accommodation form to provide us with the information that we need to process your request. If you self-pay for a service and do not want your health 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., a governmental payor), we cannot accept your request. We do not have to agree to any other restriction. 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.

Right to Request Alternative Methods Communications. You have the right to ask SRHC to communicate with you about medical matters in a certain way or at certain places. You must make your request in writing on a form that we will give you upon request. We will fulfill all reasonable requests.

Breach Notification. You have the right to be notified if SRHC determines that there has been a breach of your PHI.

Right to Obtain the Notice of Privacy Practices. You have the right to have a paper copy of this Notice. You may request a copy from the Privacy Officer at (785) 452-7313 or you may go to our website at www.srhc.com.

Right to File a Complaint. If you believe your privacy rights as described in this Notice have been violated, you may file a written complaint with the SRHC Privacy Officer Salina Regional Health Center, 400 S. Santa Fe, Salina, KS 67401 or Fax # (785-)452-7312.

You may file a privacy complaint online or by mail with the U.S. Department of Health and Human Services (DHHS). For information and guidance go to:<https://www.hhs.gov/guidance/document/how-file-health-information-privacy-or-security-complaint>

You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised Notice effective for protected health information that we currently maintain in our possession, as well as for any protected health information we receive, use, or disclose in the future. A current copy of the Notice will be posted in our facility.

If you have questions about this Notice you may call the Salina Regional Health Center Privacy Officer. The Privacy Office number is (785)-452-7313.