



JOHNSON COUNTY COMMUNITY HEALTH SERVICES

Home Health • Public Health • Hospice

www.johnsoncountyhealth.org

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY JOHNSON COUNTY COMMUNITY HEALTH SERVICES (the Agency) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR DUTIES

We are required by law to:

- maintain the privacy of your medical information,
- give you this Notice describing our legal duties and privacy practices, and
- follow the terms of the Notice currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

In accordance with Federal law, the Agency will not use or disclose your medical information without your authorization, except as described in this Notice. Federal law permits our use of your protected health information for the following purposes:

Treatment. The Agency may use your health information to coordinate care within the Agency and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist the Agency in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Agency also may disclose your health information to individuals outside the Agency involved in your care including family members, pharmacists, and suppliers of medical equipment or other health care professionals.

Payment. The Agency may include your health information in invoices to collect payment from third parties for the care you receive from the Agency. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency may also need to obtain prior approval from your insurer and may need

to explain to the insurer your need for the services that will be provided to you.

Health Care Operations. The Agency may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of the Agency's patients. For example, Members of the quality improvement committee may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Business Associates. There are some services provided in our Agency through contracts with business associates. For example: the Agency contracts with Physical Therapists. We may disclose your health information to our business associates so they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to protect your medical information.

Notification of Family. Unless you notify us that you object, we may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, of your location and general condition.

Communication with Family. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care.

Research. The Agency may disclose information to 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.

Funeral Director, Coroner, and Medical Examiner. Consistent with applicable law the Agency may disclose health information to these individuals to help them carry out their duties.

Fundraising. The Agency will NOT use your protected health information for the purposes of fundraising for the facility and its operations unless we have a signed authorization from you.

Public Health. As required by law, the Agency may disclose your health information for public activities and purposes in order to: Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions; report to the Food and Drug Administration (FDA) relative to adverse events, product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement; notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease

Victims of Abuse, Neglect or Domestic Violence. The Agency is allowed to notify the appropriate governmental authorities if the Agency believes that a patient is a victim of abuse, neglect or domestic violence. The Agency will make this disclosure only in accordance with the applicable federal, state, or local laws.

Health Oversight. In order to oversee the health care system, government benefits programs, entities subject to governmental regulation and civil rights laws for which health information is necessary to determine compliance, the Agency may disclose health information for oversight

activities authorized by law, such as audits and civil, administrative, or criminal investigations.

Court Proceeding. The Agency may disclose health information in response to requests made during judicial and administrative proceedings, such as court orders or subpoenas.

Law Enforcement. Under certain circumstances, the Agency may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of gunshot wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of law enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

Threats to Public Health or Safety. The Agency may disclose or use health information when it is our good faith belief, consistent with ethical and legal standards, that it is necessary to prevent or lessen a serious and imminent threat or is necessary to identify or apprehend an individual.

Specialized Government Functions. In certain circumstances, the Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

Workers Compensation. The Agency may disclose health information when authorized and necessary to comply with laws relating to workers compensation or similar programs

Other Uses. The Agency may also use and disclose your personal health information for the following purposes:

- to contact you to remind you of an appointment or treatment,
- to describe or recommend treatment alternatives to you,
- to furnish information about health related benefits and services that may be of interest to you, or

All other uses and disclosures of your medical information will be made only with your written authorization. Once given, you may revoke the authorization by writing to the Privacy Officer at the Agency. We are unable to take back any

disclosure we have already made with your authorization.

INDIVIDUAL RIGHTS

You have many rights concerning the confidentiality of your medical information. You have the right to:

Request Restrictions on the medical information the Agency may use and disclose for treatment, payment, and healthcare operations. The Agency is not required to agree to these requests. To request restrictions, please send a written request to the address listed below for the Privacy Officer.

Receive Confidential Communications of medical information about you in a certain manner or at a certain location. For instance, you may request that the Agency only contact you at work or by mail or you may ask us to contact you by email or text. If you wish to receive information you must fill out an Alternative Communications form.

Inspect or Copy your medical information, including billing records. A request to inspect and copy your health information may be made to the HIPAA Privacy Officer at the address/phone number listed below. If you request a copy of your health information, the Agency may charge a reasonable fee for copying costs associated with your request.

Amend medical information. If you feel that medical information the Agency has about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must write to the Privacy Officer at the address listed below. You must also give us a reason to support your request. The Agency may deny your request to amend your medical information if it is not in writing or does not provide a reason to support your request. The Agency may also deny your request if the information:

- was not created by us, unless the person that created the information is no longer available to make the amendment
- is not part of the medical information kept by or for us,
- is not part of the information you would be permitted to inspect or copy, or
- is accurate and complete

Receive an Accounting of Disclosures of your medical information. You must submit such a request in writing to the address listed below for the Privacy Officer. Not all medical information is subject to this request. Your request must state a time period, no longer than 6 years and may not include dates before April 14, 2003. Your

request must state in what form you would like the list (paper or electronically). The first list you request within a 12 month period is free. For additional lists, we may charge you the costs of providing the list. We will notify you of this cost and you may choose to withdraw or modify your request before charges are incurred.

Notification of a Breach. You or your representative has the right to be notified if a breach of your medical information has occurred by this Agency or by our Business Associates.

Fundraising. You have the right to opt out of fundraising communications from the Agency, and the Agency cannot sell your medical information without your signed authorization.

Not Share Information. You have the right to instruct the Agency to not share information about your treatment with your health plan IF you pay in cash in full (out of pocket) for your treatment.

Receive a Paper Copy of this Notice upon request, even if you have agreed to receive the Notice electronically. You may obtain a copy of this Notice at our website www.johnsoncountyhealth.org.

Changes to This Notice. This Agency reserves the right to change our privacy practices and to apply the revised practices to medical information about you that we already have. Any revision to our privacy practices will be described in a revised Notice that will be posted prominently in our Agency and posted on our website.

COMPLAINTS

If you believe that your privacy rights have been violated, a complaint may be made to our Privacy Officer or Administrator. You will not be penalized in any way for filing a complaint. The Agency has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. All complaints should be sent in writing to the following address:

Attn: HIPAA Privacy Officer
Johnson County Community Health Svc's
723 PCA Rd.
Warrensburg, Mo. 64093
660-747-6121 ext 230

You may also submit a complaint to the Secretary of the Department of Health and Human Services.

Effective Date: April 14, 2003, Revised May 2013