

# Norton County Hospital

## 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.**

*Effective July 17, 2019*

*Our Confidentiality Commitment.* Norton County Hospital takes the privacy of health information very seriously and is committed to protecting your privacy. This notice describes our practices related to the privacy of your health information and how we may use the information we collect and maintain related to your care and we must provide you with a copy of our privacy practices upon your request. We may change what this notice says, but will provide you with information about any changes made the next time you receive services from us or if you request our updated privacy practices from us. We will follow the policies currently in effect.

*Meaning of "you," "we," "us," and "our."* In this notice, when we say "we", "us", or "our", we mean our office and all of its employees, staff, volunteers, and providers. When we say "you," "your", or "yours," we mean you as an individual and/or your designated personal representative.

*Understanding Your Personal Health Information.* Personal health information is any information created and used by us, or received from a health care provider, about your health care. Information may include your name, address, birth date, phone number, social security number, health insurance policies, health information, your diagnoses, and the medical treatments you received.

*How We Use Your Personal Health Information.* Except as explained in this notice, we will only use or share your personal health information with your written authorization. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures for the sale of information require your authorization. If you authorize us to share your personal health information with anyone, you may revoke your authorization at any time and we will no longer share information with that person or entity. Please note that if you choose to revoke an authorization, we may have already relied on your consent to share information and your revocation of consent will only apply once it is received by us.

We may use your personal health information for treatment, payment, and health care operations without your written authorization. We may perform other treatment, payment, or healthcare operations not specifically listed below in which we may use your health information. The following is intended to serve as examples of the types of activities in which your health information may be used. "Treatment" refers to the care we provide to you, including coordinating and managing your care with other providers. Uses for "payment" include our activities to collect amounts owed for the services provided to you. These activities may include, for example, sending a bill to your insurance company for services covered under your insurance plan, managing your account internally or with associated businesses we may contract with for the collection of

payment, and/or sending statements to collect remaining amounts owed. “Health care operations” means activities related to assessing the quality of your care, developing care guidelines, coordinating care, contacting other providers or you to discuss care options, training our workforce, business management and administrative activities, customer service, and investigation and resolution of complaints.

We may also use or disclose your personal health information to:

- Keep you informed about appointments, program information, and benefits and services that may be of interest to you;
- Notify another person responsible for your care if necessary;
- Communicate with any person you identify about that person's involvement in your care or payment for your care;
- Other agencies as required for oversight activities such as licensure, inspections, investigations, audits, or Hospital Accreditation;
- Law enforcement personnel for specific purposes, including reporting certain types of wounds and injuries, communication to identify or locate a suspect, a death we suspect may have resulted from criminal conduct, evidence of criminal conduct that has occurred on our premises, and certain emergencies;
- Staff or research projects that ensure the continued privacy and protection of protected health information;
- Public health agencies to prevent or control disease and for statistical reporting, to the Food and Drug Administration for reporting reactions to medications, to Workplace Safety and Insurance (formerly known as Workers Compensation) for benefit coordination, to government agencies in cases of national security or for military purposes, or to correctional institutions;
- Comply with any law, regulation, or code that requires us to report certain information such as certain infectious conditions, or abuse, neglect, or domestic violence;
- Respond to a court order, or subpoena if efforts have been made to tell you about the request or to obtain an order protecting the information requested;
- Share with our business partners who perform case management, coordination of care, other assessment activities, or payment activities, and who must abide by the same confidentiality requirements; and
- Contact you to provide information about fundraising programs and events that support the programs, services and patient care at Norton County Hospital, or one of its affiliates. Your contact information, dates of service, department, treating physician, outcome and health insurance status may be shared with and used by the Norton Regional Health Foundation for this purpose. You may opt out of receiving these communications at any time by calling the Norton Regional Health Foundation at (785) 874-2205 or sending your opt-out request by email to [kallen@ntcohosp.com](mailto:kallen@ntcohosp.com).

*Your Health Information Rights.* You have the following rights regarding your personal health information maintained by our office:

- You may request restriction on certain uses and disclosure of your information. If you request we restrict disclosures of your information for payment or operations purposes to your health plan and pay in full for the services you ask be restricted, we must agree to your request unless sharing the information is required by law. You may request other restrictions on the use and disclosure of your information, but we are not required to agree to those requests. Unless we are required to agree to your request, we may cancel the restriction in the future but will notify you first. If your request is approved, we will abide by it except in an emergency treatment situation or as required by law, or if we notify you of a cancellation;
- If you feel that some information our office has created about you is wrong, you may ask that we change that information. You must send us your request to change or correct your information in writing to the Privacy Officer listed at the bottom of this notice and include an explanation of why you would like the information to be changed. In certain situations, we may deny your request. We will notify you if we deny your request and tell you how to request a review of the denial;
- You may inspect and obtain a copy of your personal health information in our possession. We may ask that you provide your request in writing so we may track your request. We may only limit or deny you access to your information in very limited circumstances. You have the right to request a review of most denials. We will notify you if we deny your request and tell you how to request a review of the denial. We may charge a fee for copies you request for personal use;
- You may obtain a paper or electronic copy of this notice upon request;
- You may revoke a signed authorization for the use or disclosure of your protected health information except to the extent we have already acted based on your authorization;
- If you request, we will account for disclosures we have made of your protected health information made by us, except for disclosures made to you, under an authorization, for uses or disclosures related to treatment, payment, or health operations purposes, and limited other situations. We will not charge for the first accounting given to you in a twelve-month period. We may charge a fee for an additional accounting requested in that twelve-month period for the cost of producing the accounting of disclosures for you;
- You may request that we contact you about personal health care matters only in a certain way (phone, e-mail, in writing) and at a certain location (home, office, at an address you have given); and
- If there has been a breach of your health information, you will be notified unless we determine, after thorough risk analysis, that there is a low probability your information has been compromised.

*For More Information or to Report a Problem.* If you have questions, complaints, or concerns related to our privacy practices, please contact the Privacy Officer whose contact information is provided below. It is our policy to take questions, complaints, and concerns seriously and you will not be retaliated or discriminated against, or penalized in any way if you choose to communicate your concerns about our privacy practices with us.

**Privacy Officer  
102 E. Holme  
Norton, KS 67654  
(785) 877-3351**

You may also file a complaint with the Secretary of the Department of Health and Human Services. Visit the Department of Health and Human Service's Health Information Privacy website, or contact the Office for Civil Rights to file a complaint.