

KIT CARSON COUNTY HEALTH SERVICE DISTRICT

NOTICE OF HEALTH INFORMATION 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.

Kit Carson County Health Service District (“the District”) is required to maintain the privacy of your health information and to provide you with a notice of its legal duties and privacy practices. The District will not use or disclose your health information except as described in this Notice. This Notice applies to all of the medical records generated by the District, as well as records we receive from other providers.

USES AND DISCLOSURES NOT REQUIRING YOUR CONSENT: Without your consent, the District may use and disclose your health information for the following purposes.

TREATMENT: The District may use your health information in the provision and coordination of your healthcare. We may disclose all or any portion of your medical record information to your attending physician, consulting physician(s), nurses, technicians, medical students, and other health care providers who have a legitimate need for such information in your care and treatment. Different departments may share medical information about you in order to coordinate specific services, such as prescriptions, lab work and x-rays. The District also may disclose your medical information to people outside the District who may be involved in your medical care after you leave our care, such as family members, clergy and others used to provide services that are part of your care. Other ways we may use your health information for purposes related to treatment are:

- **Treatment Alternatives:** The District may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Appointment Reminders:** The District may use and disclose your medical information to contact you as a reminder that you have an appointment for treatment or medical care at the District.
- **Health Related Business and Services:** The District may use and disclose your medical information to tell you of health-related benefits or services that may be of interest to you.

FUNDRAISING: The District does not use medical information when fundraising. If the District were to use medical information in future fundraising, the information used would be minimal and may include your name, address, physician and other limited information. If you do receive a fundraising request and do not wish the District to contact you for future fundraising efforts please let us know and we will remove your name from the contact list. Your care is never conditioned on participation in such fundraising efforts.

PAYMENT: The District may release medical information about you for the purposes of determining coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company, third party payer or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record, which are necessary for payment of your account. For example, a bill sent to a third party payer may include information that identifies you, your diagnosis, and the procedures and supplies used.

ROUTINE HEALTHCARE OPERATIONS: The District may use and disclose your medical information during routine healthcare operations, including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of the District, medical research and educational purposes. The District may engage outside companies to carry certain aspects of routine healthcare operations. These entities are called “business associates” of the District. The District may need to disclose your health information to the business associates to allow them to perform their duties. The business associates will, in turn, use and disclose your health information as they conduct business on the District’s behalf. Examples of business associates, include, but are not limited to, a copy service used by the District to copy medical records, consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. The law requires the business associate to protect the confidentiality of your medical information.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION: Most uses and disclosures of your protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require your signed authorization. Any use or disclosure not described in this notice will be made only with a signed written authorization from you or your representative.

RIGHT TO REVOKE: You have the right to revoke any authorization you have previously given. Contact a District employee for more information about revoking an authorization.

USES AND DISCLOSURES TO WHICH YOU MAY OBJECT:

FAMILY/FRIENDS: The District may disclose your health information to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. [We may also tell your family or friends your condition and that you are in the District.] In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you have any objection to the use and disclosure of your health information in this manner, please tell us.

DIRECTORY: The District may include certain limited information about you in District directory while you are a patient at the District. This information may include your name, location in the District, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This is so your family and friends can visit you in the District and generally know how you are doing. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don’t ask for you by name. If you have any objection to the limited use or disclosure of information in this manner, please tell us.

USES AND DISCLOSURES THAT ARE REQUIRED OR PERMITTED WITHOUT CONSENT OR AUTHORIZATION:

RESEARCH: Under certain circumstances, the District may use and disclose your health information to researchers when their clinical research study has been approved. While most clinical research studies require specific patient consent, there are some instances where a retrospective record review with no patient contact may be conducted by such researchers. For example, the research project may involve comparing the health and recovery of certain patients with the same medical condition who received one medication to those who received another.

REGULATORY AGENCIES: The District may disclose your health information to a health oversight agency for activities authorized by law, including, but not limited to, licensure,

certification, audits, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies, e.g., the Department of Public Health and Environment to monitor compliance with the requirements of government programs or the Board of Medical Examiners to investigate consumer complaints regarding providers.

LAW ENFORCEMENT/LITIGATION: The District may disclose your health information for law enforcement purposes as required by law or in response to a court order.

PUBLIC HEALTH: As required by law, the District may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, the District is required to report the existence of a communicable disease, such as acquired immune deficiency syndrome ("AIDS"), to the Department of Public Health and Environment to protect the health and well being of the general public.

WORKERS' COMPENSATION: The District may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

MILITARY/VETERANS: The District may disclose your health information as required by military command authorities, if you are a member of the armed forces.

ORGAN PROCUREMENT ORGANIZATIONS: To the extent allowed by law, the District may disclose your medical information to organ procurement organizations and other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant. For example, the District is required to disclose a positive communicable disease test result before or after transplantation to the medical director or executive director of the organ procurement organization and the United Network for Organ Sharing ("UNOS"), pursuant to UNOS regulations.

INMATES: If you are an inmate of a correctional institute or under the custody of a law enforcement officer, the District may release your medical record information to the correctional institute or law enforcement official.

CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS: The District may release your health information to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. The District may also release your health information to funeral directors as necessary to carry out their duties.

AS OTHERWISE REQUIRED BY LAW: The District will disclose your health information in any situation in which such disclosure is required by law.

YOUR RIGHTS RELATED TO YOUR HEALTH INFORMATION: Although all records concerning your treatment obtained at the District are the property of the District, you have the following rights concerning your medical information:

RIGHT TO RECEIVE COPY OF THIS NOTICE: You have the right to receive a paper copy of this Notice, upon request, if this Notice has been provided to you electronically.

RIGHT TO CONFIDENTIAL COMMUNICATIONS: You have the right to receive confidential communications of your health information by alternative means or at alternative locations. For example, you may request that the District only contact you at work or by mail.

RIGHT TO INSPECT AND COPY: You generally have the right to inspect and copy your health information, except as restricted by your physician or by law. You have a right to request a copy of your record, either hard copy or electronic, in a readily producible format.

RIGHT TO AMEND: You have the right to request an amendment or correction to your health information. If we agree that an amendment or correction is appropriate, we will ensure that the amendment or correction is attached to your medical record.

RIGHT TO AN ACCOUNTING: You have the right to obtain a statement of the disclosures that have been made of your health information for any purpose other than for treatment, payment or routine operational purposes.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request restrictions on certain uses and disclosures of your health information. If we are able to agree to your request, we will abide by the restrictions.

RIGHT TO REQUEST RESTRICTIONS OF CERTAIN INFORMATION TO A HEALTH PLAN: You have the right to restrict disclosures to a health plan when the item or service is paid in full out of pocket

RIGHT TO REVOKE CONSENT OR AUTHORIZATION: You have the right to revoke your consent or authorization to use or disclose your health information, except to the extent that action has already been taken in reliance on your consent or authorization.

RIGHT TO NOTIFICATION OF A BREACH OF INFORMATION: You will be notified in the event that your health information was disclosed inappropriately.

FOR MORE INFORMATION REGARDING HOW TO EXERCISE THESE RIGHTS: If you have questions or would like more information regarding any of the rights listed above, please contact: the District HIPAA Officer at 719-346-5311,

IF YOU BELIEVE THAT YOUR RIGHTS HAVE BEEN VIOLATED: You may file a written complaint, either paper or electronic, with the District or with the Secretary of the Department of Health and Human Services. Such complaint should describe the act or omissions believed to be in violation of the HIPAA Privacy or Security Rule. To file a complaint with the District, please contact the KCCHSD HIPAA Officer, 286 16th Street, Burlington, CO 80807. To file a complaint with the Secretary, contact Office of Civil Rights, 1961 Stout Street – Room 1426, Denver, CO 80294. There will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE: The District will abide by the terms of the Notice currently in effect. The District reserves the right to change the terms of this Notice at any time. Any new notice provisions will be effective for all protected health information that it maintains. Upon request, the District will mail to you any revised Notice.

NOTICE EFFECTIVE DATE: The effective date of the Notice is 04/14/ 2003; revised 03/01/2004: 02/13/2006: 8/21/3007; 08/26/2013.