

**FREEMAN HEALTH SYSTEM
NOTICE OF PRIVACY PRACTICES**

Effective Date June 1, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is intended to inform you about our practices related to the protection of the privacy of your medical records. Generally, we are required by law to ensure that medical information that identifies you is kept private. Further, we must give you this information related to our legal duties and privacy practices with respect to any medical information we create or receive about you. We are required by law to follow the terms of the notice that is currently in effect.

This notice explains how we may use and disclose your medical information, our obligations related to the use and disclosure of your medical information and your rights related to any medical information that we have about you. This notice applies to the medical information that is generated in or by this health system.

With a few exceptions, we are required to obtain your authorization for the use or disclosure of the information. We have listed some of the reasons why we might use or disclose your medical information and some examples of the types of uses or disclosures below. Not every use or disclosure is covered, but all of the ways that we are allowed to use and disclose information will fall into one of the categories. Your medical information will not be used or disclosed for any purpose other than what is covered in this notice.

If you have any questions about the content of this notice, or if you need to contact someone at Freeman Health System about any of the information contained in this notice, please contact:

Freeman Health System
Privacy Officer
1102 West 32nd Street; Joplin, MO 64804
Phone number: (417) 347-4424

In addition to hospital departments, employees, staff and other hospital personnel, the following persons will also follow the practices described in this Notice of Privacy Practices:

- Any healthcare professional who is authorized to enter information in your medical record;
- All members of the hospital's medical staff, via an Organized Healthcare Arrangement (OHCA), while you are in the hospital;
- Any member of a volunteer group that we allow to help you while you are in the hospital; and
- Ozark Center, Health Essentials, and all health system employed physicians: These other entities follow the terms of this notice. In addition, these entities may share medical information for treatment, payment or healthcare operations as they are described in this notice. These other entities are hereinafter referred to collectively with the health system as "hospital."

Use and disclosure of medical information:

There are some circumstances in which we may be permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:

a) Uses or disclosures for purposes relating to treatment, payment, and health care operations.

**FREEMAN HEALTH SYSTEM
NOTICE OF PRIVACY PRACTICES**

For treatment: To provide you with medical treatment or services, we may need to use or disclose information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in your treatment. For example, a doctor may need to know what drugs you are allergic to before prescribing medications. Departments within the hospital may share medical information about you to coordinate your care. For instance, the laboratory may request information to complete lab work. Also for coordination of care, we will disclose information to other healthcare providers from whom you seek treatment in order that the combined treatment provided by all is in your best interest. For example, we will seek and/or inform other healthcare providers of pharmaceutical prescriptions that we or they have written on your behalf to ensure that there are no harmful drug interactions and to ensure that prescribed dosages are appropriate. We may also disclose medical information about you to people who may be involved in your medical care after you leave the hospital, such as home health agencies, nursing homes, your family, and clergy members.

For payment: We may use and disclose your medical information for the hospital to bill and receive payment for the treatment that you received here. For example, we may use or disclose your medical information to your insurance company about a service you received at the hospital so that your insurance company can pay us or reimburse you for the service. We may also ask your insurance company for prior authorization for a service to determine whether the insurance company will cover it.

For health care operations: We can use and disclose medical information about you for hospital operations. These include uses and disclosures that are necessary to run the hospital and make sure that our patients receive quality care. For example, we may use or disclose medical information about you to evaluate our staff's performance in caring for you. Medical information about you and other hospital patients may also be combined to allow us to evaluate whether the hospital should offer additional services or discontinue other services and whether certain treatments are effective. We may also compare this information with other hospitals to evaluate whether we can make improvements in the care and services that we offer. To best protect your privacy when we are combining medical information, we will make best efforts to remove information that identifies you.

For another provider's treatment, payment or healthcare operations: The law also permits us to disclose your protected health information to another healthcare provider involved with your treatment to enable that provider to treat you and get paid for those services as well as for that provider's healthcare operations involving quality reviews or assessments or compliance audits.

b) We can use or disclose health information about you without your authorization:

- When it is required by law;
- When it involves use and disclosure for public health activities, such as mandated disease reporting, etc.;
- When reporting information about victims of abuse or neglect;
- When disclosing information for the purpose of medical device tracking and/or health oversight activities, such as audits, investigations, licensure or disciplinary actions, or legal proceedings or actions;
- When disclosing information for judicial and administrative proceedings in accordance with state and/or federal law, for instance, in response to a court order, such as a court-ordered subpoena;

**FREEMAN HEALTH SYSTEM
NOTICE OF PRIVACY PRACTICES**

- When disclosing information for law enforcement purposes, for instance, to locate or identify a suspect, fugitive, witness or missing person or regarding a victim of a crime who can not give consent or authorization because of incapacity;
- When disclosing information about deceased persons to medical examiners, coroners, and funeral directors;
- When disclosing or using information for organ and tissue donation purposes;
- When disclosing information related to a research project when a waiver of authorization has been approved by the Institutional Review Board and/or the Privacy Committee;
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or to the public's safety;
- When disclosure is necessary for specialized government functions, such as military service, for the protection of the president, or for national security and intelligence activities;
- When required by military command authorities, if you are a member of the armed forces (or if foreign military personnel, to appropriate foreign military authorities);
- In the case of a prison inmate, information can be released to the correctional facility in which he or she resides for the following purposes: (1) for the institution to provide the inmate with healthcare; (2) to protect the health and safety of the inmate or the health and safety of others; or (3) for the safety and security of the correctional facility; and
- When disclosure is necessary to comply with worker's compensation laws or purposes.

Planned uses or disclosures to which you may object:

We will use or disclose your health information for any of the purposes described in this section unless you affirmatively object to or otherwise restrict a particular release. You must direct your written objections or restrictions to the contact listed on the first page of this notice.

- We may use or disclose your health information to contact you and remind you of an appointment you have for treatment or medical care.
- We may use or disclose your health information to provide you with information about or recommendations of possible treatment options or alternatives that may interest you.
- We may use and disclose your health information to inform you about health benefits or services that may interest you (i.e. support groups, educational events or disease management).
- We may use or disclose your health information in order to include you in the hospital's patient directory. Directory information includes your name, location in the hospital, your room number, and condition. We may disclose this information to people who ask for you by name. In addition, a member of clergy may obtain your religious affiliation.
- We may use health information about you to contact you about charitable functions or donations on the hospital's behalf. A foundation related to the hospital may receive contact information, which includes your name, address, and phone number, and the dates that you received services from the hospital.

**FREEMAN HEALTH SYSTEM
NOTICE OF PRIVACY PRACTICES**

- We may release health information about you to your personal representative, a friend and/or family member who is involved in your care, if applicable to state and/or federal regulations. We can tell your personal representative, family and/or friend of your condition and that you are in the hospital for treatment or services. We can also give this information to someone who will help or is helping to pay for your care.
- We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts, i.e., the American Red Cross, for the purpose of notification of family and/or friends of your whereabouts and condition.
- We may use health information to report to the appropriate government authority if we believe a patient has been the victim of domestic violence. We will only make this disclosure if you agree.

Other uses or disclosures:

Uses or disclosures not covered in this Notice of Privacy Practices will not be made without your written authorization. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is in writing, unless we have taken action in reliance upon your prior authorization, or unless you signed the authorization as a condition of obtaining insurance coverage. For example, we must have your written authorization before we would be able to use or disclose psychotherapy notes, use your healthcare information for marketing purposes or sell healthcare information. If you revoke your authorization, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization.

Your rights with respect to personal health information:

- **Right to request restrictions:** You have the right to request that we restrict any use or disclosure of your health information. We are not required to agree to any restriction that you request. If we do agree to adhere to your restrictions, we will comply with your request unless the information is needed to provide you emergency treatment. Any request to restrict uses or disclosures must be made in writing to the contact listed on the first page of this notice. Your request must indicate (1) what information you want limited; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply. You have the right to request restriction of the disclosure of health information to your insurance companies such as diagnoses, procedures and results when you pay for the service in full out-of-pocket.
- **Right to receive information in certain form and location:** You have the right to receive information about your health in a certain form and location. For instance, you can request that we not contact you at work. To request confidential communications, make a written request to the contact listed on the first page of this notice. The request must tell us how and/or where you want to receive information. We will accommodate reasonable requests.
- **Right to inspect and copy personal health information:** You have the right to inspect and copy your health information that may be used to make decisions about your care, with the exception of psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. If you want to see or copy your medical information, submit a written request to the Medical Records Release of Information Department. You may request the information be provided to you in electronic format or machine readable format such as MS Word, HTML, and PDF. If you request copies of information, we may charge a fee for any costs associated with your request, including the cost of copies, mailing or other supplies.

**FREEMAN HEALTH SYSTEM
NOTICE OF PRIVACY PRACTICES**

- **Right to Receive Notice of Breach:** You have the right to receive a notice when there has been an unauthorized access, acquisition or disclosure of your protected health information. If the breach involves multiple people living at the same address, one notice may be sent where each person involved in the breach is identified.

In limited circumstances, we can deny access to your health information. If access is denied, you can request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. We will adhere to the decision of the reviewer.

- **Right to request amendment to personal health information:** You have a right to request that your health information be amended if you believe that it is incorrect or incomplete. You have a right to request amendments for as long as the information is kept by Freeman Health System. To request an amendment to your information, you must submit it in writing to the contact listed on the first page of this notice. In addition, you must give the reason that you want the information amended, including why you think the information is incorrect or incomplete.

We can deny your request if it is not in writing and if it does not include a reason why the information should be amended. We can also deny your request for the following reasons: (1) the information was not created by the hospital, unless the person or entity that did create the information is no longer available; (2) the information is not part of the medical record kept by or for the hospital; (3) the information is not part of the information that you would be permitted to inspect and copy; or (4) we believe the information is accurate and complete.

- **Right to an accounting of disclosures:** You have the right to receive an accounting of disclosures of medical information that we have made, with some exceptions. You must submit your request in writing to the contact listed on the first page of this notice. Your request must state the time period that may not be longer than six years and may not include dates before April 14, 2003. You should include how you want the information reported to you, i.e., by paper, electronically, etc. You have the right to receive a free accounting every 12 months. If you request more than one accounting in a 12-month period, we may charge you a reasonable fee for the costs of providing that list. We will notify you of the charge for such a request and you can then choose to withdraw or change your request before any costs are incurred.
- **Right to a paper copy of this notice:** Even if you have agreed to receive this notice in another form, you can still have a paper copy of this notice. To obtain a paper copy of this notice, contact the Marketing Department. You can obtain a copy of this notice at freemanhealth.com.

Complaints:

If you believe that we have violated any of your privacy rights or have not adhered to the information contained in this notice, you can file a complaint by putting it in writing and sending it to the contact listed on the first page of this notice.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint with either the hospital or the U.S. Department of Health and Human Services.

Changes to this Notice of Privacy Practices:

We reserve the right to change or modify the information contained in this notice. Any changes that we make will be effective for any health information that we have about you and any information that we might obtain. Each time you receive services from the hospital, we will make available to you the most current copy of our notice. The most recent version of the notice will be posted in our buildings. Also, you can call or write our contact person, whose information is included on the first page of this notice, to obtain the most recent version.