

**JOINT NOTICE OF PRIVACY PRACTICES
OF
Franciscan Care Services, Inc.**



WHO WILL FOLLOW THIS NOTICE:

- Any healthcare professional authorized to enter information into your hospital, clinic or HHC chart
- All Departments of St. Francis Memorial Hospital, Dinklage Medical Clinic, and St. Francis Home Health Care
- Any member of a volunteer group we allow to help you while you are in the hospital
- All employees, staff, and other hospital, clinic, Home Health Care personnel
- OHCA (see page 5)

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for the treatment, payment and hospital operations described in this Notice.

Each time you receive care at FCS, Inc.; a record is made of your visit. Your medical record may include your symptoms, what was found during the exam, test results, diagnosis, treatment given and a plan for the future care of treatment. Your financial record may include facts about your bill and insurance. Together this is called your **Protected Health Information.**

Your Protected Health Information serves as a:

- Basis for planning your care and treatment
- Means of communication among many health professionals who have a role in your care
- Legal document describing the care you received
- Record by which you or your insurance company can check that services billed were provided
- Source of information to:
 - Educate health professionals
 - Provide data for medical research
 - Improve public health
 - Plan and market the hospital
 - Improve the care we give

Understanding how your Protected Health Information is used helps you

to:

- Ensure accuracy
- Follow the agreed-upon treatment plan
- Know who, what, when, where and why others may use all or part of your protected health information
- Make a more informed decision when giving permission to share information with appropriate companies, agencies and healthcare workers.

Your Protected Health Information Rights:

Although your medical records and financial records are property of FCS, Inc., the information belongs to you. FCS, Inc. complies with all federal and state laws and regulations that apply to this topic. We have policies that give you the right to request in writing your desire to:

- Restrict with whom we may share your protected health information
- Look at and get all or part of your protected health information
- Obtain an accounting of disclosures of your protected health information
- Request to amend your protected health information
- Have us communicate with you in a certain way or at a certain location
- Change your mind about sharing your protected health information except for what has already been shared

Our Responsibilities

FCS, Inc. is required to:

- Protect the privacy of your protected health information
- Provide you with a current copy of the Joint Notice of Privacy Rights and Practices
- Do what we say we'll do in this notice
- Display the most current copy of this Notice on the website:
www.fcswp.org
- Notify you if we are unable to agree to your written request. FCS, Inc. will honor patient requests whenever possible.

We will use and share your protected health information only with your permission, except as described in this Notice or as required by state or federal regulations.

We have the right to change this Notice and apply it to the protected health information we already have about you and any we receive in the future.

Examples of sharing information for Treatment, Payment, and the Operation of FCS, Inc.

1. We will use your protected health information for Treatment

For Example:

- Information obtained by a nurse, doctor or other member of your healthcare team will be written in your medical record and used to determine the treatment that should work best for you. Members of your healthcare team will document their actions, your progress and response to treatment.

- We will provide any facility or provider involved in your care the information that may assist in your treatment.
- When you are no longer receiving care at FCS, Inc., we will provide information to any healthcare provider that cares for you. These copies of your medical record help them continue your plan of care after discharge.

2. We will use your protected health information for Payment.

For Example:

- We will send a bill to you and/or your insurance company. The information may include your name, diagnosis, procedures, and supplies used.
- We will provide needed information to other healthcare providers for their billing purposes. For example, if you are brought in by ambulance, the information collected will be given to the ambulance provider for their billing purposes.

3. We will use your protected health information for the Operation of FCS, Inc.

For Example:

- FCS, Inc. staff members may use information in your medical record to assess the results of your care. This information is used to improve the services we provide.
- FCS, Inc. may share your protected health information with other healthcare providers for their operations if they have or had a relationship with you

4. We will allow our business associates to use your protected health information if needed.

For Example:

- People or companies, known as business associates, who are not employed by us provide some services such as Financial Auditors and Radiologists.
- FCS, Inc. requires business associates to protect patient's health information.

5. We may provide information about you in the hospital directory.

For Example:

- Unless you tell us not to, we may include certain limited information about you in the hospital directory while you are a patient. This information may include your name, location within the facility and general condition in terms that do not communicate specific medical information about you. The directory information may also be released to people who contact the hospital and ask for you by name. This is so your family, friends and the clergy may visit you in the hospital.

6. We may give your protected health information to individuals involved in your care or payment for your care.

For Example:

- We may release protected health information about you to a friend, family member or any other person identified by you as being involved in your medical care or who is involved in the payment of your care. We will only release this information if you agree to the disclosure, are given the

opportunity to object to such a disclosure and do not, or if in our professional judgment it would be common practice that it is in your best interest to allow a person to act on your behalf.

7. We may call you about appointments or treatment.

For Example:

- To speed up your registration, **we may call ahead for information and/or to remind you of appointments.**
- Provide treatment alternatives or other health related benefits and services that may be of interest to you.

8. We may use your protected health information for fundraising activities.

For Example:

- We may use medical information about you to contact you in an effort to raise money for the hospital and its operations.
- If you don't want to be contacted for fundraising efforts you must contact the foundation in writing.

9. We may use your protected health information for research.

For Example:

- FCS, Inc. may disclose information to researchers when a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your medical information has approved their research.

10. We will provide your protected health information to coroners, medical examiners and funeral directors.

For Example, this could be needed to:

- Identify a deceased person.
- Allow funeral directors to carry out their duties.

11. We will share your protected health information with organ transplant organizations.

For Example:

- Following state law, we will share protected health information with organizations or groups that manage, bank, or transplant organ and tissue donations.

12. We will share protected health information about you to assist public health activities or as required by law.

For Example to:

- Prevent or control disease, injury, or disability.
- Report births, deaths and child abuse and neglect.
- Report reactions to medications or problems with faulty products or medical equipment.
- Notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition.
- Notify an appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

13. We will use your protected health information for Worker's Compensation.

For Example:

- If you are injured on the job, we will share medical information about you for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

14. We will share your protected health information with a correctional institution.

For Example, if you are an inmate or in the custody of law enforcement your information will be shared to:

- Provide you with health care.
- Protect your health and safety.
- Protect the health and safety of others.
- Assist in the safety and security of the correctional institution.

15. We will give your protected health information to law enforcement.

For Example, we will share your protected health information as needed:

- In response to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- If we suspect you are the victim of an accident or crime.
- If death occurs, which we believe may be the result of a crime.
- In an emergency to report a crime committed on the premises; the location of the crime or victims; or identity; description or location of the person who committed the crime.

ORGANIZED HEALTH CARE ARRANGEMENT

FCS, Inc. hospital staff and independent providers who belong to the Medical Staff must be able to share protected health information freely for treatment, payment, and health care operations. Therefore, each eligible provider on the Hospital's medical staff has entered into an "Organized Health Care Arrangement" or OHCA. Under the OHCA, each provider will:

- Use a Joint Notice of Privacy Practices (this Notice) for all inpatients and outpatient visits.
- Obtain a single signed acknowledgement of receipt.
- Share protected health information from inpatient and outpatient hospital visits with eligible providers so that they can help the hospital with its health care operations.
- Follow the privacy and information practices described in this Notice. Each OHCA participant is individually responsible to follow the practices in this Notice.

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

COMPLAINTS

If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint with the Hospital using the contact information at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

CONTACT INFORMATION

Health Information Management (HIM)
St. Francis Memorial Hospital
430 N. Monitor
West Point, NE 68788

Privacy Officer
Dinklage Medical Clinic
500 E. Decatur Street
West Point, NE 68788

EFFECTIVE DATE OF NOTICE: April 14, 2003.