



## **NOTICE OF PRIVACY PRACTICES AND PATIENT/RESIDENT/PARTICIPANT RIGHTS**

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. Effective Date April 2,2018.

If you have any questions about this Notice, please contact our Privacy Officer at:

2609 Glenn Hendren Drive, Suite G100, Liberty, MO 64068 - Telephone: 816-335-0059 – Fax: 816-368-5311

### **Our Responsibilities**

Norterre (“Community”) is committed to protecting the privacy of your protected health information. We create a record of the care and services you receive at Community to provide you with quality care, and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your medical information. We are required by law to maintain the privacy of your protected health information and to abide by the terms of this Notice. We will notify you following a breach of unsecured protected health information in the event you are affected.

### **Written Acknowledgement**

You will be asked to sign a written statement acknowledging that you have received a copy of this Notice. This one-time acknowledgement serves to create a record you were given a copy of this Notice.

### **Changes to this Notice**

We may change the terms of this Notice at any time. The new Notice will be effective for all medical information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. To request a revised copy, you may call our office and request that a revised copy be sent to you in the mail, or you may ask for one at the time of your next appointment. The current version of the Notice of Privacy Practices will also be posted in our office and on our website.

### **How will we use and disclose information about you without your written authorization?**

- 1) **Treatment:** We may use information about you to provide you with services and supplies. We may also disclose information about you to others that need the information to treat you, such as doctors, physician assistants, nurses, students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your health record to assist in your treatment and for follow-up care. We may make your health information available electronically through an electronic health information exchange (HIE) to other health care providers and health plans that request your information for their treatment and payment purposes.
- 2) **Appointment Reminders:** We may disclose information about you to contact you to remind you of an upcoming appointment.
- 3) **Notification:** We may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition.
- 4) **Health Care Operations:** Members of the risk or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used to continually improve the quality and effectiveness of health care we provide.
- 5) **Business Associates:** There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform such services.
- 6) **Payment:** We may use and disclose information about you to get paid for the services and supplies we provide to you. For example, your health plan or health insurance company may request to see parts of your health record before they will pay us for your treatment.

- 7) Research: We can use or share your information for public health research. We must meet many conditions in the law before we can share your information.
- 8) Organ and Tissue Donation Requests: We can share health information about you with organ procurement organizations.
- 9) As Required by Law: We may disclose health information about you when we are required to do so by federal, state or local law. We may also disclose health information to the following types of entities:
  - Food and Drug Administration
  - Public Health or legal authorities charged with disease prevention
  - Correctional institutions
  - Workers Compensation Agents
  - Funeral Directors, Coroners and Medical Examiners
  - Health Oversight Agencies
  - National Security and Intelligence Agencies
  - Law enforcement as required by law or in accordance with a valid subpoena
  - To avoid a serious threat to the health and safety of a person or the public

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **Your Health Information Rights**

- 1) Inspect and Copy: You may request to look at your medical and billing records and obtain a copy. You must submit your medical records request to the Health Information Management Department. We will provide a copy of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- 2) Request Amendment: You may request that your health information be amended if you feel that the information is not correct. Your request must be in writing and provide rationale for the amendment. Please send your request to the Health Information Management Department. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- 3) Request Restrictions: You may request restrictions on how your health information is used for treatment, payment or health care operations or disclosed to certain family members or others who are involved in your care.
- 4) Request Confidential Communication: You can ask us to contact you in a specific way or to send mail to a different address.
- 5) Request Disclosures: You may request to receive an accounting of disclosures of your health information for six years prior to the date you ask. We will include who we shared it with and why.
- 6) Request a Paper Copy of this Notice: You may request an additional paper copy of this Notice at any time.
- 7) Advance Directive: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

If you believe your privacy rights have been violated contact the Community Privacy Officer by mail at Norterre, 2609 Glenn Hendren Drive, Suite G100, Liberty, MO 64068, by email at [PrivacyOfficer@Norterre.org](mailto:PrivacyOfficer@Norterre.org), or by phone at 816-479-5558. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). There will be no retaliation for filing a complaint.