

# Notice of PRIVACY POLICIES at Hutchinson Hospital



*This brochure describes how medical information about you may be used and disclosed and how you can get access to this information.*

*Please review this information carefully*

*The health record we maintain and billing records are the physical property of Hutchinson Hospital. The information in it, however, belongs to you.*

## **Section 1: How your medical information may be used or disclosed.**

### **Treatment Purposes**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you at the hospital.

*For example:* A doctor treating you with a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian you have diabetes so that we can arrange for appropriate meals.

We will also provide a copy of your records to a consultant, a physician, or healthcare provider who will be caring for you after your discharge from the hospital.

### **Payment Purposes**

We may use and disclose health information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party payor. For example, we may need to give your insurance company information about the surgery you received so your carrier will make payment.

### **Healthcare Operations**

We may use and disclose health information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

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## **Communication**

We may use your address and/or telephone number to contact you about appointments, to report test results, to check on your welfare following treatment, to complete satisfaction surveys, or to provide information about treatment alternatives or other health-related services that may interest you. We may leave a message on your answering machine.

## **Business Associates**

There are some services provided at Hutchinson Hospital through contacts with business associates. Our business associates include collection agencies, auditors, and records storage firms. When we use these services, we may disclose your health information to our business associates so they may perform the job we have asked them to do. We require the business associate to protect your information.

## **Research**

We may disclose information to researchers who have proper approval and will ensure the privacy of your health information.

## **Funeral Directors/Coroners**

We may disclose health information to funeral directors/coroners so they may carry out their duties as permitted by law.

## **Organ Procurement Organizations**

We may disclose health information to organ banks and other agencies involved in organ or tissue donation and transplant.

## **Fund-Raising**

We may contact you as part of a fund-raising effort.

## **Food and Drug Administration (FDA)**

We may disclose health information to the FDA relative to adverse events with respect to food, supplements, product and product defects, or relative to post marketing surveillance information to enable product recalls, repairs, or replacement.

## **Workers Compensation**

We may disclose health information to your employer, or to public health or legal authorities charged with preventing or controlling disease, injury, or disability in the workplace.

## **Public Health**

We may disclose your health information, as required by law, to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

## **Abuse & Neglect**

We may disclose your protected health information to the public authorities as allowed by law to report abuse or neglect.

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## Correctional Institutions

If you are an inmate of a correctional institution, we may disclose to the institution or its agents the health information necessary for your health and the health and safety of other individuals.

## Law Enforcement

We may disclose health information for law enforcement purposes as required by law, such as when required by a court order, or in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement.

## Health Oversight

Federal law allows us to release your health information to appropriate health oversight agencies or for health oversight activities.

## Judicial/Administrative Proceedings

We may disclose your health information in the course of any judicial or administrative proceeding: 1) if you give your consent; 2) if allowed or required by law; or 3) if directed by a proper court order.

## Threat to Health & Safety

We may disclose your health information for special government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

## Other Uses

Other uses and disclosures besides those identified in this notice will be made only if allowed by law or with your written authorization. You may revoke the authorization as described in [Section 3](#).

If a member of our staff or a business associate believes in good faith that we have engaged in unlawful conduct or have violated professional or clinical standards, he or she may release health information to an appropriate health oversight agency, public health authority, or attorney.

## Section 2: Unless you tell us you object.

### Directory

We may use your name, location, room telephone number, general condition, and religious affiliation for directory purposes. This information may be provided to a member of the clergy or a church representative, and except for religious affiliation, to other people who ask for you by name.

### Notification

Using our best judgment, we may disclose to a relative or any other person you identify, health information relevant to that person's involvement in your care or in payment for your care. We may also tell your family or another person responsible for your care, your location in the hospital and general condition.

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## **Section 3: Your rights regarding health information**

You have the right to request a restriction on certain uses and disclosures of your medical record. We are not required to grant the request.

You have the right to obtain a paper copy of the Notice of Privacy Practices for Protected Health Information.

You may request to view and receive a copy of your health record and billing record.

You have the right to appeal if you are denied access to your medical record, providing your request is not prohibited by law.

You have the right to request that your records be amended if you believe the record is incorrect or incomplete.

You have the right to file a statement of disagreement if your amendment is denied. You may also require that the request for amendment and any denial be attached in all future disclosures of your medical record.

You have the right to an accounting of your medical record disclosures. This applies only to disclosures that are required by law. It does not include disclosures of information for treatment, payment, or operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care.

You have the right to request that communication of your health information be made by alternative means or at an alternative location.

Unless information or action has already been taken, you have the right to revoke any authorizations you have made regarding the disclosure of your information.

*Requests should be made in writing using forms we will provide. Please ask a staff person.*

## **Understanding your medical record**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care and treatment. It also includes billing documents for those services. This information is referred to as your medical record or as your "protected health information."

Hutchinson Hospital is required to:

- maintain the privacy of your health information;
- provide you with a notice of our legal duties and our privacy practices regarding information we collect and maintain about you;
- abide by the terms of the notice currently in effect;

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- notify you if we are unable to agree to a requested restriction;
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

## **Our responsibilities to our patients**

*We will not use or disclose your health information without your authorization, except as described in this notice.*

Hutchinson Hospital reserves the right to change its practices and to make the new provisions effective for all protected health information we maintain. should our information practices change, we will make the new notice available at various places throughout the hospital and on our web site at [www.hutchinsonhospital.com](http://www.hutchinsonhospital.com).

## **To request information or file a complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact:

Hutchinson Hospital  
Privacy Officer  
(620) 665-2000

Also, if you believe your privacy rights have been violated, you may file a written complaint at our office by delivering the written complaint to:

Hutchinson Hospital  
Privacy Officer  
(620) 665-2000

You may also file a privacy complaint by contacting the U.S. Department of Health and Human Services whose street address and phone number are as follows:

200 Independence Ave., SW  
Washington, D.C. 20201  
(202) 619-0257

We cannot, and will not, require you to waive the right to file a privacy complaint with the Secretary of Health and Human Services as a condition of receiving treatment from Hutchinson Hospital.

We cannot and will not retaliate against you for filing a privacy complaint with the Secretary.