

Southwest Medical Center
15th At Pershing
Liberal, Kansas 67901

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.

Your confidential healthcare information may be released without your knowledge or authorization:

- ◆ to healthcare professionals for the purpose of providing you with quality healthcare.
- ◆ to your insurance provider for the purpose of the hospital receiving payment for providing you with needed healthcare services.
- ◆ for healthcare operations of Southwest Medical Center in accordance with governing and regulatory agency activities.
- ◆ to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- ◆ to other healthcare providers in the event you need emergency care.
- ◆ to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- ◆ to medical examiners, coroners or funeral directors to aid in identifying you or to help them in performing their duties.
- ◆ to organ, tissue and other donation organizations upon or proximate to your death, if we have no indication available about your donation preferences.

Your confidential health care information may not be released without your knowledge for any purpose other than that which is identified in this notice. Any other release requires a written authorization from you including:

- uses and disclosures for marketing purposes
- disclosures that constitute a sale of your protected health information.
- uses and disclosures of psychotherapy notes.

You may revoke your permission to release confidential healthcare information at any time.

You may be contacted by the hospital to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you for the purpose of raising funds to support the hospitals operations.

You have the right to:

- restrict the use of your confidential healthcare information. However, the hospital may choose to refuse your restriction if it is in conflict with providing you with quality healthcare or in the event of an emergency situation.
- receive confidential communication about your health status.
- review and photocopy any/all portions of your healthcare information except psychotherapy notes.
- make changes to your healthcare information.
- know who has accessed your confidential information and for what purpose.
- possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- to be notified upon a breach of any of your unsecured Protected Health Information.
- if you paid out-of-pocket in full for a specific service or item, you have the right to ask that your Protected Health Information, with respect to that item or service, not be disclosed to a health plan for purposes of payment or health care operations.
- opt out of receiving communications for fundraising purposes.

Your Rights Regarding Electronic Health Information Exchange:

Southwest Medical Center participates in electronic health information technology or HIT. This technology allows a provider or a health plan to make a single request through a health information organization or HIO to obtain electronic records for a specific patient from other HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIT. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything.

Second, you may restrict access to **all** of your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at <http://www.KanHIT.org> or by completing and mailing a form. This form is available at <http://www.KanHIT.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIT or HIOs, please visit <http://www.KanHIT.org> for additional information.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

Organized Healthcare Arrangement (OCHA)

This Notice also describes the privacy practices of an “organized health care arrangement” or “OHCA” between the Hospital and eligible providers on its Medical Staff. Because the Hospital is a clinically-integrated care setting, our patients receive care from Hospital staff and from

independent practitioners on the Medical Staff. The Hospital and its Medical Staff must be able to share your medical information freely for treatment, payment and health care operations as described in this Notice. Because of this, the Hospital and all eligible providers on the Hospital's Medical Staff have entered into the OHCA under which the Hospital and the eligible providers will:

- Use this Notice as a joint notice of privacy practices for all inpatient and outpatient visits and follow all information practices described in this notice;
- Obtain a single signed acknowledgment of receipt; and
- Share medical information from inpatient and outpatient hospital visits with eligible providers so that they can help the Hospital with its health care operations.

The OHCA does not cover the information practices of practitioners in their private offices or at other practice locations.

Southwest Medical Center is required by law to protect the privacy of its patients and will abide by the terms of this notice or any update of this notice. Southwest Medical Center reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Updates or reissue of this notice will be given to you at your request.

You have the right to complain to the Region VII Office of Civil Rights and/or this hospital if you believe your rights have been violated. If you feel your privacy rights have been violated, please mail your complaint to:

Privacy Official
Southwest Medical Center
P.O. Box 1340
Liberal, KS 67905

All complaints will be investigated. The law forbids us from taking any retaliatory action against you if you complain.

You may also contact:

Region VII Office for Civil Rights
U.S. Department of Health and Human Services
601 East 12th Street-Room 353
Kansas City, MO 64106
Customer Service Response Center (800) 368-1019
Fax (202) 619-3818
TDD (800) 537-7697
Email ocrmail@hhs.gov

For further information about this Privacy Notice, please contact:

Southwest Medical Center Privacy Official
Phone: 620-629-6528
Toll Free: 1-800-630-6563
Fax: 620-629-2427

This notice is effective April 14, 2003
Revised August 2009
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Revised September 2013
Revised: June 2018