

You Need to Know How Your Medical Information May Be Used or Disclosed

Treatment Purposes

We may use your medical information to give you medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, medical students or other hospital personnel who are involved in your care at the hospital.

For example: A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian you have diabetes so that we can arrange for appropriate meals.

We will also provide a copy of your records to any consultant, physician or healthcare provider who will care for you after your discharge from the hospital.

Payment Purposes

We may use and disclose health information about you so that the treatment and services you receive at the hospital may be billed to you and payment collected from you, an insurance company or a third-party payor.

For example: We may need to give your insurance company information about the surgery you received so your carrier will make payment.

Healthcare Operations

We may use and disclose health information about you for hospital operations. This is necessary to run the hospital and make sure that all of our patients receive quality care.

For example: We may use health information to review our treatment and services and to evaluate the performance of staff that care for you.

Communication

We may use your address and/or telephone number to contact you about appointments, to report test results, to check on your welfare following treatment, to complete satisfaction surveys or to provide information about treatment alternatives or other health-related services that may interest you. We may leave a message on your answering machine.

Business Associates

There are some services provided at Promise Regional through contacts with business associates. Our business associates include collection agencies, auditors and record storage firms. When we use these services, we may disclose your health information to our

business associates so they may perform the job we have asked them to do. We require the business associate to protect your information.

Research

We may disclose information to researchers who have proper approval and will ensure the privacy of your health information.

Funeral Directors/Coroners

We may disclose health information to funeral directors/coroners so they may carry out their duties as permitted by law.

Organ Procurement Organizations

We may disclose health information to organ banks and other agencies involved in organ or tissue donation and transplant.

Fundraising

We may contact you as part of a fundraising effort.

Food and Drug Administration (FDA)

We may disclose health information to the FDA relative to adverse events with respect to food, supplements, product and product defects, or relative to post marketing surveillance information to enable product recalls, repairs or replacement.

Workers' Compensation

We may disclose health information to your employer or to public health or legal authorities charged with preventing or controlling disease, injury or disability in the workplace.

Public Health

We may disclose your health information, as required by law, to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Abuse & Neglect

We may disclose your protected health information to public authorities as allowed by law to report abuse or neglect.

Correctional Institutions

If you are an inmate of a correctional institution, we may disclose to the institution or its agents the health information necessary for your health and the health and safety of other individuals.

Law Enforcement

We may disclose health information for law enforcement purposes as required by law, such as when required by a court order or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

Health Oversight

Federal law allows us to release your health information to appropriate health oversight agencies or for health oversight activities.

Judicial/Administrative Proceedings

We may disclose your health information in the course of any judicial or administrative proceeding if 1) you give your consent, 2) allowed or required by law, or 3) directed by a proper court order.

Threat to Health and Safety

We may disclose your health information to prevent or lessen a serious, imminent threat to the health or safety of the public as required by law.

Special Government Functions

We may disclose your health information for special government functions as authorized by law, such as to Armed Forces personnel for national security purposes or to public assistance program personnel.

Other Uses

Other uses and disclosures besides those identified in this notice will be made only if allowed by law or with your written authorization. You may revoke the authorization as described in the section titled "Your Rights Regarding Health Information."

If a member of our staff or a business associate believes in good faith that we have engaged in unlawful conduct or have violated professional or clinical standards, he or she may release health information to an appropriate health oversight agency, public health authority or attorney.

Unless You Tell Us You Object your information may be disclosed for the following purposes.

Directory

We may use your name, location, room telephone number, general condition and religious affiliation for directory purposes. This information may be provided to a member of the clergy or a church representative and, except for religious affiliation, to other people who ask for you by name.

Notification

Using our best judgment we may disclose to a relative or any other person you identify health information relevant to that person's involvement in your care or in payment for your care. We may also tell your family or another person responsible for your care your location in the hospital and general condition.

Your Rights Regarding Health Information

The health and billing records we maintain are the physical property of Promise Regional Medical Center—Hutchinson. The information in them, however, belongs to you.

You have the right to request a restriction on certain uses and disclosures of your medical record. We are not required to grant the request.

You have the right to obtain a paper copy of the Notice of Privacy Practices for Protected Health Information.

You may request to view and receive a copy of your health and billing records.

You have the right to appeal if you are denied access to your medical record, providing your request is not prohibited by law.

You have the right to request that your record be amended if you believe the record is incorrect or incomplete.

You have the right to file a statement of disagreement if your amendment is denied. You may also require that the request for amendment and any denial be attached in all future disclosures of your medical record.

You have the right to an accounting of your medical record disclosures. This applies only to disclosures that are required by law. It does not include disclosures of information for treatment, payment, operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.

You have the right to request that communication of your health information be made by alternative means or at an alternative location.

Unless information or action has already been taken, you have the right to revoke any authorizations you have made regarding the disclosure of your information.

Requests should be made in writing using forms we provide. Please ask hospital staff for assistance.

Understanding Your Medical Record

Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment and a plan for future care or treatment. It also includes billing documents for those services. This information is referred to as your medical record or your "protected health information."

Promise Regional Medical Center—Hutchinson is required to:

- maintain the privacy of your health information
- provide you with a notice of our legal duties and privacy practices regarding information we collect and maintain about you
- abide by the terms of the notice currently in effect
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

Our Responsibilities To Our Patients

We will not use or disclose your health information without your authorization, except as described in this notice.

Promise Regional Medical Center—Hutchinson reserves the right to change its practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will make the new notice available at various locations throughout the hospital and on our Web site at www.promiseregional.com.

To Request Information Or File A Complaint

If you have questions, would like additional information or want to report a problem regarding the handling of your information, you may contact:

Promise Regional Medical Center—Hutchinson
Privacy Officer
620.665.2000

If you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to:

Promise Regional Medical Center—Hutchinson
Privacy Officer
1701 East 23rd Ave.
Hutchinson, KS 67502

You may also file a privacy complaint by contacting the U.S. Department of Health and Human Services at:

200 Independence Ave., S.W.
Washington, D. C. 20201
877.696.6775

We cannot, and will not, require you to waive the right to file a privacy complaint with the Secretary of Health and Human Services as a condition of receiving treatment from Promise Regional Medical Center—Hutchinson.

We cannot and will not retaliate against you for filing a privacy complaint with the Secretary.

Patient Rights, Responsibilities and Privacy Statement

Patient Treatment Rights

As a patient you have the right to:

- Receive courteous and respectful care given by competent personnel in a safe setting, free from abuse, neglect or harassment.
- Receive treatment without discrimination based upon race, color, religion, sex, national origin or ability to pay.
- Personal privacy and dignity.
- Information about your diagnosis, treatment possibilities, anticipated outcomes and the risks involved; except in emergencies when you lack decision-making capacity and the need for treatment is urgent.
- Receive clearly written and spoken information before you consent to or refuse treatment. Interpreter services and communication aids are available, if needed.
- Receive an explanation of all research studies that might affect your care and to refuse to participate in the studies.
- Know the identity and professional status of persons providing your care.
- Be informed of hospital policies and practices that relate to your care, treatment and responsibilities.
- Obtain a second opinion.
- Be an active participant in your plan of care before care begins and during treatment.
- Expect reasonable continuity of care.
- Refuse treatment unless prohibited by law.
- Be informed of any policy that might affect your choice within the hospital.
- Have adequate pain assessment and pain control.
- Be free of any restraint that is not necessary for medical reasons.
- Receive a full explanation in advance if you must be transferred to another facility.
- Request to be transferred to another facility for religious or other reasons.
- Take part in all your discharge planning.
- Know about business relationships of the hospital that might affect your care.
- Discuss what your needs are after you leave the hospital and to get help meeting those needs.
- Name someone to make health care choices for you if you are unable to make choices for yourself.
- Make your end-of-life wishes known through documents called advance directives, living wills and durable powers of attorney.
- Have the hospital honor your advance directives.
- Designate a support person (not the same as DPOA-HC).
- Receive visitors whom you designate or whom your support person designates.
- Have access to the Ethics Committee to assist in resolving conflicts.

Patient Information Rights

As a patient you have the right to:

- Expect confidentiality in all communications and health care records unless the law requires disclosure.
- Access information contained in your medical records within a reasonable time and to have the information explained to you.
- Get responses to your requests provided your requests are reasonable.
- Request your family and personal physician be promptly notified of your admission to the hospital.
- Be told what the immediate and anticipated long-term costs of your treatment may be.
- Obtain an itemized bill and explanation of charges.
- File a complaint.*
- Get speedy resolution of complaints without fear of reprisals. You have the right to file a grievance and expect reasonable response to the grievance.

*You may file a complaint by calling our *At Your Service* phone line at 620.513.4321. If you are using a hospital phone, dial 4321. If you feel your complaint is unresolved you may write the Kansas Department of Health & Environment (KDHE) at 1000 SW Jackson, Ste. 200, Topeka, KS, 66612-1365. You may also call the KDHE Complaint Hotline at 800.842.0078.



Hutchinson

Patient Responsibilities

As a patient you have the responsibility to:

- Provide full and accurate information about your health and medical history.
- Provide accurate medical information that may affect your plan of care, including any allergies.
- Report general changes in your condition or symptoms.
- Follow the instructions given you for your care and treatment.
- Request more information if you do not understand something.
- Provide the hospital with a copy of your written advance directive if you have one.
- Be aware that the hospital has an obligation to be equitable in providing care to other patients.
- Be considerate and respectful of the needs of other patients, medical staff and hospital employees.
- Follow rules related to:
 - Smoking
 - Use of alcohol and other drugs
 - Visiting hours
- Give necessary information for insurance claims and to work with the hospital to make payment arrangements when necessary.

An Important Message from Medicare

As a Medicare inpatient you have the right to:

- Receive Medicare-covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor.
- Be involved in any decisions about your hospital stay and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here: Kansas Foundation for Medical Care, 1.800.432.0407 or 1.785.273.2552 or TTY 1.800.766.3777.

Your Medicare discharge rights/planning for your discharge

During your hospital stay, the hospital staff will work with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon, please talk to the hospital staff and your doctor.

You also have the right to an appeal, that is, a review of your case by Quality Improvement Organization (QIO). For more information regarding your right of discharge appeal, please contact Care Management at 620.665.2470.

Patient Privacy

Promise Regional Medical Center—Hutchinson adheres to all HIPAA guidelines to protect your privacy. We may use medical information about you to provide medical treatment or services. We may also disclose medical information about you to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you at the hospital.

We will also provide a copy of your records to a consultant, a physician or healthcare provider who will be caring for you after your discharge from the hospital.

As a patient you have certain privacy protections regarding your medical information. These protections include how your medical information is disclosed and how you as a patient obtain access to this information.

To discuss other privacy concerns/issues, please contact the hospital Privacy/Security Officer at 620.665.2253.