

# CARONDELET CARE RESOURCES

## LIFELINE

### 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.**

**The effective date of this notice is April 14, 2003.**

If you have any questions about this Notice, please contact:

*Sharon Kleinschmidt  
Privacy Officer Designee  
11050 Roe Avenues, Suite 211  
Overland Park, KS 66211  
Phone: (816) 943-4770*

#### OUR PLEDGE REGARDING MEDICAL INFORMATION

We will strive to protect your information. We create a record of the care and services you receive at Carondelet Care Resources.

We are required by law to: 1) Keep your health information private; 2) Give you this Notice of our privacy practices; and 3) Follow the terms of our current Notice.

#### WHO WILL FOLLOW THIS NOTICE

This Notice describes the practice of CH and all employees, health care professionals, and volunteers at CH.

Carondelet Health has entered into an arrangement (called an organized health care arrangement) with all Carondelet Health entities, and the physicians and the allied health professionals that may provide care to you while you are in a CH facility. This arrangement will help us treat you by allowing these facilities and providers share information about you. We will share your information to treat you, to get paid, and for quality improvement and management purposes. The following individuals and entities are part of this arrangement:

Carondelet Health	Saint Joseph Health Center
Carondelet Care Resources	Saint Joseph Health Center Foundation
Carondelet Home Care Services	St. Mary's Hospital of Blue Springs
Carondelet Hospice	St. Mary's Hospital of Blue Springs Foundation
Carondelet Infusion Services	St. Mary's Manor
Carondelet Manor	Villa Saint Joseph
Carondelet Medical Equipment Services	Physicians and other individuals providing care at any of these entities
Carondelet Pharmacy	

This arrangement does not affect, in any way, how your physician medically treats you. It does not affect your doctor's medical decisions about your care. It only affects how information about you is shared with your providers. **This arrangement does not make your physicians or allied health professionals employees or**

**agents of CH or any CH entity; your physicians and allied health professionals make their own independent medical decisions about your care.**

This Notice does not cover your information in your doctor's office. You will receive another notice when you go to his/her office.

## **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

We need certain information to care for you. We also need information so that we can receive payment for our services. We will use and disclose your information in the ways described below. We have listed these uses and disclosures in categories. We have provided an example within each category. We did not list all of the uses and disclosures in each category.

- ❖ **Treatment** We may use and disclose your information to provide or coordinate your care. For example, your information may be disclosed to people providing care to you. We will provide Lifeline Central with information they need to respond appropriately to your Lifeline alarm.
- ❖ **Payment** We may use and disclose your information for payment of the services and treatment provided to you. For example, we use your information to create a bill and send the bill to you or a third party.
- ❖ **Health Care Operations** We may use and disclose your information for health care operations purposes. Health care operations include quality improvement, educational, business planning, and compliance activities. For example, we may review our performance in serving you.

You have the opportunity to object to the following uses and disclosures of your information.

- ❖ **Individuals Involved in Your Care or Payment for Your Care** Unless you object, we may release health information about you to a family member, other relative, or any other person identified by you who is involved either in your health care or payment for your care. We may use your information to notify a family member, or another person responsible for your care, of your location, general condition, or death.
- ❖ **Fundraising Activities** We may use your health information to contact you to raise money for Carondelet Health. For this purpose, we would use only basic information, such as your name, address and phone number and the dates you were here. We will give you the opportunity to opt out of future fundraising efforts.
- ❖ **Disaster Relief** We may disclose your information to public or private agencies for disaster relief purposes.

We may also use and disclose your health information for:

- ❖ **Communication Barriers** We may use and disclose your medical information with an interpreter to communicate with you. This interpreter will sign an agreement with us to keep your information private.
- ❖ **Appointment Reminders** We may use and disclose your medical information to provide appointment reminders. You may request that we send reminders to an alternative or confidential location.
- ❖ **Treatment Alternatives** We may use and disclose your medical information to tell you about or recommend possible treatment alternatives or health-related benefits or services.
- ❖ **Media Stories** We may use your information to identify you for a media story. If identified, you will be contacted to ask if you would like to participate. Your information will not be shared with the media without your written authorization.

We may also disclose your medical information to outside parties without your authorization in the following circumstances.

- ❖ **As Required By Law** We will disclose your health information when required to do so by federal, state or local law. For example, we are required to report gunshot wounds to the police.
- ❖ **Public Health Purposes** We may disclose your health information for public health activities. For example:
  - Preventing or controlling disease, injury or disability;
  - Reporting deaths;
  - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- ❖ **Victims of Abuse**. We may disclose your health information to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- ❖ **Health Oversight Activities**. We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. For example, we may disclose your information during a survey by a licensing agency.
- ❖ **Judicial Purposes**. We may disclose your health information in response to a court or administrative order. We may disclose your health information in response to a subpoena, or other lawful process if you provide us with your authorization or we are required to by law.
- ❖ **Law Enforcement**. We may release health information if asked to do so by a law enforcement official, if the disclosure is:
  - Required by law;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime, under certain limited circumstances;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct on our property; and
  - In emergency circumstances to report a crime, the location of the crime or the victims, or the identity, description or location of the person who committed the crime.
- ❖ **Workers' Compensation**. We may disclose your medical information to comply with workers' compensation laws.
- ❖ **To Avert a Serious Threat to Health or Safety**. We may use and disclose your health information when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person
- ❖ **Specified Government Functions**. In certain circumstances, Federal law authorizes the government agencies to use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others.
- ❖ **Change in Ownership**. In the event that Carondelet Health or one of its facilities is sold or merged with another company, your health information will become the property of the new owner.

## **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us with your authorization to use or disclose your health information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your authorization. You understand that we are unable to take back any disclosures we have already made under the authorization.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding health information we maintain about you:

- ❖ **Right to Request Restrictions**. You have the right to request a restriction or limitation of your medical information we use or disclose for treatment, payment or health care operations. You also have the right to request a restriction of your health information we disclose about you to someone who is involved in your care or the payment for your care.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request a restriction of the use or disclosure of your information, contact our Privacy Officer Designee to obtain the form to make your request.

- ❖ **Right to Request Confidential Communications**. You have the right to request that we communicate with you or your responsible party about your health care in an alternative way or at a certain location. We will not ask you for the reasoning for your request but may ask for clarification. We will accommodate your request if it is reasonably within our means to do so. You may be required to make alternative payment arrangements.

To request confidential communications, contact our Privacy Officer Designee to obtain the form to make your request.

- ❖ **Right to Inspect and Copy**. You have the right to inspect and copy medical information that may be used to make decisions about your care. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

To request to inspect or copy your records, contact our Privacy Officer Designee to obtain the form to make your request.

- ❖ **Right to Amend**. You have the right to ask us to amend your medical and/or billing information for as long as the information is kept by us.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

To request an amendment to your record, contact our Privacy Officer Designee to obtain the form to make your request.

- ❖ **Right to an Accounting of Disclosures**.

You have the right to receive an accounting of disclosures, a list of individuals and entities that have received your medical information. This list will not include an accounting for disclosures for treatment, payment and healthcare operations; disclosures made pursuant to an authorization; incidental disclosures; disclosures of information in the facility directory; disclosure for notification purposes, disaster relief purposes and to persons involved in your care; disclosures for national security or intelligence purposes;

disclosures to correctional institutions or law enforcement officials having custody of you; disclosures as part of a limited data set; and disclosures made before April 14, 2003.

You may receive one (1) free accounting during a twelve (12) month period. If you request more than one (1) accounting you will be charged a fee. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

To request an accounting of disclosures, contact our Privacy Officer Designee to obtain the form to make your request.

- ❖ **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.

You may obtain a copy of this Notice at our web site at [www.carondelethealth.org](http://www.carondelethealth.org).

To obtain a paper copy of this Notice, contact our Privacy Officer Designee.

### **CHANGES TO THIS NOTICE**

We may change this Notice. We may make the revised Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice is also available to you upon request. On the first page of the notice is the effective date.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Carondelet Health or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Director of Medical Records to obtain the form to file your complaint.

**You will not be penalized in any way for filing a complaint.**