



JOHNSON COUNTY COMMUNITY HEALTH SERVICES

Home Health • Public Health • WIC

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 AND HOW YOU CAN GET ACCESS TO THIS INFORMATION
PLEASE REVIEW IT CAREFULLY**

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information.
- Give you this notice of our legal duties and privacy practices regarding health information about you.
- Follow the terms of our notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose health information only with your written consent. You may revoke such permission at any time by written notice to our Privacy Officer.

FOR TREATMENT: We may use and disclose health information for your treatment and to provide you with treatment related health care services. Johnson County Community Health Services (JCCHS) may use your health information to coordinate care within JCCHS and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist JCCHS in coordinating care. For example, we may disclose health information to licensed providers, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

FOR PAYMENT: We may use and disclose health information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

FOR HEALTH CARE OPERATIONS: We may use and disclose health information for health care operations purposes. The uses and disclosures are necessary to make sure that all our patients receive quality care and to operate and manage our office. For example, JCCHS may use information in your health record to assess the care and quality outcomes in your case and others like it. This information will then be used to continually improve the quality and effectiveness of the healthcare and services we provide.

APPOINTMENT REMINDERS AND HEALTH RELATED BENEFITS AND SERVICES: We may use and disclose health information to contact you to remind you that you have an appointment with us. We may also use and disclose health information to inform you about health-related benefits and services that may be of interest to you.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: When appropriate, we may share health information with a person who is involved in your medical care or payment for your care, such as your family or close friend, unless you notify us that you object. Health professionals using their best judgement, may disclose to a family member, other relative, close friend or any other person that you identify, health information relevant to that person's involvement in your care. We may also notify the above mentioned about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

RESEARCH: Under certain circumstances, JCCHS may use and disclose health information for research. Information disclosed to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure your privacy.

SPECIAL SITUATIONS:

As required by law, we will disclose health information when required to do so by international, federal, state or local law.

TO ADVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

BUSINESS ASSOCIATES: JCCHS may disclose health information to our Business Associates (BA's) that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All our BA's are obligated to protect the privacy of your information and are not allowed to disclose any information other than as specified in our contract.

MILITARY AND VETERANS: If you are a member of the armed forces, we may release health information as required by military command authorities.

WORKERS COMPENSATION: We may release health information for workers' compensation or similar programs.

PUBLIC HEALTH: As required by law, JCCHS may disclose your health information for public activities and purposes in order to: prevent or control disease, injury or disability, report disease, 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; notice to a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

HEALTH OVERSIGHT ACTIVITIES: JCCHS may disclose health information 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 compliance with civil rights laws.

DATA BREACH NOTIFICATION PURPOSES: JCCHS may use or disclose your protected health information to provide legally required notice of unauthorized access to or disclosure of your health information.

COURT PROCEEDING: JCCHS may disclose health information in response to requests made during judicial and administrative proceedings, such as court orders or subpoenas.

LAW ENFORCEMENT: JCCHS may release health information if asked by law enforcement officials if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very 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) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: Consistent with applicable law, JCCHS may release health information to a coroner or medical examiner.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: JCCHS may release health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS: JCCHS may disclose health information to an authorized federal official so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE: JCCHS is allowed to notify the appropriate governmental authorities if JCCHS believes that a patient is a victim of abuse, neglect or domestic violence. JCCHS will only make this disclosure in accordance with the applicable federal, state, or local laws.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:

JCCHS uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written consent. If you do give us consent, you may revoke it at any time by submitting a written request to our Privacy Officer.

YOUR RIGHTS:

FUNDRAISING: You have the right to opt out of fundraising communications from JCCHS. JCCHS cannot sell your medical information without your signed consent.

RIGHT TO INSPECT AND COPY: You have a right to inspect and copy your health information that may be used to make decisions about your care or payment for your care. To inspect and copy the health information, you must make your request in writing to the Privacy Officer. We have up to 30 days to make your protected health information available to you and may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

RIGHT TO GET NOTICE OF BREACH: You have the right to be notified if a breach of your medical information has occurred by JCCHS or by our BA's.

RIGHT TO AMEND: If you feel that medical information JCCHS has about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, you must do so in writing to the Privacy Officer. You must also give us a reason to support your request. JCCHS may deny your request to amend if it is not in writing or does not provide a reason to support your request. JCCHS may deny your request if the information: (1) was not created by us, (2) is not part of the medical information kept by or for us, (3) is not part of the information you would be permitted to inspect or copy, or (4) is accurate and complete.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have the right to request a list of certain disclosures we made of health information for purposes other than treatment, payment, and health care operations or for which you provided written authorization. You must make your request in writing to the Privacy Officer. Not all medical information is subject to this request. Your request must state a time period. We may charge you the costs of providing the list.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction or limitation of the health information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment to your spouse. To request a restriction, you must make your request in writing to the Privacy Officer. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

OUT-OF-POCKET PAYMENTS: If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your protected health information not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

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 agreed to this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website www.johnsoncountyhealth.org.

CHANGES OF THIS NOTICE:

JCCHS has 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 JCCHS and posted on our website.

COMPLAINTS:

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

Johnson County Community Health Services

ATTN: Privacy Officer

723 PCA Rd

Warrensburg, MO 64093

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

Effective Date: April 14, 2003; revised December 11, 2019, April 12, 2022