

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 CAREFULLY

ruralMED Home Care Resources is required by law under the federal Health Insurance and Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of patients' protected health information. (HIPAA) law uses the term "protected health information" where we use "medical information". Medical information that may identify you (i.e., name, address, birth date, Social Security Number); or relates to past, present, or physical or mental health; condition related health care services; and identifies you or there is a reasonable basis to believe it can be used to identify you.

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of ruralMED Home Care Resources, including:

Any health care professional authorized to enter information into your medical record maintained by ruralMED

All ruralMED employees, staff, and other ruralMED personnel, including consulting professionals

The above may share medical information with each other for treatment, payment, or home care operations as described in the notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your healthcare is personal. We are committed to protecting your medical information. A medical record is created to document care and services you receive at ruralMED Home Care Resources. This record is needed to provide the necessary care and comply with legal requirements. This notice applies to all of the medical care generated by ruralMED Home Care Resources your doctor may have different policies or notices regarding the doctor's use of your medical information created in the doctor's office or clinic.

This notice will explain the ways we may use or disclose your medical information. It also describes your rights and certain obligations we have regarding the use or disclosure of your medical information.

The law requires ruralMED Home Care Resources to:

- Make sure medical information that identifies you is kept private
- Inform you of our legal duties and privacy practices regarding your medical information.
- Follow the terms of the notice that is currently in effect

HOW RURALMED MAY USE & DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe ways ruralMED Home Care Resources uses and discloses medical information. Not every possible use or disclosure is listed. However, all ways ruralMED is permitted to use or disclose information will fall under one of the categories below.

TREATMENT

Your medical information may be used to provide you with medical treatment and services. This medical information may be disclosed to doctors, nurses, technicians, or other workforce members who are involved in your care at ruralMED Home Care Resources. Your medical information may be disclosed to healthcare students.

PAYMENT

Your medical information may be used and disclosed so treatment and services received at ruralMED can be billed and payment may be collected from you, an insurance company, and/or third party

HEALTH CARE OPERATIONS

Your medical information may be used and disclosed for purposes of ruralMED Home Care Resources day-to-day operations. These uses and disclosures are necessary to run ruralMED and monitor the quality-of-care patients receive.

HEALTH RELATED BENEFITS AND SERVICES

Limited medical information about you may be used to tell you about possible treatment options, health-related benefits, services, or alternatives that may be of interest to you.

INVOLVED IN YOUR CARE

With your permission, your medical information may be released to a family member, guardian, or individuals involved in your care. They may be told about your condition unless you have requested additional restrictions. In addition, your medical information may be disclosed to an entity assisting in disaster relief efforts so your family can be notified about your condition, status, and location. In addition, we may provide medical information about you if we think it is in your best interest such as during an emergency situation to allow a person to act on your behalf.

AS REQUIRED BY LAW

Your medical information will be disclosed when required to do so by federal, state, or local authorities, laws, rules, and/or regulations.

Lawsuits and disputes: If you are involved in a lawsuit or dispute, your medical information will be disclosed in response to a court or administration order, subpoena, discovery request, or other lawful processes by someone else involved in the dispute when legally required to respond.

Law Enforcement: Your medical information will be released if requested by a law enforcement official.

1. In response to a court order, subpoena, warrant,

summons, or similar process.

2. To identify or locate a suspect, fugitive, material witness, or missing person.
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
4. About a death we believe may be the result of criminal conduct; and
5. 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.

National Security and intelligence activities: Your medical information will be released to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: Your medical information may be disclosed to authorities so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

To Alert a Serious Threat to Health or Safety: Your medical information may be used and disclosed when necessary to prevent a threat to your health and safety and that of the public or other person. Disclosure, however, would only be to someone able to help prevent the threat.

Health Oversight Activities: Your medical information may be disclosed to a health oversight facility 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.

PRIVATE ACCREDITATION ORGANIZATIONS

Your medical information may be used to fulfill ruralMED Home Care Resources' requirements to meet the guidelines of private facility accreditation organizations such as DNV, CMS, etc.

BUSINESS ASSOCIATES

There are some services provided through contracts with business associates such as information technology services or a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to them so that they can perform the tasks needed and bill you or your third-party payer for services rendered. To protect your health information, business associates, and subcontractors of business associates, are required by federal law to appropriately safeguard your information.

FUTURE COMMUNICATIONS

We may communicate to you via newsletter, mail outs or other means regarding treatment options, health-related information, disease-management programs, wellness programs, or other community-based initiatives or activities our facility is participating in.

ORGAN AND TISSUE DONATION

If you are an organ donor, your medical information may be released to organizations that handle organs for organ, eye, or tissue transplantation or to organ donation banks, as necessary to facilitate organ or tissue donation and transplantation.

MEDICAL DEVICES

Your social security number and information will be released in accordance with federal laws and regulations to the manufacturer of any medical device(s) you have implanted or explained during hospitalization and to the Food and Drug Administration, if applicable. This information may be used to locate you should there be a need with regard to such medical device(s).

HIV, SUBSTANCE ABUSE, MENTAL HEALTH, and GENETIC INFORMATION

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health, and genetic information. Some parts of this notice may not apply to these kinds of protected health information. Please check with ruralMED Privacy Officer for information about the special protections that do apply.

MILITARY AND VETERANS

If you are a member of the armed forces, your medical information may be released as required by military command authorities. If you are a member of the foreign military personnel, your medical information may be released to the appropriate foreign military authority.

PUBLIC HEALTH RISK

Your medical information may be used for public health activities. Activities generally include the following:

- To prevent or control disease, injury, or disability.
- To report births or deaths.
- To report child abuse or neglect.
- 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 a risk for getting or spreading a disease or condition.
- To notify authorities if we suspect a patient has been a victim of abuse, neglect, or domestic violence. We will make this disclosure if you agree or when required or authorized by law.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS

Your medical information may be released to a coroner or medical examiner. This may be necessary, for example, to identify a person who has died or to determine the cause of death. We may also provide medical information about patients of ruralMED Home Care Resources to funeral directors that need to carry out their duties.

OTHER USES OF MEDICAL INFORMATION

Most uses and disclosures of psychotherapy notes uses and disclosures of your protected health information for marketing purposes and disclosures that constitute a sale of your protected health information require your authorization prior to such use and disclosure. Other uses and disclosures of medical information not covered by this notice or the laws that apply to ruralMED Home Care Resources will be made only with your written authorization. If you provide ruralMED authorization to use or disclose medical information, you may revoke that authorization at any time by submitting a written revocation to ruralMED Privacy Officer. If you revoke your authorization, we will no longer use or disclose your medical information for the reasons covered in your written authorization. Understand that we are unable to take back any disclosures already made with your permission and that we are required to retain your records of the care that ruralMED provided to you, therefore disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

ADDITIONAL INFORMATION CONCERNING THIS NOTICE

CHANGES IN THIS NOTICE

We reserve the right to change this notice and make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. ruralMED will post a current copy of the notice with the effective date within the agency office. In addition, each time you are admitted care/services, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you feel your privacy rights have been violated, you may file a complaint with ruralMED Home Care Resources or the state of Nebraska by following the steps listed on page 10 of this booklet. You will not be retaliated against for filing a complaint.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding the medical information we have about you:

You have the right to look at and copy medical information that may be used to make decisions about your care. You also have the right to request an explanation or summary of your medical information. If your request is approved, ruralMED Health Care Resources has thirty (30) days in which to respond to your request. If unusual circumstances delay the handling of the request, ruralMED will inform you in writing of the reason for the delay no later than 21 days after the Health Information Management Department received the request. If you ask for a copy of the information, we may charge a cost-based fee for the costs of copying, mailing, or other supplies needed to meet your request. If ruralMED uses or maintains electronic health records of your medical information, you have the right to request an electronic copy of the requested information. In addition, if you request an explanation or summary of your medical information, we may charge a fee equal to the labor cost of compiling such an explanation or summary.

If ruralMED uses or maintains electronic health records in one or more designated record sets containing your medical information, we will provide access to the electronic information in electronic form and the format requested, if it is readily producible, or if not, in a readable form and format mutually agreed upon. You may have ruralMED send the copy to another entity or person that you choose. Your request must be submitted to ruralMED Health Information Management Department in writing; it must be signed by you, and it must clearly identify the designated person(s) and where to send the copy. We may deny your request to look at and copy in some limited circumstances.

If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional, other than the person who denied your request, will be chosen by ruralMED Home Care Resources to review your request and the denial. ruralMED will comply with the outcome of the review.

RIGHT TO CHANGE

If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to

If you have any questions about this notice, please contact the Privacy Officer at (308) 217-4013.

change the information. You have the right to request a change kept by or for ruralMED Home Care.

To request a change, you must send the request in writing to ruralMED Home Care Resources' Health Information Management Department. In addition, you must also provide a reason that supports your request for change. Your request for change may be denied if:

1. Your request is not in writing or does not include a reason to support your request.
2. The medical information was not created by ruralMED unless the person or company that created the information is no longer available to make the change.
3. The medical information is not part of the medical information kept by or for ruralMED.
4. The medical information is not part of the information you would like to be allowed to look at and copy under the law; or
5. The medical information is correct and complete.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to ask for an "accounting of disclosures". This is a list of the disclosures we made of your medical information for purposes other than treatment, payment, and health care operations. To ask for an accounting of disclosures:

1. You must send a request in writing to the Privacy Officer at the following address:
Privacy Officer
ruralMED Home Care Resources
P.O. Box 470
Holdrege, Nebraska 68949
2. Your request must state a time period, which may not be longer than six years.
3. Your request must say in what form you want the list (for example, on paper or electronically).

The first list you request within a 12-month period will be free. We may charge for the cost and you may choose to remove or change your request before any costs are incurred.

RIGHT TO REQUEST 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. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. This restriction does not apply to uses or disclosures of your health information related to your medical treatment. To request restrictions, you must make your request in writing to ruralMED Home Care

Resources' Privacy Officer at the following address:

Privacy Officer
ruralMED Home Care Resources
P.O. Box 470
Holdrege, Nebraska 68949

In your request, you must tell us:

1. What information you want to limit.
2. Whether you want to limit our use, disclosure, or both.
3. To whom you want the limits to apply (for example, disclosures to your spouse).

You also have a right to request that a health care item or service not be disclosed to your health plan for payment purposes or health care operations. We are required to honor your request IF the health care item or service is paid out of pocket and in full. Your restriction will only apply to your records that relate solely to the service for which you have paid in full. We are not required to agree to any other request and will not notify you if we are unable to agree. If we agree to your request, we must follow your restrictions (unless the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time, unless it relates to a health care item or service that is paid out of pocket and in full, as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

RIGHT TO ASK FOR PRIVACY COMMUNICATIONS

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Right to be Notified Following a Breach: We are required to notify you by first class mail or e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your unsecured protected health information.

308-995-4375
www.ruralmed.net

