

# **ATCHISON COUNTY, KANSAS**

## **Notice of Privacy Practices**

Effective 04-14-2003

**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 County's Privacy Officer:

Cindy Young

1419 N. 6<sup>th</sup> St.

Atchison, KS 66002

Phone: 913-367-1905

Fax: 913-367-7679

E-Mail: [phouseasv@sbcglobal.net](mailto:phouseasv@sbcglobal.net)

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

Atchison County is committed to protecting the confidentiality of medical information we may have about you. The record of the care and services you may have received is needed to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records generated by physicians, emergency personnel, and nursing home personnel. Your personal doctor may have different policies of notices regarding the doctor's use and disclosure of you medication information created in the doctor's office, hospital, or clinic.

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

Atchison County is required by law to:

- ◆ Make sure that medical information that identifies you is kept private;
- ◆ Give you this notice of our legal duties and privacy practices with respect to medical information about you, and make a good faith effort to obtain your acknowledgment of receipt of this notice; and
- ◆ Follow the terms of the notice that is currently in effect.

### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION.**

**Right To Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about you. Usually, this includes medical and billing records. However, under federal law, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Atchison County Privacy Officer or to the Department Privacy Officer. We may charge a reasonable fee for our costs in copying and mailing your requested information.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed by contacting the County or Department Privacy Officer.

*Atchison Senior Village:* Residents and/or their responsible party may submit their request **orally or in writing** to the Atchison County Privacy Officer. Atchison Senior Village, must allow you to inspect your medical records within 24 hours of your request (excluding weekends and holidays). If you request copies of the records, Atchison Senior Village must provide you with copies within 2 working days of that request. If your request is denied, you may request that the denial be reviewed by contacting the County or Department Privacy Officer.

**Right To Amend.** If you believe that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Atchison County.

To request an amendment, your request must be made in writing, stating the reason that supports your request, and submitted to the County or Department Privacy Officer. In addition, we may deny your request if you ask us to amend information that:

- ◆ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- ◆ Is not part of the medical information kept by or for the county;
- ◆ Is not part of the information that you would be permitted to inspect and copy; or
- ◆ Is accurate and complete as determined by the facility.

**Right to File a Statement of Disagreement.** You have the right to file a statement of disagreement if your amendment is denied, and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.

**Right To An Accounting Of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of medical information about you for purposes other than treatment, payment or health care operations, with certain exceptions specifically defined by law.

To request this list or accounting of disclosures, you must submit your request in writing to the County or Department Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right To Request Restrictions.** You have the 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 or friend.

***Atchison County is not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

*Atchison Senior Village*, however, is required to agree to the request to restrict use or disclosure of information, except when the records are released in connection with (1) a transfer to another health care institution (2) the use or disclosure of the information is required by law (3) if the information is needed to provide emergency treatment.

To request restrictions, you must make your request in writing to the County or Department Privacy Officer. 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; and (3) to whom you want the limits to apply, for example disclosures to your spouse.

**Right to Request Confidential Communication.** 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, because of hearing impairment you may ask that we only notify you of health care matters in writing.

To request confidential communications, you must make your request in writing to the County or Department Privacy Officer. We will not ask you the reason for your request. We will be

able to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Revoke Authority Previously Made.**

You have the right to revoke authorizations to use or disclose information that you made previously except to the extent information or action has already been taken. Your request must be made in writing to the County or Department Privacy Officer.

**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.

To obtain a paper copy of this notice, contact the County Privacy Officer.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

The County may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present, able to agree, or object to the use or disclosure of the information, the County may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**For Treatment.**

- ◆ We may use medical information about you to provide you with medical treatment or services.
- ◆ We may disclose medical information about you to doctors, nurses, emergency personnel, and nursing personnel who are involved in taking care of you.
- ◆ 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.

- ◆ Different departments of Atchison Senior Village also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays.
- ◆ We also may disclose medical information about you to people who may be involved in your medical care, such as family members, friends, or others we use to provide services that are part of your care.
- ◆ We may disclose medical information about you to other health care providers who request such information for purposes of providing medical treatment to you.

### **For Payment.**

- ◆ We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you have received so your health plan will pay us or reimburse you.
- ◆ We may also tell your health plan about a service you are going to receive to obtain prior approval or to determine whether your plan will cover the service.
- ◆ We also may provide information about you to other health care providers to assist them in obtaining payment for treatment and service provided to you by that provider.
- ◆ We may also provide information to a health plan for purposes of arranging payment for treatment and services provided to you.

### **For Health Care Operations.**

- ◆ Atchison County may use and disclose, as needed, medical information about you to support its business activities.
- ◆ These uses and disclosures are necessary to make sure that all persons receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- ◆ We may also disclose information to doctors, nurses, technicians, nursing students, and other nursing personnel for review and learning purposes or to compare how we are doing and see where improvements can be made in the care and services we offer.

- ◆ We may disclose medical information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider's or plan's operations.
- ◆ We may share your protected health information with third party "business associates" that perform various activities (e.g. billing, transcription services) for the County. Whenever an arrangement between the county and a business associate involves the use or disclosure of your protected health information, the County will have a written contract that contains terms that will protect the privacy of your health information.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO OBJECT

**Appointment Reminders.** We may use and disclose medical information to contact you or your responsible party as a reminder that you have an appointment for treatment of medical care.

**Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Nursing Home Directory.** Atchison Senior Village may include certain limited information about you in the nursing home directory while you are a patient at the nursing home. This may include your name, location, and religious affiliation.

**Individuals Involved In Your Care Or Payment For Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends of your general condition, location, or death. In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, or location.

**Research.** Under certain circumstances, we may use and disclose medical information about you 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 condition. All research projects, however, are subject to a special approval process. 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.

**As Required By Law.** The County will disclose medical information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Organ and Tissue Donation.** If you are an organ donor, we may use or disclose medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- ◆ To prevent or control disease, injury, or disability;
- ◆ To report births and deaths;
- ◆ To report reactions to medications or problems with products;
- ◆ To notify people of recalls of products they may be using;



- ◆ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

**Abuse and Neglect.** We may disclose your protected health information to appropriate government authorities if we believe you have been the victim of abuse, neglect or domestic violence. Any disclosure will be made consistent with the requirements of applicable federal and state laws.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency of 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.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- ◆ In response to a court order, subpoena, warrant, summons, or similar process;
- ◆ To identify or locate a suspect, fugitive, material witness, or missing person
- ◆ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

- ◆ About a death we believe may be the result of criminal conduct;
  
- ◆ About criminal conduct at the nursing home; and
  
- ◆ 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.

**Coroners, Medical Examiners, and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the nursing home to funeral directors as necessary for them to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized person, or foreign heads of state or conduct special investigations.

**Worker's Compensation.** Your protected health information may be disclosed by the County as authorized to comply with worker's compensation laws and other similar legally established programs.

**Inmates.** We may use or disclose your protected health information if you are an inmate of a correctional facility and the County created or received your protected health information in the course of providing care for you.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR WRITTEN AUTHORIZATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization except where we have already relied on the authorization.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to 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. We will post a copy of the current notice in the lobbies of the Atchison County Court House, Atchison County Rescue office, Atchison County Sheriff Dept., Community Corrections, Atchison Senior Village nursing home, and on the County web page. The notice will contain, on the first page, the effective date. At any time the notice is changed the County Privacy Officer will, upon request, provide you with a revised paper copy of the Notice of Privacy Practices.

## **COMPLAINTS**

If you believe your rights, with respect to medical information about you, have been violated by Atchison County, you may file a complaint with the County or with the Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201. To file a complaint or for information on how to file a complaint with the County or the Department of Health and Human Services contact the County or Department Privacy Officer.

All complaints must be submitted in writing. The County will not retaliate or penalize you for filing a complaint.

**County**                      **Privacy**                      **Officer:**                      Cindy                      Young  
1419 N. 6<sup>th</sup> St.  
  
Atchison, KS 66002  
  
Phone: 913-367-1905  
  
Fax: 913-367-7679  
  
E-Mail: [phouseasv@sbcglobal.net](mailto:phouseasv@sbcglobal.net)

**Departmental Privacy Officer Contacts:**

*Atchison County Rescue*

Lori Chew  
  
506 Howard St  
  
Effingham, KS 66023  
  
913-833-4025  
  
Fax: 913-833-2960  
  
E-mail: [lorinwep@yahoo.com](mailto:lorinwep@yahoo.com)

*Atchison Senior Village*

Cindy Young  
  
1419 No 6th St  
  
Atchison, KS 66002  
  
913-367-1905  
  
Fax: 913-367-7679  
  
E-Mail: [phouseasv@sbcglobal.net](mailto:phouseasv@sbcglobal.net)