



Notice of Privacy Practices

How Your Medical Information Is Used

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 applies to Nebraska Orthopaedic Hospital and its Physical/Occupational Therapy Clinic.

Nebraska Orthopaedic Hospital (NOH) will use and distribute this Notice of Privacy Practices and follow the information practices described in this Notice when using or disclosing records and information. NOH will share your health information internally, as necessary, to carry out treatment, payment, or health care operations as described in this Notice.

Understanding Your Health Information

Each time you visit the hospital, clinic, or other health care provider, a record of your visit is made. Typically, this health record contains your medical history, symptoms, examination and test results, diagnosis, treatment, care plan, insurance, billing, and employment information. This health information, often referred to as your health record, serves as a basis for planning your care and treatment and is a vital means of communication among the many health professionals who contribute to your health care. Your health information is also used by insurance companies and other third-party payers to verify the appropriateness of billed services.

Our Responsibilities

We are required by law to:

- Maintain the privacy of your health information.
- Provide you with an additional current copy of our Notice upon request.
- Abide by the terms of our current Notice.

We will not use or disclose your health information without your written authorization except as described in this Notice. Such authorization may be revoked in writing at any time except with respect to any actions we have taken in reliance on it.

Patient Signature _____ Date: _____

Patient refusal to sign: _____
Employee signature

Examples of Using Health Information for Treatment, Payment and Health Care Operations

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

For example: Information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment. Health care team members will communicate with one another personally and through the health record to coordinate care provided. We will also provide your physician or subsequent health care provider with copies of various reports that should assist him or her in treating you in the future.

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

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may disclose health information about you to other qualified parties for their payment purposes. For example, if you are brought in by ambulance, we may disclose your health information to the ambulance provider for its billing purposes.

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

For example: Members of the medical staff, the risk or quality improvement manager, or members of the 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 health care we provide. 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 regarding your condition to help them know whether they have done an effective job of stabilizing your condition.

Teaching: As a teaching site, residents, fellows, and students in medicine, nursing, pharmacy, allied health and graduate studies, may be assisting with your care under the supervision of a licensed health care provider as a part of their professional health care training program.

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Other Uses and Disclosures of Your Health Information

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

Communication With Family and Others. We may disclose relevant health information to a family member, friend, or other person involved in your care. We will only disclose 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.

Directory. Unless you notify us that you object, or we are otherwise prohibited by law, we may 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.

Business Associates. There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform such services. However, we require the business associate to appropriately safeguard your information.

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

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

Fundraising. We may contact you in an effort to raise money for clinical programs, research and education. If you do not want us to contact you for fundraising efforts, you must notify the Hospital in writing at 2808 South 143rd Plz. Omaha, Nebraska 68144.

Research. Research is conducted under strict NOH Institutional Review Board (IRB) guidelines designed to protect the subjects of research. Health information about you may be disclosed to researchers preparing to conduct a research project. For example, it may be necessary for researchers to look for patients with

specific medical characteristics or treatments. We would obtain your specific authorization prior to using your health information in research studies if information that directly identifies you is disclosed. The only exception would be granted under rare circumstances when the IRB is permitted by federal regulations to grant a waiver of authorization.

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

To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability;

To appropriate authorities authorized to receive reports of abuse and neglect;

To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products; or

To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Workers' Compensation. We may disclose health information to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Correctional Institutions. If you are an inmate of a correctional institution or under 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 or the health and safety of other individuals.

Law Enforcement. We may disclose health information if asked to do so by a law enforcement official as required or permitted by law or in response to a subpoena.

Health Oversight Activities. We may disclose health information for health oversight activities authorized by law. For example, oversight activities include 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.

Threats to Health or Safety. Under certain circumstances, we may use or disclose your health information if we believe it is necessary to avert or lessen a serious threat to health and safety and is to a person reasonably able to prevent or lessen the threat or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

Specialized Government Functions. We may disclose your information for national security and intelligence activities authorized by law, for protective services of the president; or if you are a military member, to the military under limited circumstances.

As Required by Law. We will use or disclose your health information as required by federal, State, or local law.

Lawsuits and Administrative Proceedings. We may release your health information in response to a court or administrative order. We may also provide your information in response to a subpoena or other discovery request, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Funeral Directors, Medical Examiners, and Coroners. We may disclose your health information to funeral directors, medical examiners, and coroners consistent with applicable law to carry out their duties.

Organ Procurement Organizations. Consistent with applicable law, 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.

Incidental Uses and Disclosures. There are certain incidental uses or disclosures of your health information that occur while we are providing services 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.

Your Health Information Rights

You have the following rights regarding your health information:

Right to Inspect and Copy. You may request to look at your medical and billing records and obtain a copy. You must submit your medical records request to the Medical Records Department. Contact the office listed on your billing statement to request a copy of your billing record. If you ask for a copy of your records, we may charge a fee for the cost of copying, mailing, or other supplies needed to respond to your request.

Right to Request Amendment. You may request that your health information be amended if you feel that the information is not correct. Your request must be in writing and provide rationale for the amendment. Please send your request to the Medical Records Department. We may deny your request, and will notify you of our decision in writing.

Right to an Accounting of Disclosures. You may request an accounting of certain disclosures of your health information showing with whom your health information has been shared (does not apply to disclosures to you, with your authorization, for treatment, payment or health care operations, and in certain other cases).

To request an accounting of disclosures, you must send a written request to the Medical Records Department. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003.

Right to Request Restrictions. You may request restrictions on how your health information is used for treatment, payment or health care operations, or to certain family members or others who are involved in your care. We may deny your request. If we agree to a restriction, the restriction may be lifted if use of the information is necessary to provide emergency treatment.

To request a restriction, you must send a written request to the Medical Records Department, specifying what information you wish to restrict and to whom the restriction applies. You will receive a written response to your request.

Right to Request Private Communications. You may request that we communicate with you in a certain

way in a certain location. You must make your request in writing to the patient registration area and explain how or where you wish to be contacted.

Right to a Paper Copy of this Notice. You may request an additional paper copy of this Notice at any time from the patient registration area.

You may contact the Medical Records Department at:

2808 South 143rd Plaza
Omaha, Nebraska 68144
Phone: 402-637-0612
Hours: 8:00 a.m. - 4:30 p.m. CST

Changes to this Notice

We reserve the right to change this Notice as our privacy practices change and to make the new provisions effective for all health information we maintain. We will post a current Notice in the patient registration area and on our website.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact the Medical Records Department. If you believe your privacy rights have been violated, you may file a complaint with the Chief Operating Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

You may contact the Chief Operating Officer at:

2808 South 143rd Plaza
Omaha, Nebraska 68144
Phone: 402-637-0610
Hours: 8:00 a.m. - 5:00 p.m. CST

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