



Western Missouri

MEDICAL CENTER

Your Partner for Health.

JOINT NOTICE OF PRIVACY PRACTICES

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

THIS JOINT NOTICE APPLIES TO ALL OF THE RECORDS OF YOUR CARE GENERATED BY WESTERN MISSOURI MEDICAL CENTER, WHETHER MADE BY WESTERN MO. MEDICAL CENTER OR YOUR PERSONAL DOCTOR. YOUR PERSONAL DOCTOR MAY HAVE DIFFERENT POLICIES OR NOTICES REGARDING THE DOCTOR'S USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION CREATED IN THE DOCTOR'S OFFICE OR CLINIC.

YOUR HEALTH INFORMATION RIGHTS

Although your medical record is the physical property of Western MO Medical Center, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of the Notice of Privacy Practices upon request
- Inspect and obtain a copy of your medical record
- Amend your medical record
- Obtain an accounting of disclosures of your health information
- Request communications of your information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except if the information has already been disclosed

OUR RESPONSIBILITIES

Western MO Medical Center is required to:

- Maintain the privacy of your health information
- Provide you with this Notice of Privacy Practices
- Abide by the terms of this Notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communication of health information by alternative means or at alternative locations

403 Burkarth Road ▲ Warrensburg, MO ▲ (660) 747-2500



We reserve the right to change our practices and to make the new provisions for all protected health information we maintain. Should our information practices change, a copy will be available upon request.

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

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact The Director of Health Information Management at 660-747-2500 ext. 6209

If you believe your privacy rights have been violated, you can file a complaint with The Director of Risk/Safety at Western MO Medical Center, 660-747-2500 ext 6151 or with the Secretary of Health and Human Services in Washington, Dc. There will no retaliation for filing a complaint.

EXAMPLES OF DISCLOSURE FOR TREATMENT, PAYMENT OR OPERATIONS

FOR TREATMENT:

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 personnel who are involved in taking care of you. Different departments of our facility may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside our facility who may be involved in your medical care, such as family members, or others we use to provide services that are part of a your care. When required to, we will obtain your authorization before disclosing any of your information. Only the minimally necessary information will be revealed during any disclosures.

FOR PAYMENT:

We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

APPOINTMENT REMINDERS:

We may also use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

TREATMENT ALTERNATIVES:

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.



HEALTH-RELATED BENEFITS AND SERVICES:

We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

HEALTH CARE OPERATIONS:

Members of the medical staff and the risk or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

OTHER USES AND DISCLOSURES:

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include, but are not limited to: physician services, radiology, certain laboratory tests, anesthesia billing, nutritional support services, speech services and pharmacy services. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we have asked them to do and bill you or your third party payor for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information about your location, and general condition to notify or assist in notifying a family member, personal representative, or another person responsible for your care.

Communications with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.



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Organ Procurement Organizations: Consistent with applicable laws, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

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

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or ongoing product monitoring to enable product recalls, repairs or replacement.

Workers Compensation: We may release minimally necessary medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness. The release of such information is controlled by state and/or federal law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. Examples include, but are not limited to, reporting of births and deaths, child and adult abuse, and disease exposure.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health 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, or in response to a valid subpoena.

Health Oversight Activities: We may disclose minimally necessary medical information to a health oversight agency for activities authorized by law. These oversight activities include, but are not limited to, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Military and Veterans: If you are a member of the armed forces, we may release minimally necessary health information about you as required by military command authorities. We may also release medical information about foreign military authority.

EFFECTIVE DATE: April 14, 2003
Revised 2/23/2009



**NOTICE OF PARTICIPATION
IN AN ORGANIZED HEALTH CARE ARRANGEMENT**

Western Missouri Medical Center and certain members of its Medical Staff have elected to be covered by an Organized Health Care Arrangement, as described in the Health Insurance Portability and Accountability Act of 1996. The Medical Center and said Medical Staff members agree to abide by the terms of the Joint Notice of Privacy Practices created by the Medical Center for all services rendered on Medical Center premises or Medical Owned facilities.

The Organized Health Care Arrangement covers the Medical Center and any entity owned by the Medical Center that provides care to patients and to those health care providers on the medical staff who provide care to patients in the Medical Center or facilities owned by the Medical Center, including OBGYN Specialty Services, Surgical Services of Warrensburg, and Western Missouri Bone and Joint.

The Covered Entities participating in the Organized Health Care Arrangement and other health care providers described above will share health information for the purposes of treatment, payment and health care operations relating to the Organized Health Care Arrangement.

This Notice and the Joint Notice of Privacy Practices does not apply to physician services provided outside of the Medical Center or Medical Center owned facilities.

Please acknowledge below your receipt of this Notice of Participation in an Organized Health Care Arrangement to your health care provider. Your acknowledgement will be noted in your medical record.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

My signature below indicates that I have been provided with a copy of the Notice of Privacy Practices.

Printed Name

Date of Birth

Signature of Patient or Legal Representative

Date

If signed by legal representative, specify relationship to patient _____

PLEASE KEEP AS PART OF THE MEDICAL RECORD

ACCOUNT NUMBER: _____