

*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*

If you have any questions about this notice, please contact the Privacy Officer at FCMH. Franklin County Memorial Hospital is required by law under the federal Health Insurance and Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of its patients' protected health information. (HIPAA law uses the term "protected health information" where we use "medical information"). Medical information includes medical or other information about you, including demographic information that may identify you (i.e., name, address, birth date, Social Security Number); or relates to your past, present, or physical or mental health; condition related health care services; and identifies you or there is a reasonable basis to believe it can be used to identify you.

**WHO WILL FOLLOW THIS NOTICE:**

This notice describes the privacy practices of FCMH, including:

- Any health care professional authorized to enter information into your medical record maintained by FCMH.
- All departments and units of FCMH.
- All FCMH employees, staff, and other hospital personnel, including consulting professionals
- The above may share medical information with each other for treatment, payment, or hospital operations as described in this notice.
- Any FCMH volunteer that may help you while you are receiving care

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your healthcare is personal. We are committed to protecting your medical information. A medical record is created to document care and services you receive at FCMH. This record is needed to provide the necessary care and comply with legal requirements. This Notice applies to all of the medical records of your care generated by FCMH. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

The law requires FCMH to:

- Make sure medical information that identifies you is kept private.
- Inform you of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

## **HOW FCMH MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:**

The following categories describe different ways FCMH uses and discloses medical information. Every category will be explained, but every possible use or disclosure is listed. However, all the different ways FCMH is permitted to use and disclose information will fall within one of these categories. **Treatment.** Your medical information may be used to provide you with medical treatment and services. This medical information may be disclosed to doctors, nurses, technicians, or other workforce members who are involved in your care at FCMH. Your medical information may also be disclosed to healthcare students.

For example: A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow healing. The doctor may also need to tell a dietician that you have diabetes so we can arrange for the right meals for you. Different departments of FCMH may also share medical information about you in order to coordinate your different needs, such as prescriptions, lab work and x-rays. FCMH may also disclose medical information about you with people and companies outside FCMH involved in your medical care after you leave FCMH, such as family members, home health agencies, or others we use to provide services that are part of your care; family members need to be on your HIPAA form. **Payment.** Your medical information may be used and disclosed so that the treatment and services you receive at FCMH can be billed and payment may be collected from you, an insurance company and/or a third party.

For example: The health plan or insurance company may need information about the care you received from FCMH so they can provide payment for the costs of services such as a CT Scan. Information may also be given to someone who helps pay for your care. Your health plan or insurance company may also need information about a treatment you are going to receive to obtain prior approval or to determine whether they will cover the treatment. **Health Care Operations.** Your medical information may be used and disclosed for purposes of FCMH's day-to-day operations. These uses and disclosures are necessary to run FCMH and to monitor the quality of care our patients receive.

**For example:** Your medical information may be:

1. Reviewed to evaluate the treatment and services performed by our staff while caring for you.
2. Combined with that of other FCMH patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.
3. Disclosed to doctors, nurses, technicians, and other agents of FCMH for review and learning purposes.
4. Disclosed to healthcare students, interns, and residents.
5. Combined with information from other facilities to compare how we are doing and see where we can improve the care and services offered. Information that identifies you in this set of medical information may be removed so others may use it to study health care and health care delivery without knowing who the specific patients are.
6. Used to assess your satisfaction with our services.
7. Used for population-based activities related to improving health or reducing health care costs.

**Census Information:** Limited medical information about you may be used in the census report while you are a patient of FCMH. This information may include your name, room number, admission date, sex, age, service, type of insurance, length of stay and the attending physician.

**Hospital Directory:** We may include limited information such as your name and location in FCMH's directory while you are a patient. The directory information may be disclosed to your specific clergy or be given to people who contact FCMH and ask for you by name. This is so your family, friends and clergy may visit you in the hospital. However, we will not include your information if you object.

**Appointment Reminders:** Your medical information may be used to contact you by phone, email, or regular mail as a reminder that you have an appointment for treatment or medical care at FCMH. Unless you have requested, we communicate with you in a different way, we may leave messages on your answering machine/voice mail or with a family member or other person that answers the phone if you are not home. We will, however, make every effort to limit the amount of information disclosed in these situations.

**Minors:** We may disclose protected health information of minor children under the age of 19 to their parents or guardians unless such disclosure is otherwise prohibited by law.

**Treatment Alternatives.** Your medical information may be used to tell you about possible treatment options or alternatives that may be of interest to you. **Health-Related Benefits and Services.** Your Medical Information may be used to tell you about health-related benefits or services that may be of interest to you.

**Involved in Your Care:** With your permission, your medical information may be released to a family member, guardian or other individuals involved in your care, if you indicate on your HIPAA form. They may also be told about your condition unless you have requested additional restrictions. In addition, your medical information may be disclosed to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.

**For example:** You may identify a friend or family member to pick up medical supplies for you. We will only provide the medical information needed to allow the person to complete that task. In addition, we may provide medical information about you if we think it is in your best interest such as during an emergency situation to allow a person to act on your behalf.

**Fundraising Activities:** Certain medical information (for example, name, address, telephone number or e-mail address, age, date of birth, gender, health insurance status, dates of service, department of service, treating physician or outcome information) may be disclosed to FCMH's related foundation to contact you for the purpose of fundraising for the hospital. You are free to opt out from receiving future fundraising communications. If you would like to opt out from being contacted or would like to opt back in, please send your written request to FCMH's Privacy Officer.

**Research:** Under certain circumstances, your medical information may be used and disclosed for research purposes.

For example: A research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same conditions. All research projects, however, are subject to a special approval process. This

process evaluates a proposed research project and its use of medical information, balancing the research needs with the patients' need for privacy of their medical information. Your medical information may be disclosed to people preparing to conduct a research project; for example, helping them look for patients with specific medical needs, so long as the medical information they review does not leave FCMH. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

**As Required by Law:** Your medical information will be disclosed when required to do so by federal, state, or local authorities, laws, rules and/or regulations. Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, your medical information will be disclosed in response to a court or administration order, subpoena, discovery request, or other lawful process by someone else involved in the dispute when we are legally required to respond.

**Law Enforcement:** Your medical information will be released if requested by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons or similar process
2. To identify or locate a suspect, fugitive, material witness, or missing person
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
4. About a death we believe may be the result of criminal conduct
5. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**National Security and Intelligence Activities:** Your medical information will be released to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** Your medical information may be disclosed to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**To Alert a Serious Threat to Health or Safety:** Your medical information may be used and disclosed when necessary to prevent a serious threat to your health and safety and that of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Health Oversight Activities:** Your medical information may be disclosed to a health oversight facility 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 compliance with civil rights laws.

**Private Accreditation Organizations:** Your medical information may be used to fulfill FCMH's requirements to meet the guidelines of private facility accreditation organizations such as DNV, CMS, etc.

**Business Associates:** There are some services provided in this Facility through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, business associates, and subcontractors of business associates, are required by federal law to appropriately safeguard your information.

**Future Communications:** We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community-based initiatives or activities our Facility is participating in.

## **SPECIAL SITUATIONS**

**Organ and Tissue Donation:** If you are an organ donor, your medical information may be released to organizations that handle organs for organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Medical Devices:** Your social security number and other required information will be released in accordance with federal laws and regulations to the manufacturer of any medical device(s) you have implanted or explanted during a hospitalization and to the Food and Drug Administration, if applicable. This information may be used to locate you should there be a need with regard to such medical device(s).

### **HIV, Substance Abuse, Mental Health and Genetic Information:**

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health, and genetic information. Some parts of this Notice may not apply to these kinds of protected health information.

Please check with FCMH's Privacy Officer for information about the special protections that do apply.

For example: If we give you a test to determine if you have been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.

**Military and Veterans.** If you are a member of the armed forces, your medical information may be released as required by military command authorities. If you are a member of the foreign military personnel, your medical information may be released to the appropriate foreign military authority.

**Workers' Compensation:** If you seek treatment for a work-related illness or injury, we must provide full information in accordant with state-specific laws regarding workers' compensation claims. Once state-specific requirements are met and an appropriate written request is received, only the records pertaining to the work-related illness or injury may be disclosed.

**Public Health Risk:** Your medical information may be used for public health activities. These activities generally include the following:

1. To prevent or control disease, injury, or disability
2. To report births or deaths

3. To report child abuse or neglect
4. To report reactions to medications or problems with products
5. To notify people of recalls of products they may be using
6. To notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition
7. To notify the government if we suspect a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure if you agree or when required or authorized by law.

**Coroners, Medical Examiners and Funeral Directors:** Your medical information may be released to a coroner or medical examiner. This may be necessary, for example, to identify a person who has died or to determine the cause of death. We may also provide medical information about patients of FCMH to funeral directors that need to carry out their duties.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may provide medical information about you to the correctional institution or under the custody of a law enforcement official. This release would be necessary for the following reasons:

1. For the institution to provide you with health care
2. To protect your health and safety or the health and safety of others; and
3. For the safety and security of the correctional institution.

#### ADDITIONAL SITUATIONS

**Other Uses of Medical Information:** Most uses and disclosures of psychotherapy notes, uses and disclosures of your protected health information for marketing purposes and disclosures that constitute a sale of your protected health information require your authorization prior to such use and disclosure. Other uses and disclosures of medical information not covered by this Notice or the laws that apply to FCMH will be made only with your written authorization. If you provide FCMH authorization to use or disclose your medical information, you may revoke that authorization at any time by submitting a written revocation to FCMH's Privacy Officer. If you revoke your authorization, we will no longer use or disclose your medical information for the reasons covered in your written authorization. You understand that we are unable to take back any disclosures already made with your permission, and that we are required to retain our records of the care that FCMH provided to you, therefore disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

#### **ADDITIONAL INFORMATION CONCERNING THIS NOTICE:**

Changes to This Notice. We reserve the right to change this Notice and make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. FCMH will post a current copy of the Notice with the effective date within the hospital as well as on its website. In addition, each time you are admitted to the hospital for care/services, as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

## **Complaints**

If you think your privacy rights have been violated, you may complain to the FCMH's Privacy Officer or the Secretary of the Department of Health and Human Services. To file a complaint with FCMH, contact the Privacy Officer. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we have about you:

**Right to Look at and Copy.** You have the right to look at and copy medical information that may be used to make decisions about your care. You also have the right to request an explanation or summary of your medical information. If your request is approved, we have thirty (30) days in which to respond to your request. If unusual circumstances have delayed handling the request, FCMH will inform you in writing of the reasons for the delay no later than 21 days after the Health Information Management Department received the request. If you ask for a copy of the information, we may charge a reasonable, cost-based fee for the costs of copying, mailing or other supplies needed to meet your request. If FCMH uses or maintains an electronic health record of your medical information, you have the right to request and get an electronic copy of this information. In addition, if you request an explanation or summary of your medical information, we may charge a fee equal to the labor cost of compiling such explanation or summary.

If FCMH uses or maintains an electronic health record in one or more designated record sets containing your medical information, we must provide you with access to the electronic information in electronic form and the format requested, if it is readily producible, or, if not, in a readable form and format mutually agreed upon. You may have FCMH send the copy to another entity or person that you choose. Your request must be submitted to FCMH's Health Information Management Department in writing; it must be signed by you; and it must clearly identify the designated person or persons and where to send the copy. We may deny your request to look at and copy in some limited circumstances.

For Example:

1. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
2. The medical information refers to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.
3. The request for access is made by the individual's personal representative, and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.
4. The information requested is not maintained by the hospital. In this situation, if we know the location of the information requested, we must provide that information to you. If you are denied access to medical information, you may request that the denial be reviewed.

Another licensed health care professional, other than the person who denied your request, will be chosen by FCMH to review your request and the denial. FCMH will comply with the outcome of the review.

**Right to Change.** If you feel that medical information we have about you, is incorrect or incomplete, you may ask us to change the information. You have the right to request a change kept by or for FCMH.

To request a change, you must send the request in writing to FCMH's Health Information Management Department. In addition, you must also provide a reason that supports your request for a change. Your request for a change may be denied if:

1. Your request is not in writing or does not include a reason to support the request.
2. The medical information was not created by FCMH.
3. The medical information is not part of the medical information kept by or for FCMH.
4. The medical information is not part of the information you would be allowed to look at and copy under the law; or
5. The medical information is correct and complete.

**Right to an Accounting of Disclosures:**

You have the right to ask for an 'accounting of disclosures'. This is a list of the disclosures we made of your medical information for purposes other than treatment, payment, and health care operations.

To ask for an accounting of disclosures:

1. You must send a request in writing to the Finance Department.
2. Your request must state a time, which may not be longer than two years and may not include dates before April, 2014.
3. Your request should say in what form you want the list (for example, on paper or electronically).

However, we may charge you a reasonable, cost-based fee for each future request within the 12-month period but will notify you in advance of the cost and offer you the chance to withdraw or modify the request to avoid or reduce the cost.

**Right to Request Restrictions:** You have a right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. This restriction does not apply to uses or disclosures of your health information related to your medical treatment.

To request restrictions, you must make your request in writing to FCMH's Health Information Management Department. In your request, you must tell us:

1. What information you want to limit
2. Whether you want to limit our use, disclosure, or both
3. To whom you want the limits to apply (for example, disclosures to your spouse).

You also have a right to request that a health care item or service not be disclosed to your health plan for payment purposes or health care operations. We are required to honor your request **IF** the health care item or service is paid out of pocket and in full. Your restriction will only apply to records that relate solely to the service for which you have paid in full. We are not required to agree to any other request and will notify you if we are unable to agree. If we agree to your request, we must follow your restrictions (unless the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time, unless it relates to a health care item or service that is paid out of pocket and in full, as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

**Right to Ask for Private Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

For Example: You can ask that we only contact you at work or by mail. To ask for private communication, you must make your request in writing. Your request must specify how and/or where you wish to be contacted. We will not ask you the reason for your request and we will agree with all reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**Right to be Notified Following a Breach.** We are required to notify you by first class mail or be e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your unsecured protected health information.

### **ORGANIZED HEALTH CARE ARRANGEMENT (OHCA)**

Franklin County Memorial Hospital will participate in an Organized Health Care Arrangement (OHCA). This means that all participants will follow the same "Notice of Privacy Practice" that you are receiving.

The following are participants in the OHCA: all physicians who are on staff at FCMH, all consulting physicians who see patients within FCMH, Certified Nurse Anesthetists practicing at FCMH. If you receive services from any of these individuals outside of FCMH (such as the physician's own office), that office is bound by their own notice of privacy.

### **CONTACTS**

Franklin County Memorial Hospital's Privacy Officer  
(308) 425-6221 (Ask to speak with the privacy officer)

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