

# 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 is effective March 1, 2015

## Overview

This notice provides information about the use and disclosure of your protected health information (PHI) by Kootenai Health.

This Notice:

- Describes your rights and our obligations for using your health information.
- Informs you about laws that provide special protections.
- Explains how your health information is used and how, under certain circumstances, it may be disclosed.
- Tells you how changes to this Notice will be made available to you.

## Who Will Follow This Notice

This Notice applies to Kootenai Health, Kootenai Clinic, Heart Clinics Northwest, Kootenai Outpatient Surgery, Kootenai Outpatient Imaging, Kootenai Health Foundation and their staff, physicians, vendors, volunteers, and students insofar as the health information maintained about you in those organizations.

## Uses and Disclosures Permitted Without Your Authorization

There are certain uses and disclosures that we are required or permitted to make without your specific written authorization.

These permitted uses and disclosures are described below:

- **Treatment** – We may use or disclose your health information for providing your care. For example, we may remind you of an appointment or share information about you with your primary physician for follow-up.
- **Payment** – We may use or disclose your health information for obtaining payment. For example, we may call your insurer to confirm in advance that your insurer will cover your surgery.
- **Operations** – We may use or disclose your health information for health care operations. For example, to evaluate the performance of those caring for you.
- **Business Associates** - We may disclose your health information to business associates with whom we contract to provide services. For example, we may disclose your information to a company that assists us in billing.
- **Military** – If you are a member of the armed forces, we may disclose information about you as required by military command authorities or to the Department of Veterans Affairs.
- **Incidental Uses and Disclosures** – There are certain uses or disclosures of your information that may 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. Other individuals may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.
- **Coroners, Medical Examiners and Funeral Directors** – We may disclose health information to a coroner, medical examiner or funeral director to assist them in carrying out their duties.
- **Organ Procurement Organizations** – We may disclose health information to organizations that handle organ, eye or tissue donation or transplantation.
- **Health Oversight** – We may disclose health information to a health oversight agency or public health authority authorized by law to investigate or oversee health provider conduct or conditions.
- **Public Health Activities** - We may disclose your health information to a public health or other governmental authority authorized by law to receive information for the purpose of preventing or controlling disease, injury, disability, neglect or abuse, or for purposes related to the quality, safety or effectiveness of regulated products or services.
- **Law Enforcement** – We may report information to appropriate law enforcement personnel: about certain types of wounds or other physical injuries; information to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; to identify, locate or apprehend a suspect fugitive, material witness or missing person; for intelligence, counter intelligence and other national security activities; about a victim of a crime; and/or about a crime on the premises.

- **Legal Proceedings** – We may disclose health information to attorneys or courts in response to a subpoena, discovery request or other lawful process.
- **Required by Law** – We will use or disclose your protected health information to the extent that the law requires it.
- **Research** – We may use or disclose information about you for research projects. Research projects must go through a special process that protects the confidentiality of your information.
- **Fundraising** – We may disclose health information to a business associate or KH related foundation for the purpose of raising funds for the organization. They will however, provide you with information about how you can opt out of future fundraising communication.
- **Idaho Health Data Exchange (IHDE)**. We participate in the IHDE which allows medical professionals, payers, and state government to access information about you for treatment, payment, and health care operations. If you do not want the IHDE to use or disclose your information, you may obtain a *Request to Restrict Disclosure of Health Information* from Patient Access at the hospital, or front desk at a KH Clinic, or use the form provide on the KH web site.

## Uses and Disclosures When You Have the Opportunity to Object

- **Disclosure to and Notification of Family, Friends or Others involved in your care** – Unless you object, we may use or disclose information to notify or help notify a family member or other person responsible for your care, your location and condition. We may also disclose to a family member, other relative, close personal friend or any other person you identify, information relative to that person’s involvement in your care or payment for your care. If you do not want family members or others notified please tell staff at the registration or front desk, and/or those caring for you.
- **Hospital Directory** – Unless you object, the Hospital will use your name, location in the facility, general condition and religious affiliation for directory purposes. That means that when you are a hospital patient, this information may be provided to members of the clergy and except for religious affiliation, to people who ask for you by name. If you do not want your health information listed in the hospital directory, please tell the Hospital Patient Access staff.
- **Disclosure for Disaster Relief Purposes** – We may disclose your location and general condition to a public or private entity (such as FEMA or the Red Cross) authorized by its charter or by law to assist in disaster relief efforts.

## Other Uses and Disclosures

Certain types of health information are afforded extra protection under federal or state law. For example, disclosures of information about behavioral health, chemical dependency, sexually transmitted disease and genetic testing often require your written permission. Unless required by law, we will obtain your written permission before disclosing such information.

## Uses and Disclosures Requiring Your Authorization

We will obtain a written authorization from you before using or disclosing your protected health information for any purpose other than that summarized above. You may revoke your authorization at any time by submitting a written notice to the Health Information Management/Medical Record Department. The revocation will not affect disclosures that have already been made, but will stop future disclosures.

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and how you can exercise those rights.

**You have a right to review and ask for a copy of the lab, health and billing information we maintain and use to make decisions about you.**

If the information is maintained electronically, you have a right to receive that information in an electronic format.

You can ask to see or obtain a copy of your information by contacting the Health Information Management/Medical Record Department at the Hospital, the front desk staff at your Clinic, or by completing and submitting an *Authorization for Release of Information* on the KH web site. We may charge you a reasonable, cost-based fee.

**You have a right to request changes to your health information.**

You can ask us to correct health information about you that you think is incorrect or incomplete. To request an amendment to your record, contact the author of the incorrect entry, the Privacy Officer, or complete and submit the *Request for Amendment* form on the KH web site.

**You have a right to request restrictions to uses and disclosures of your information.**

You may ask us to limit how we use or disclose your health information. We are not required to agree to your request and will tell you if your request cannot be honored. If we agree to your request, we will not violate the restriction unless the information is necessary to provide you with emergency treatment.

You may request a restriction by contacting the Privacy Officer or completing and submitting a *Request for Restriction* form on the KH web site.

If you pay for a service or item out-of-pocket in full, you can ask us not to share with your health insurers information about that service or item for the purpose of payment or our operations.

You may request a restriction from your insurer when you present and make payment in full at the time of the encounter.

**You have a right to request we communicate with you by alternative means or locations.**

We normally contact you by telephone or mail at the location and phone number you provided on admission. You may request that we contact you by some other method or at some other location. We will accommodate reasonable requests, but may require that you explain how payment will be handled if an alternative means of communication is used.

You may make your request with the Patient Access or Registration staff at the Hospital or the front desk staff at your Clinic, or by completing and submitting a *Confidential Communications Request* form on the KH web site.

**You have a right to receive a list of the disclosures of your health information.**

To learn more or request such a list, contact the Privacy Officer or complete and submit the *Request for an Accounting of Disclosures* form on the KH web site.

**You have a right to obtain a paper copy of this Notice**

This Notice is available in paper form in each of the KH lobbies, or may be obtained by contacting the Privacy Officer, Patient Access or Registration staff at the Hospital or the front desk staff at your Clinic.

## **Complaints**

Please contact the Privacy Officer if you have questions or concerns about your privacy rights. You may file a formal complaint by completing and submitting the *Privacy Rights Complaint* form on the KH web site.

The Privacy Officer may be reached at:

Privacy Officer  
Kootenai Health  
2003 Kootenai Health Way  
Coeur d'Alene, ID 83814  
(208) 625-6248

You may also file a formal complaint with the Office for Civil Rights, Health and Human Services by following the directions on their web site.

We will not retaliate against you for filing a complaint.

## **Our Legal Duties**

Kootenai Health (KH) is required by law to maintain the privacy and security of your health information and to notify affected individuals following a breach of unsecured health information.

We are required to provide you with a Notice of our legal duties and privacy practices with respect to protected health information and to abide by the terms of the Notice currently in effect.

We reserve the right to change the terms of the Notice and apply the changes to all information we have about you. The new Notice will be available in our facilities, and on our web site.