

Notice of privacy practices

How health information about you is used

Words and terms to know

- Business Associate:** People or companies who do work for Bryan Medical Center but who are not members of our workforce.
- Disclose:** Sharing, transferring or giving access to people outside of our workforce and to other organizations.
- Notice:** This information handout.
- Provider:** People and organizations that provide health care, such as doctors, ambulance companies and hospitals.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your health information.

Each time you receive care at Bryan Medical Center, a record is made of your visit. Your medical record may include your symptoms, what was found during the exam, test results, diagnoses, treatment given and a plan for future care or treatment. Your billing record may include facts about your bill and insurance. Together this is called your **health information**.

Who will follow this notice

Bryan Medical Center

This Notice describes the privacy practices of Bryan Medical Center (the “Medical Center”) and all of its programs and departments.

Medical Staff

This Notice also serves as the Joint Notice of Privacy Practices of the Medical Center and eligible members of its medical staff who participate with the Medical Center in an organized health care arrangement (or OHCA). Under this arrangement, the Medical Center and these medical staff members agree to follow the information practices described in this Notice when using or disclosing Medical Center records and information related to Medical Center visits. Under the arrangement, the Medical Center and these participating medical staff members will:

- Use and distribute this Notice as their Joint Notice of Privacy Practices
- Obtain a single signed acknowledgment of receipt
- Follow the information practices described in this Notice when using or disclosing Medical Center records and information, and
- Share health information from inpatient and outpatient Medical Center visits among participants so that they can help the Medical Center with its health care operations

The organized health care arrangement does **NOT** cover the information practices or health information of medical staff members in their private offices or at other practice locations.

Your individual rights

Request for restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care. We are not required to agree to your request, with one exception explained in the next paragraph, and we will notify you if we are unable to agree to your request.

We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations purposes, if you pay out-of-pocket in full within 30 days for all expenses related to that service, and the disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive an authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction.

Several different covered entities use this Notice. You must make a separate request to each covered entity from whom you will receive services that are involved in your request for any type of restriction. Examples of these covered entities might include the surgeon who performs your surgery, the radiologist who reads your x-rays, or the hospitalist who oversaw your medical care and any other specialist involved.

Access to health information

You may inspect and copy much of the health information we maintain about you, with some exceptions. If we maintain the health information electronically in one or more designated record sets and you ask for an electronic copy, we will provide the information to you in the form and format you request, if it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it in another readable electronic form we both agree to. We may charge a cost-based fee for producing copies or, if you request one, a summary. If you direct us to transmit your health information to another person, we will do so, provided your signed, written direction clearly designates the recipient and location for delivery.

- continued on page 3

Amendment

You may request that we amend or correct health information that we keep in your records. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

Accounting

You have a right to receive an accounting of certain disclosures of your health information made by us or our business associates. The first accounting in any 12-month period is free; however, you may be charged a fee for each subsequent accounting you request within the same 12-month period.

Confidential communications

You may request that we communicate with you about your health information in a certain way or at a certain location. We will agree to your request if it is reasonable and specifies the alternate means or location.

Notification in the Case of a Breach

We are required by law to notify you of a breach of your unsecured health information. We will provide such notification to you without unreasonable delay but in no case later than 60 days after we discover the breach.

How to exercise these rights

All requests to exercise these rights must be in writing. We will respond to your request on a timely basis in accordance with our written procedures and as required by law. You may receive request forms or exercise your rights by contacting Release of Information in the Health Information Management Department at 402-481-8424.

Uses and disclosures of your health information without your permission

The following are the types of uses and disclosures we may make of your health information without your permission. Where State or federal law restricts one of these uses or disclosures, we will follow the requirements of such State or federal law. These are general descriptions only and do not cover every example of use and disclosure within a category.

We will use and disclose your health information for treatment purposes.

For example:

- We will use and disclose health information about you with nurses, physicians and technicians who are involved in your care at the medical center.
- We will disclose your health information to your physician and other physicians, providers and health care facilities for their use in treating you in the future.
- If you are transferred to a nursing facility, we will send health information about you to the nursing facility.

We will use and disclose your health information for payment purposes.

For example:

- We will use your health information to prepare your bill, and we will send health information to your insurance company with your bill.
- We may disclose health information about you to other medical care providers, medical plans and health care clearinghouses for their payment purposes.
 - An example would be, If you are brought in by ambulance, we may disclose your health information to the ambulance provider for its billing purposes.

If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes.

We will use and disclose your health information for health care operations.

For example:

- Our medical staff members or members of our workforce may review your health information to evaluate the treatment and services provided, and the performance of our staff in caring for you.
- In some cases, we will furnish your health information to other qualified parties for their health care operations.

The ambulance company, for example, may want information on your condition to help them know whether they have done an effective job of stabilizing your emergency condition. If State law requires, we will obtain your permission prior to disclosing your medical information to other providers or health insurance companies for their health care operations.

We will allow our business associates to use or disclose your health information.

For example:

- We may disclose your health information to an outside billing service so that they can assist us in billing for services.

Hospital patient directory

We will include your name and location in the facility patient directory. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We will not include your information in the patient directory if you object or if State or federal law prohibits us.

Family, friends and others

We may disclose your location to a family member, your personal representative or another person identified by you. If any of these individuals are involved in your care or payment for care, we may also disclose to them such health information as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or individual responsible for your care may be notified of your location and condition.

Required by Law

We will use and disclose your information as required by federal, State or local law.

Public health activities

We may disclose health information about you for public health activities. These activities may include:

- A public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability.
- Appropriate authorities authorized to receive reports of child abuse and neglect.
- FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products.
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition and
- With parent or guardian permission, to send proof of required immunization to a school.

Abuse, neglect or domestic violence

We may notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law (for example, to report a particular type of injury), we will only make this disclosure if you agree.

Health oversight activities

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, 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.

- continued on page 5

Judicial and administrative proceedings

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

Law enforcement

We may release certain health information if asked to do so by a law enforcement official.

For example:

- As required by law, including reporting certain wounds and physical injuries;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime;
- To alert authorities of a death we believe may be the result of criminal conduct; and
- Information we believe is evidence of criminal conduct occurring on our premises

Deceased individuals

We are required to apply safeguards to protect your health information for 50 years following your death. Following your death we may disclose health information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties and to a personal representative (for example, the executor of your estate). We may also release your health information to a family member or other person who acted as a personal representative or was involved in your care or payment for care before your death, if relevant to such person's involvement, unless you have expressed a contrary preference.

Organ, eye or tissue donation

We may release health information to organ, eye or tissue procurement, transplantation or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.

Research

Under certain circumstances, we may use or disclose your health information for research, subject to certain safeguards. For example, we may disclose information to researchers when a special committee who has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research. We may disclose health information about you to people preparing to conduct a research project, but the information will stay on site.

Threats to health or safety

Under certain circumstances, we may use or disclose your health information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

Specialized government functions

We may use and disclose your health information for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the correctional institution, its agents or the law enforcement official your health information necessary for your health and the health and safety of other individuals.

Workers' compensation

We may release health information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

- continued on page 6

Incidental uses and disclosures

There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

Health information exchange

We participate in one or more electronic health information exchanges which permits us to electronically exchange health information about you with other participating providers (for example, doctors and hospitals) and health plans and their business associates. For example, we may permit a health plan that insures you to electronically access our records about you to verify a claim for payment for services we provide to you. Or, we may permit a physician providing care to you to electronically access our records in order to have up to date information with which to treat you. As described earlier in this Notice, participation in a health information exchange also lets us electronically access health information from other participating providers and health plans for our treatment, payment and health care operations purposes as described in this Notice. We may in the future allow other parties, for example, public health departments that participate in the health information exchange, to access your health information electronically for their permitted purposes as described in this Notice.

Appointment reminders

We may contact you as a reminder that you have an appointment for treatment or medical services.

Treatment alternatives

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

Fundraising

We may contact you as part of a fundraising effort. We may also use or disclose to a business associate or to a foundation related to the Health System certain health information, about you such as your name, address, phone number, dates you received treatment or services, treating physician, outcome information and department of service (for example, cardiology or orthopedics), so that we or they may contact you to raise money for the Health System. You will have the opportunity to 'opt out' and not receive further fundraising communications related to the specific fundraising campaign or appeal for which you are being contacted, unless we have already sent a communication prior to receiving notice of your election to opt out.

Uses and disclosures requiring your authorization

There are many uses and disclosures we will make only with your written authorization. These include:

- *Uses and Disclosures Not Described Above* – We will obtain your authorization for any use of disclosure of your health information that is not described in the preceding examples.
- *Psychotherapy Notes* – These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures or psychotherapy notes require your authorization.
- *Uses and Disclosures for Marketing* – We will not use or disclose your health information for marketing purposes without your authorization. Moreover, if we will receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.
- *Sale of Health Information* - We will not sell your health information to third parties without your authorization. Any such authorization will state that we will receive remuneration in the transaction.

If you provide authorization, you may revoke it at any time by giving us notice in accordance with our authorization procedure and the instructions in our authorization form. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization.

About this notice

We are required to follow the terms of the Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and notice provisions effective for all health information that we maintain. Before we make such changes effective, we will make available the revised Notice by posting it in our registration areas, where copies will also be available. The revised Notice will also be posted on our website at: bryanhealth.org. You are entitled to receive this Notice in written form. Please contact the Privacy Officer at the address listed below to obtain a written copy.

Concerns and questions

If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint with the Medical Center using the contact information at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

Contact information

Karen Adamsheck – Privacy Officer
Bryan Medical Center
1600 So. 48th St
Lincoln, NE 68506
402-481-8961

EFFECTIVE DATE OF NOTICE: September 23, 2013

Reference: Title 45 of the Code of Federal Regulations, Section 164.520

**Bryan Medical Center
Bryan East Campus**

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402-481-1111
800-742-7844

bryanhealth.org

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Bryan West Campus**

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