

AVERA CREIGHTON 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 describes the privacy practices of Avera Creighton including those of:

- Any health care professional who can enter information into your medical record.
- All areas including Avera Creighton Hospital, Avera Creighton Care Center and the Home Health Agency.
- Any volunteer we allow to help you while you are provided care.
- All Avera Creighton Specialty Clinics.
- The above may share medical information with each other for treatment, payment or hospital operations as described in this notice.

Each time you receive care at Avera Creighton, 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 plan for future care or treatment. Your financial record may include facts about your bill and insurance. Together this is called your **health information**.

Your health information serves as a:

- Basis for planning your care and treatment.
- Means of communication among many health professionals who have a role in your care.
- Legal document describing the care you received.
- Record by which you or your insurance company can check that services billed were provided.
- Source of information to educate health professionals, provide data for medical research, improve public health, plan and market Creighton Area Health Services, and improve the care we give.

Understanding how your health information is used helps you to:

- Ensure accuracy
- Follow the agreed-upon treatment plan
- Know who, what, when, where and why others may use all or part of your health information.
- Make a more informed decision when giving permission to share information with appropriate companies, agencies and healthcare workers.

Your health information rights

Although your medical records and financial record are property of Avera Creighton, the information belongs to you. Avera Creighton complies with all federal and state laws and regulations that apply to this topic. We have policies that give you the right to request in writing your desire to:

- Restrict with whom we may share your health information. Avera Creighton is not required to agree to the requested restrictions.
- Look at and get all or part of your health information.
- Amend your health information.
- Receive a list of companies/agencies/persons who have received your health information.
- Have us communicate with you in a certain way or at a certain location.
- Change your mind about sharing health information except for what has already been shared.

These above requests must be made in writing to the privacy officer and we may, under certain circumstances, deny your request.

Our responsibilities

Avera Creighton is required to:

- Protect the privacy of your health information.
- Provide you with a current copy of the Notice of Privacy Practices.
- Do what we say we'll do in this notice.
- Display the most current copy at all Avera Creighton locations and the Avera Creight website (www.AveraCreighton.org).
- Notify you if we are unable to agree to your written request. Avera Creighton will honor patient requests if possible.

We will use and share your health information only with your permission, **except as described in this notice or as required by state or federal regulations**. We have the right to change this notice and apply it to the health information we already have about you and we receive in the future.

Examples of sharing information for treatment, payment, and the operation of Avera Creighton:

1. We will use your health information for treatment.

For example:

- Information obtained by a nurse, doctor, or other member of your healthcare team will be written in your medical record and used to determine the treatment that should work best for you. Members of your healthcare team will document their actions, your progress and response to treatment.
- We will provide any facility or provider involved in your care with information that may assist in your treatment.
- When you are no longer receiving care from Avera Creighton, we will provide information to the next provider or facility that cares for you. These copies of your medical record are to help them continue your plan of care after discharge.

2. We will use your health information for payment.

For example:

- We will send a bill to you and/or your insurance company. The information may include your name, diagnosis, procedures and supplies used.
- We will provide needed information to other healthcare providers for their billing purposes. For example, if you are brought in by ambulance, the information collected will be given to the ambulance provider for billing purposes.

3. We will use your health information for health care operations that help us to provide quality care.

For example:

- We may use medical information to review or treatment, services and the performance of our staff. We may provide information to doctors, nurses and other personnel for review and learning purposes.

4. We will allow our business associates to use your health information if needed.

For example:

- Some services are provided by people or companies; known as business associates, who are not employed by us. Avera Creighton requires business associates to protect patient's health information.

5. We will provide information about you to the Avera Creighton directory.

For example:

- Unless you tell us not to, we will share your name and location in the facility with other people who ask for you by name. We also may give your name and location to members of the clergy.

6. We will give your health information to:

For example:

- A family member or friend who is involved in your care.
- Persons who help pay for your care.
- News media who ask for you by name for your condition.
- An organization assisting in disaster relief efforts so that your family can be told about your condition and location.

7. We may use your health information for research.

8. We may provide your health information to coroners, medical examiners, and funeral directors.

9. We may share your health information with organ transplant organizations.

For example:

- Following state law, we may share health information with organizations or groups that manage, bank or transplant organ and tissue donations.

10. We may call you about appointments or treatment.

For example:

- To speed up your registration, we may call ahead for information or to give you instructions prior to a procedure.

11. We may use your health information for fundraising activities.

For example:

- We may use medical information about you to contact you in an effort to raise money for Avera Creighton and its operations.

12. We will share health information about you to assist public health activities as required by law.

For example:

- Prevent or control disease, injury, or disability.
- Report births, death and child abuse or neglect.
- Report reactions to medication or problems with faulty products.
- Notify people of recalls of products they may be using.
- Notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition.
- Notify an appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

13. We may use your health information for Worker's Compensation.

For example:

- If you are injured on the job, we may share medical information about you for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

14. We may share your health information with a correctional institution.

For example:

- If you are an inmate or in the custody of law enforcement, your information will be shared to provide you with health care and protect your health and safety.
- Protect the health and safety of others.
- Assist in the safety and security of the correctional institution.

15. We will give your health information to law enforcement.

For example. We may share your health information as needed:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- If we suspect you are a victim of an accident or crime.
- If death occurs, which we believe may be the result of a crime.
- In an emergency to report a crime committed on the premises; the location of the crime or victims; or identity, description or location of the person who committed the crime.

If you have any questions, would like more information or do not understand this Notice of Privacy Practices, please contact the Privacy Officer at 358-5700 for the hospital and home health agency at 358-5755 for the nursing home. Complaints about your privacy rights must be made in writing to Avera Creighton, 1503 Main Street, Creighton, NE 68729.

If you believe your privacy rights have been violated, you have the right to file a complaint in writing with the Secretary of Health and Human Services. Nothing will be held against you for filing a complaint.

“This institution is an Equal Opportunity Provider and Employer”