**NOTICE OF PRIVACY PRACTICES**

Kiowa County Memorial Hospital/Greensburg Family Practice

721 W. Kansas Ave.

Greensburg, KS 67054-0616

Telephone (620) 723-2127 Fax (620) 723-2195

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This Notice of Privacy Practices is effective as of 01/01/2023.

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| **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.** |

**UNDERSTANDING YOUR HEALTH INFORMATION – HOW IT IS USED AND HOW IT MAY BE SHARED WITH OTHERS:** There are laws that require we give this Notice to you about what we do with your health information. This Notice is about the health information we keep while you are receiving care in the Hospital.

**WHAT IF YOU HAVE QUESTIONS ABOUT THIS NOTICE?** If you do not understand this Notice or what it says about how we may use your health information, please contact:

Kiowa County Memorial Hospital

ATTN: Privacy Officer

721 W. Kansas Ave.

Greensburg, KS 67054-0616

**WHAT IS YOUR HEALTH RECORD OR HEALTH INFORMATION?** When you go to a hospital, doctor, or other health care provider, a record is made that tells about your treatment. This record will have information about your illnesses, your injuries, signs of illness, exams, laboratory results, treatment given to you, and notes about what might need to be done at a later date. Your health information could contain all kinds of information about your health problems. The hospital keeps this health information and can use this information in many different ways. What we do with your health information and how we can use and share this information is what the rest of this Notice describes.

**WHAT IS THE RESPONSIBILITY OF THE HOSPITAL WHEN IT COMES TO YOUR HEALTH INFORMATION?** The law requires that this Hospital must do the following when it comes to handling your health information.

* Keep your health information private, only giving it out when allowed by law to do so;
* Explain our legal duty and our rules about keeping your health information private to you;
* Follow the rules given in this Notice;
* Let you know when we can’t agree with a request or demand you may make to restrict the sharing of your health information with others.
* Help you when you want your health information sent in a different way than it usually is sent or to a different place than it usually is sent.

We will not give out your health information without your permission except in certain cases explained in this Notice. There are laws that say we can give out our health information to others without your permission. The Hospital will follow these laws. The Hospital can give out your health information electronically (over computer networks, for example) or by facsimile.

**WHAT ARE YOUR HEALTH INFORMATION RIGHTS?** Your health information is the property of the doctor or hospital that wrote it. The information contained in your health information belongs to you. You have certain rights concerning this health information. The following is a list explaining your rights.

* You Have the Right to Look at Your Health Information and You Can Get a Copy of This Information Which May Be Used to Help With Your Care. This information will usually include medical and billing records. Your information will not have psychotherapy notes and information that is made to be used in a court proceeding or information covered by special laws. If you want to see your health information and get a copy of your health information, you must write a request to the Contact Person. If you are disabled or ill, you can make this request over the phone or in person. You may be charged for copies and mailing. We may refuse your request for your health information. If we refuse you, you will be told in writing. If we refuse, you can have the decision to not allow you to see your health information reviewed. A neutral person will review your request and we will do what they say.
* Health oversight Activities. We may give out your health information without your permission to a special group who checks up on hospitals to make sure they’re following the rules. These special groups investigate, inspect, and license hospitals. This is necessary for our government to know about our hospitals and that they are following the rules and the laws.
* Lawsuits and Disputes. We may give out your health information if you are involved in a lawsuit or dispute. If a court orders that we five out your health information even if you are not involved in a lawsuit or dispute, we may also give out your health information. Other reasons that may cause us to release your health information would be if there is an order to appear in court, a discovery request, or other legal reason by someone else involved in a dispute. There must be an effort made to tell you about this request or an order to make sure that the information they want is protected.
* Law Enforcement. We may give out your health information if asked for by a police official for the following reasons: for a court order. Subpoena, warrant, or summons; to find a suspect, fugitive, witness, or missing person; to find out about the victim of a crime if we cannot get the person’s ok; about a death we believe may be the result of a crime; about some crime that happens at the Hospital; in emergencies to report a crime, the place where the crime happened, the victim of the crime, or the identity, description or whereabouts of the person who committed the crime.
* Coroners, Medical Examiners and Funeral Directors. We may give out your health information to a coroner or medical examiner to identify a person who has died or determine the cause of death. We may also give out health information to funeral directors so they can carry out their duties.
* National Security and Intelligence Activities. We may give out your health information to federal authorities for intelligence, counter-intelligence, and other situations involving our national safety.
* Protective Services for the President and Others. We may give out health information about you to federal officials so they can protect the President or other officials or foreign heads of state or so they may conduct special investigations.
* Inmates. If you are an inmate of a prison or placed under the charge of a law enforcement official, we may give out your health information (1) to the prison to provide you with health care; (2) to protect the health and safety of you and others; or (3) for the safety of the prison.
* Redisclosure. When we use or give out your health information it may contain information we received from other hospitals and doctors.

**GIVING PERMISSION AND REVOKING PREVIOUS PERMISSION TO USE OR DISCLOSE YOUR HEALTH INFORMATION:** Except as stated in this Notice, in order for us to give out your information, you have to complete a written authorization form. If you want, you can later choose not to let us give out your health information. You can do this at any time. Your request to later stop permission to give out your health information must be in writing and sent to the Hospital. It is not possible for us to take back any information we have already given out about you that we made with your permission.

**WHAT SHOULD YOU DO IF YOU HAVE A COMPLAINT CONCERNING YOUR HEALTH INFORMATION?** If you believe your right to privacy has been violated, you can write a complaint and give it to the Hospital or to the U.S. Department of Health and Human Services. To find out how exactly to file a complaint with either the Hospital or the U.S. Department of Health and Human Services, ask the Hospital. THERE IS NO PENALTY FOR FILING A COMPLAINT.

**IF CHANGES ARE MADE TO THIS NOTICE:** we will give you a copy of this Notice the first time we treat you and whenever you request it. We have the right to change this Notice at any time without letting people know we are going to change it. We have the right to make the changed Notice apply to health information we already have about you as well as any information we receive in the future. WE will post a copy of the newest Notice in the Hospital. You will find the date the Notice takes effect at the top of the first page below the title. You can get a copy of this Notice at any time by contacting the Contact Person listed above. You may get a copy of the current Notice each time you are admitted to the Hospital for treatment.