

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: August 1, 2007 Updated: February 2013. If you have questions about this notice call (308) 865-2759.

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of Protected Health Information (PHI).

We Are Required By Law To:

- Keep your medical information private.
- Give you this notice describing our legal duties, privacy practices and your rights regarding your PHI.
- Follow the terms of the notice that is currently in effect.
- Notify you if a breach in the security of your Protected Health Information (PHI) occurs.

We Have the Right To:

Change our privacy practices and the terms of this notice at any time, as long as they are permitted by law. This includes information previously created or received before those changes. Notification will occur if any important change is made, and will be available upon request.

Use and Disclosure of Your Protected Health Information (PHI):

The following categories describe different ways that we use your PHI. Not every use or disclosure will be listed. However we have listed all of the different ways we are permitted to use and disclose PHI. We will not disclose any of your PHI for any purpose not listed below, without your specific written authorization. Any specific written authorization may be revoked at anytime by writing to us.

For Treatment: We may use PHI about you to provide you with medical treatment or services. We may disclose this information about you to doctors, nurses, technicians, health students, or other personnel who are involved in taking care of you. We may also share your PHI with other health care providers to assist them in treating you.

For Payment: We may use PHI to obtain payment for the services we provide. We may notify your insurance health plan, worker's compensation (when applicable) about a treatment you are going to receive, to obtain pre-approval or to determine whether your plan/worker's compensation will cover the treatment.

For Health Care Operations: We may use and disclose your PHI for our health care operations. This might include quality improvement measures, evaluation performance of employees, staff training, accreditation, obtaining certificates and licensure that we need in order to operate. This also includes business management and administrative activities.

Email and Answering Machines: We may use and disclose health information on an answering machine or by email to contact you regarding appointment changes and other services. Please let us know if you do not want us to contact you via your email address and your answering machine.

Other uses and Disclosures: As part of a treatment plan, payments, and health care operations, we may also use or disclose your PHI for the following purposes:

Notification: PHI used to notify or help notify a family member or other person responsible for your care. We will share information about your location in our facility, general condition and approximate wait time. If you are present, we will get your permission if possible, before we share this information. In the case of an emergency and/or if you are not able to give or refuse permission, we will share only the PHI that is directly necessary for your health care, according to our professional judgment to make decisions in your best interest.

Disaster relief: PHI will be shared with public/private organizations/persons who can legally assist in disaster relief efforts.

As Required By Law: PHI will be disclosed when required to do so by federal, state, or local law.

Research in Limited Circumstances: PHI for research purposes in limited circumstances where the research has been approved by the Governing Body. They will review and approve the research proposal to ensure privacy of your PHI.

Military and Veterans: Subject to certain requirements, we may disclose and/or use PHI for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of the State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Public Health Risks: As required by law, we may disclose your PHI to public health or official authorities charged with preventing or controlling disease, injury or disability, including suspected physical abuse, neglect or domestic violence. We may disclose your PHI to the Food and Drug Administration for purposes or reporting adverse events associated with product defects, problems, tracking and other activities. We may also, when authorized by law, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Court Orders and Judicial Administrative Proceedings: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request or other lawful process. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may share your PHI with law enforcement officials. We may share limited information with law enforcement officials concerning the medical information of a suspect, fugitive, material witness, crime or missing person. We may also share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Coroners, Health Examiner, Organ Donation and Funeral Directors: We may release PHI of a person who has died to these entities, so that they may carry out their duties.

YOUR RIGHTS REGARDING PHI ABOUT YOU:

- Right to inspect and copy your PHI, via written request to the Clinical Director. We may deny your request, in in our professional judgment we determine that the access requested will endanger your life or another's.
- The right to request a restriction on uses and disclosures of your PHI.
- The right to request to receive confidential communications from us by alternative means or locations.
- The right to request amendments to your PHI in writing with reasons to support such a request. In certain cases, we may deny your request for an amendment.
- The right to receive an accounting of certain disclosure other for purposes of treatment, payment or health care operations. These written requests must be submitted to our Clinical Director, and they may not be for a period of more than 6 years. We will provide the first request within any 12-month charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- The right to obtain a paper copy of this notice.
- The right to ask for a copy of your electronic medical record in an electronic form.
- If you pay for your service by cash, you can choose that we do not share information about your treatment with your health plan.
- Know that your PHI will not be used for fundraising purposes, nor will your PHI be sold, without your permission

CHANGES TO THIS NOTICE.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for treatment or health care services, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Clinical Director; 411 W 39th Street Kearney, NE 68845. 308 865-2759. All complaints must be submitted in writing.