



Coffey Health System

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COFFEY HEALTH SYSTEM NOTICE OF PRIVACY PRACTICES

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

CONTACT OUR PRIVACY OFFICER AT 620-364-4509.

WHY WE ARE PROVIDING YOU THIS NOTICE:

Coffey Health System (CHS) compiles information relating to you and the treatment and services you receive. This information is called protected health information (PHI). This Notice describes how we use and disclose your protected health information and your rights.

This Notice of Privacy Practice applies to all CHS facilities and its personnel, volunteers, students and trainees. The Notice also applies to other healthcare providers who come to the facility to care for patients, such as physicians, physician assistants, therapists, emergency services providers, medical transportation companies, medical equipment suppliers, and other healthcare providers not employed by CHS unless these healthcare providers provide you with their own Notice of Privacy Practices. CHS may share your PHI with other healthcare providers for their treatment, payment and healthcare operations.

Uses and Disclosures of your health information that may be made without your authorization:

For your treatment. We will use the information about you to provide you with medical services and supplies. We may share your PHI with other providers who need the information to treat you. For example, if you have a heart condition we may use your information to contact a specialist and may send your information to that specialist. We may use and disclose information about you to remind you of appointments, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you. We may make your medical information available electronically through an electronic health information exchange to other healthcare providers and health plans who request your information for their treatment and payment purposes.

For payment. We 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. However, if you pay out of pocket for your treatment and make a specific request that we not send information to your insurance company for that treatment, we will not send that information to your insurer. We may release your protected health information for workers' compensation or similar programs providing you benefits for work-related injuries or illness.

For our healthcare operations. We may use and disclose your protected health information to improve the quality of care we provide or for health care operations. We may use information about you to conduct quality improvement activities, to obtain audit, accounting or legal services, to conduct business management and planning, to review our treatment and services and/or to evaluate the performance of our staff in caring for you.

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

Other people who are involved with your care. We may disclose your health information to a friend or family member who is involved in your care. We may also disclose your health information to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. Unless you inform us that you do not want any information released, we may tell individuals who ask, your location in the hospital and provide a general statement of your condition (fair, stable, critical)

Facility Directory. We will include your name, location in our facility, your general condition and your religious affiliation in our facility directory. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Information in the facility directory may be shared with clergy. Unless you inform us that you do not want any information release, we will include your name and health information in the facility directory.

Research. Under certain circumstances, we may use and disclose your protected health information for medical research. All research projects must go through and be approved by a special process.

As Required By Law. We will disclose your protected health information without your consent as required by federal, state and/or local law.

Organ and Tissue Donation. We may use or disclose your protected health information to an organ donation bank or to other organizations that handle organ procurement to assist with organ or tissue donation and transplantation.

Military and Veterans. The protected health information of members of the United States Armed Forces may be disclosed as required by military command authorities or to the Department of Veterans Affairs. When authorized by law, we may disclose your protected health information to federal or state officials for intelligence, counterintelligence, and other national security activities.

Employers. We may disclose your protected health information 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. We will tell you when we make this type of disclosure.

Public Health Risks. We may disclose your protected health information for public health activities as required by federal and/or state law. This includes information regarding the prevention or control of disease, injury or disability, births, deaths, child or adult abuse, neglect or domestic violence, reactions to medications or problems with products, recalls of

devices or products, exposure to a disease, and/or a risk for contracting or spreading a disease or condition. If you agree, we can provide immunization information to schools.

Health Oversight Activities. We may disclose your protected health information to a government or health oversight agency, such as the Kansas Department of Health and Environment or other federal/state agencies which oversee Medicare, or licensing agencies who govern physicians and other healthcare professionals.

Legal Proceedings. We may disclose your protected health information 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 protected health information, it may be disclosed without your consent in response to a court order, subpoena, warrant, summons, or similar process. It may also be disclosed without your consent to help law enforcement identify or locate a suspect, fugitive, material witness, or missing person. We may also disclose protected health information about the victim of a crime (when you agree to the disclosure); about a death we believe may be the result of criminal activity; about criminal conduct on CHS premises; 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. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person. We may disclose your protected health information to certain federal officials so they may provide protection to the President, other persons, or foreign heads of state, or to conduct special investigations. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your protected health information 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.

Coroners, Medical Examiners, and Funeral Directors. We may disclose your protected health information to a coroner, medical examiner, or a funeral director.

Fundraising. We may send you information as part of our fundraising activities. You have the right to opt out of receiving this type of communication. Your medical information is not shared for the purpose of fundraising.

Information with Additional Protection. Certain types of medical information regarding communicable disease(s), HIV/AIDS, drug and alcohol abuse treatment, psychotherapy notes, genetic testing, or a court-ordered mental evaluation have additional protection under state or federal law. We will obtain your authorization to release this information except as required by law.

Other Uses and Disclosures. Other uses and disclosures of your protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. You may revoke your authorization in writing at any time. If you revoke your authorization, it will not take back any disclosures we have already made.

Your Health Information Rights:

Right to Access. You have the right to access, inspect and/or obtain a copy of your protected health information to include your medical and billing information. To exercise this right, you should contact the Privacy Officer. You may request that your records be provided in an electronic format or you can receive your records in a paper copy. You may also direct that your protected health information be sent in electronic format to another individual. You may be charged a reasonable fee which we will inform you of in advance of your access.

Right to Amend Your Records. If you feel that your protected health information is incorrect or incomplete, you may ask that we amend your health records. To exercise this right, you must contact the Privacy Officer.

Right to an Accounting of Disclosures. You have a right to an accounting of disclosures of your protected health information. This is a list of persons, government agencies, or businesses who have obtained your health information. To exercise this right, you should contact the Privacy Officer. You have the right to one accounting per year at no cost.

Right to a Restriction. You have the right to ask us to restrict disclosures of your protected health information. To exercise this right, you should contact the Privacy Officer. If you self-pay for a service and do not want your health information to go to a third party payer, 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 payer (e.g., a governmental payer), we cannot accept your request.

Right to Communication Accommodation. You have the right to request that we communicate with you in a certain way or at a specific location. To exercise this right, you should contact the Privacy Officer.

Breach Notification. You have the right to be notified if we determine that there has been a breach of your protected health information.

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 or you may go to our website at www.coffeyhealth.org.

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 our Privacy Officer or with the U.S. Department of Health and Human Services – Office for Civil Rights (Regional Office at Kansas City), 601 East 12th Street Room 248, Kansas City MO 64106, 816.426.7277, or through www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. You will not be penalized for filing a complaint.

Changes to this Notice

We reserve the right to change this Notice at any time if the law changes or when our policies change. 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. If we change the Notice you will be offered a revised Notice. A current copy of the Notice will be posted in our facility and on our website: www.coffeyhealth.org.

Effective Date:

Revised September 1, 2013

Revised December 28, 2017

Approved January 21, 2018