

New Liberty Hospital District and New Liberty Hospital Corporation

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.

OUR COMMITMENT TO YOU

At New Liberty Hospital District and New Liberty Hospital Corporation, hereafter referred to as Liberty Hospital, we are committed to treating and using protected health information about you responsibly. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition.

This Notice of Privacy Practices describes the health information we collect, and how and when we use or share that information. It also describes your rights to access and control your health information. This Notice applies to information used or created by our workforce, medical staff and other health care providers who provide care to you as a patient of Liberty Hospital. If you receive care at another hospital, in a physician's office or nursing home for example, different policies and practices may apply.

We are required by law to:

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

HOW WE MAY USE AND SHARE HEALTH INFORMATION ABOUT YOU

The following describes the ways we may use and share your health information. Not every use and disclosure will be listed. However, all the ways we are permitted to use and share information will fall within one of these categories.

Health Care Providers Involved in Your Treatment: We may use and share health information for your treatment and to provide you with treatment-related health care services. For example, we may share health information to doctors, nurses, technicians, or other personnel, including people outside our organization, who are involved in taking care of you.

Payment: We may use and share your health information so claims for health care treatment, services and supplies may be paid. For example, we may share your health information with other health care providers involved in your care to assist them in obtaining payment for their services.

Health Care Operations: We may use and share your health information for our operations. For example, we may use your health information for compliance reviews, quality assurance and to evaluate our staff's performance.

Business Associates: We may share your information with business associates that perform various activities or functions on our behalf. For example, we may use another company to perform billing services on our behalf. All our business associates are obligated to protect the health information we share with them.

People Involved in Your Care or Payment for Your Care: Unless you ask us not to, we may share health information with a family member or friend who helps with your medical care. We may share your health information with a group helping with disaster relief efforts. We do this so your family can be told about your location and condition. If you are not present or able to say no, we may use our judgment to decide if sharing your information is in your best interest.

Hospital Directory: If you are a patient in the hospital, we may include limited information about you in the hospital directory. This will include your name, location in the hospital, general condition (good, fair, etc), and religion. This information may be provided to members of the clergy and, except for religion, to other people who ask for you by name.

If you do not want people to know that you are in the hospital, please inform our Admitting or Nursing staff and we will not share this information.

Appointment Reminders, Scheduling/Follow-up Calls: We may use and share health information to contact you to remind you that you have an appointment with us, have been referred to schedule a visit, or to follow-up with you about a recent visit. We may leave a brief reminder on your answering machine/voicemail system unless you tell us not to.

Treatment Alternatives and Health Related Benefits and Services: We may use and share health information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Research: We may share 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 health information. For example a research project may involve comparing the health of patients who received one medication to those who received another, for the same condition.

Fundraising: We may share your information with our Foundation to contact you for efforts to raise funds for Liberty Hospital. For example, you may receive an invitation to a fundraising event. The information shared may be your contact information, dates of service, treating physician and department, and outcome and health insurance status. You may call the Liberty Hospital Foundation at 816-792-7014 if you do not want us to contact you for our fundraising purposes.

Emergencies: We may use or share your health information if you need emergency treatment but we are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.

Communication Barriers. We may use and share your health information if we are unable to obtain your consent because of substantial communication barriers and it is determined, using professional judgment, that you would want us to treat you if we could communicate with you.

HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION -SPECIAL SITUATIONS

As Required by Law: We will share your health information when required by international, federal, state or local laws.

Lawsuits and Disputes: If you become involved in a lawsuit or dispute, we may share your health information in response to a court or administrative order, a subpoena or search warrant signed by a judge.

Law Enforcement: We may share health information if asked to do so by a law enforcement official to respond to a legal process (such as a court order signed by a judge), for identification or location of a suspect and, under certain conditions, when disclosure is essential to law enforcement activity.

Worker's Compensation: We may share health information for workers' compensation or programs like it to the extent required by law. These programs provide benefits for work-related injuries or illness.

Military and Veterans: If you are or become a member of the U.S. or foreign armed forces, we may share health information about you, if required by military command authorities.

Public Health Risks: As required by law, we may share your health information with public health or legal authorities charged with preventing or controlling disease, injury, abuse, neglect or disability.

Health Oversight Activities: Under certain limited circumstances following a review and approval process, we may share your health information to a health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the delivery of health care.

National Security Services: We may share your health information with the proper federal officials for the protection of the president or for national security reasons.

Coroners, Medical Examiners and Funeral Directors: We may release your health information to a coroner or medical examiner for identifying a deceased person or the cause of death. We may also share health information with funeral directors as necessary to carry out their duties.

Organ and Tissue Donation: We may share health information with groups that handle and monitor organ donations and transplants.

Inmates or Individuals in Custody: If you are an inmate of a correctional institution, or under the custody of a law enforcement official, we may share with the correctional institution or law enforcement official health information necessary for your health and the health and safety of other individuals.

To Prevent a Serious Threat to Health or Safety: We may use and disclosure your health information to prevent a serious threat to your health and safety and that of others. We will only share your health information with persons who can help prevent the threat.

ORGANIZED HEALTH CARE ARRANGEMENT (OHCA)

Liberty Hospital and the independent contractor members of its Medical Staff have agreed, as permitted by law, to share your health information as necessary for the purposes of treatment, payment or health care operations, enabling us to better address your health care needs.

YOUR HEALTH INFORMATION RIGHTS

Right to Access, Inspect and Copy. You have the right to inspect and to request a copy of the health information used to make decisions about your care, including information kept in an electronic health record. Usually, this includes medical and billing records.

Your request must be submitted in writing. An Authorization to Request Release of Protected Health Information form is available from the Health Information Department at Liberty Hospital or Clinics. We may charge you a reasonable fee to cover our expenses for copying your health information. In certain limited circumstances we may say no to your request. You may ask for such a decision to be reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to Amend. If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. Your request must be submitted in writing. The Medical Record Correction/Amendment form is available from the Health Information Department at Liberty Hospital or Clinics.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of your health information. This list includes disclosures for purposes other than those to carry out treatment, payment, and health care operations. Your request must be submitted in writing. The Patient Accounting of Disclosures Request Form is available from the Health Information Department at Liberty Hospital or Clinics. We may not charge you for the list, unless you request such list more than once per year.

Right to Request Restrictions. You have the right to ask for a restriction or limitation on the health information we use or share for treatment, payment or health care operations. You also have the right to ask for a limit on the health information we share with someone who is involved in your care or in the payment for your care. Such person may be a family member or friend. We are not required to agree to your request. If we do agree, we will fulfill your request unless the information is needed to provide you with emergency treatment. You also have the right, which we may not refuse, to restrict certain disclosures of your health information to a health plan when you have paid, in full, for the health care item or service you wish to restrict.

Your request must be submitted in writing. The Request for Restriction on Use/Disclosure of PHI for Treatment, Payment and Health Care Operations is available from the Health Information Department at Liberty Hospital or Clinics.

Right to Request Confidential Communications. You have the right to ask us to communicate with you about medical matters in a certain way or at certain places. For example, you can ask that we only contact you by mail or at work. We will fulfill all reasonable requests. Your request must be submitted in writing to our Privacy Officer or the Health Information Management Department at Liberty Hospital or Clinics.

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 still have a right to a paper copy of this Notice.

Right to Receive a Notice of a Breach. If any of your health information is acquired, accessed, used or disclosed in a manner that is not permitted by law we will notify you within 60 days following the discovery of the breach.

NOTICE CHANGES

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, a copy of the current notice is posted in our Patient Registration areas and on our website at www.libertyhospital.org.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact Liberty Hospital's Privacy Officer, at 816-792-7231.

If you believe your privacy rights have been violated, you can file a complaint with Liberty Hospital's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

OTHER USES AND DISCLOSURES

Other uses and disclosures of health information not covered by this Notice or by other laws that apply to us will be made only with your written permission. For example, uses and disclosure of your health information for marketing purposes or sale of your health information will require your written permission.

Effective Date: April 14, 2003
Revised Date: September 23, 2013