

NOTICE OF PRIVACY PRACTICES

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

This Notice of Privacy Practices describes how Sarpy County may use or disclose your personal health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your health information.

We must follow the privacy practices contained in this notice. However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices apply to all health information we maintain. If we change our privacy practices, you will receive a revised copy.

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide you treatment and will use and disclose your protected health information for treatment, payment or health care operations when necessary.

WE MAY USE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION FOR THE FOLLOWING REASONS:

1. ***Treatment.*** We will use your health information for treatment. For example, health information obtained by a nurse, doctor, or other medical personnel will be recorded in your medical record and used to determine which treatment options best address your health needs. The treatment selected will be documented in your medical records, so that other health care professionals can make informed decisions about your care.
2. ***Payment.*** We will use your health information, as needed, to obtain payment for your health care services. For example, in order for an insurance company to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information onto an insurer in order to help receive payment for your medical bills.
3. ***Health Care Operations.*** We may use or disclose, as needed, your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These activities may include evaluating the performance of your doctors, nurses, and other health care professionals, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations.

4. ***Individuals Involved With Your Care Or Payment Of Your Care.*** If family members, relatives or close personal friends are helping care for you or helping you pay for your medical bills, we may release important health information about you to those people. The information released may include your location within our facility and your general condition. In addition, we may release your medical information to organizations authorized to handle disaster relief efforts so that your family can be notified about your condition, status and location.
5. ***Business Associates.*** We may disclose your health information to other persons or organizations known as business associates, who provide services for us under contract. We require our business associates to protect the medical information we provide to them.
6. ***Health-Related Benefits And Services.*** We may use and disclose your health information to tell you about health-related benefits or services of interest. We may use and provide your health information to tell you about possible treatment options or other items of interest and to contact you to remind you of your appointments.
7. ***As Required By Law.*** We will use and/or disclose your health information when required to do so by local, state or federal law. For example, we may have to report abuse, neglect or domestic violence or certain physical injuries.
8. ***Public Health Activities.*** We may provide your health information for public health activities. These activities generally include the following: to prevent or control, disease, injury or disability; to report births or deaths; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition; to notify the government if we suspect a patient has been the victim of abuse, neglect or domestic violence.
9. ***Health Oversight Activities.*** We may disclose your health information to a health oversight agency for activities authorized by law such as audits, investigations, licensure and inspections. These agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights law.
10. ***Food and Drug Administration.*** We may disclose your health information to a person or company required by the Food and Drug Administration to do the following: report adverse events, product defects or problems and biologic product deviations; track products; enable product recalls; make repairs or replacements; or conduct post-marketing surveillance as required.
11. ***Coroners, Medical Examiners and Funeral Directors.*** We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation.

12. **Law Enforcement.** We may provide health information for law enforcement purposes, including but not limited to the following: in response to legal proceedings; to identify or locate a suspect, fugitive, material witness or missing person; pertaining to a victim of a crime; pertaining to a death believed to be the result of criminal conduct; pertaining to crimes occurring on-site; and in emergency situations to report a crime, the location of the crime or victims involved.
13. **Organ and Tissue Donation.** We may disclose your health information to people involved with obtaining, storing, or transplanting organs, eyes or tissue of cadavers for donation purposes.
14. **Military and National Security Activities.** We may disclose your health information to authorized federal officials for conducting intelligence, counterintelligence, and other national security activities.
15. **Lawsuits and Disputes.** We may disclose your health information in response to a court or administrative order and in certain conditions in response to a subpoena, discovery request or other lawful process.
16. **Workers' Compensation.** We may disclose your health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illness.
17. **To Prevent A Serious Threat To Health Or Safety.** We may use and disclose your health information when needed to prevent a serious threat to your health and safety or the health and safety of other people. The information will only be provided to someone able to help prevent the threat.
18. **Inmates.** We may disclose health information to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official. This disclosure would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.
19. **For Research.** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research. Such research might try to find out whether a certain treatment is effective in curing an illness.
20. **Directory.** Unless you object, we may use your health information, such as your name, location in our facility and religious preferences for directory purposes. The directory information will be released to people who ask for you by name. The information about your religious affiliation will only be disclosed to clergy members.

YOU HAVE SEVERAL RIGHTS WITH REGARD TO YOUR HEALTH INFORMATION:

1. ***Right To Inspect And Copy.*** You have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes; information gathered in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and protected health information that is subjected to laws that prohibit access to protected health information.
2. ***Right to Request To Correct Or Amend.*** If you believe your health information is incorrect, you may ask us to correct or amend the information. Such request must be made in writing and must include a reason for the correction or change. If we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.
3. ***Right To Request Restrictions.*** You have the right to ask for restrictions on how your health information is used or disclosed for treatment, payment and health care operations. Your request must be in writing and must include (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply. We are not legally required to agree with your requested restriction(s).
4. ***Right To Request Confidential Communications.*** You have the right to ask that we communicate your health information to you using alternative means or an alternative location. For example, you may wish to receive information about you health status in a special, private room or through a written letter sent to a private address. We will accommodate reasonable requests.
5. ***Right to An Accounting Of Disclosures.*** In some limited instances, you have the right to ask that we provide you with a list of the disclosures we have made of your protected health information. All such requests must be made in writing. The disclosure must have been made after April 14, 2003, and no more than six years from the date of your request for an accounting. In addition, we will not include in this list disclosures made for treatment, payment or health care operations, our directory, national security, to law enforcement/corrections regarding inmates, certain health oversight activities and/or disclosures authorized by you or your legal guardian.
6. ***Right To Withdraw Your Authorization.*** Except for the situations herein, we must obtain your specific written authorization for any other release of your health information. If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing.
7. ***Right To A Paper Copy Of This Notice.*** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. This Notice is also posted on our website at www.sarpy.com.

8. ***Right to Complain.*** If you believe your privacy rights have been violated, you may file a complaint with us and with the federal Department of Health and Human Services. We will not retaliate against you for filing such a complaint.

If you have any questions or concerns regarding your privacy rights, the information in this notice, or if you wish to file a complaint, please contact the following individual for information:

**Renee Lansman ,
Sarpy County Privacy Officer
1210 Golden Gate Drive
Papillion, NE 68046
(402) 593-4486**

This Notice of Privacy Practices is effective April 14, 2003.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this form, you acknowledge that Sarpy County has given you a copy of its Notice of Privacy Practices, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us after April 14, 2003. This includes the situation where your first date of service occurred electronically.

If your first date of service with us was due to an emergency, we must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.

Check all that are true:

- I have received Sarpy County's Notice of Privacy Practices.
- Sarpy County has given me the chance to discuss my concerns and questions about the privacy of my health information.

Patient's Signature

Date

Sarpy County Staff should complete the following if Acknowledgment Form is not signed:

1. Does the patient have a copy of the Notice form?

YES NO

2. Please explain why the patient was unable to sign an acknowledgment form and Sarpy County's efforts in trying to obtain the patient's signature: _____
