

- 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, identify, description, or location of the person who committed the crime.

**ORGANIZED HEALTH CARE ARRANGEMENT**

Annie Jeffrey Health Center 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 inpatient 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.

**Complaints or questions about about your privacy rights must be made in writing to the Privacy Officer at Annie Jeffrey Health Center, P.O. Box 428, Osceola, NE 68651. If you have questions with regard to contents of this Notice, please call (402) 747-2031.**

**If you believe your privacy rights have been violated, you have the right to file a complaint in writing with the Secretary of Health and Human Services. Nothing will be held against you for filing a complaint.**

NOTICE OF  
**PRIVACY  
RIGHTS  
AND  
PRACTICES**

PATIENT EDUCATION  
EFFECTIVE: APRIL 14, 2003



*Annie Jeffrey*  
MEMORIAL COUNTY  
HEALTH CENTER

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

**WHO WILL FOLLOW THIS NOTICE?**

- Annie Jeffrey Memorial County Health Center
- Any health care professional authorized to enter information into your medical chart.
- All departments and units of Annie Jeffrey Health Center.
- All employees, staff, and other Annie Jeffrey Health Center personnel.
- Any member of a volunteer group we allow to help you while you are in the hospital.

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 Annie Jeffrey Health Center, a record is made of your visit. Your record may include your symptoms, what was found during the exam, test results, diagnoses, treatment given, and a plan for your future care and 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 care professionals who have a role in your care.
- Legal document describing the care you received.
- Record by which you or your insurance company is able to 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 to help you:**

- Ensure accuracy
- Follow the agreed-upon treatment plan
- Know who, what, when, where, and why others may use 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 Care Information Rights**

Although your medical and financial records are the property of Annie Jeffrey Health Center, the information belongs to you. Annie Jeffrey Health Center complies with all federal and state laws and regulations applying to this topic. We have policies giving 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**

Annie Jeffrey Health Center is required to:

- Protect the privacy of your protected health information
- Provide you with a current copy of the Notice of Privacy Rights and Practices
- Do what we say we'll do in this notice
- Display the most current copy this Notice on the website: [www.ajhc.org](http://www.ajhc.org)
- Notify you if we are unable to agree to your written request. Annie Jeffrey Health Center 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 our policies and procedures and apply these changes to the protected health information we already have or may receive about you in the future.

**Examples of sharing information for Treatment, Payment and the Operation of Annie Jeffrey Health Center**

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 and your progress and response to treatment.
- We will provide any facility or provider involved in your care with information that may assist in your treatment.
- When you are no longer receiving care at Annie Jeffrey Health Center, we provide information to any healthcare provider that cares for you. Copies of your medical record help other providers 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 have been treated by one of our specialty physicians, we will provide the physician with your billing information.

3. We will use your protected health information for the Operation of Annie Jeffrey Health Center.

**For Example:**

- Annie Jeffrey Health Center 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.
- Annie Jeffrey Health Center may share your protected health information with other health-care 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.
- Annie Jeffrey Health Center requires business associates to protect patients' 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, 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 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, 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 a common practice that it is in your best interest to allow a person to act on your behalf.

7. We may call you about an appointment or treatment.

**For Example:**

- To speed up registration, we may call ahead for information and/or remind you of appointments.
- To 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 do not wish to be contacted for fund raising efforts contact the hospital in writing.

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

**For Example:**

- Annie Jeffrey Health Center approved research includes your protected health information only with your written permission.

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

**For Example:**

- 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:**

- Prevent or control disease, injury, or disability.
- Report births, deaths, and child abuse and neglect.
- Report reactions to medications or problems with faulty products.
- 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 Workers' Compensation.

**For Example:**

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

14. We will use 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 a victim of an accident or crime.