

Patient Guide



**Patient Rights &
Responsibilities**



**Notice of Privacy
Practices**



**Health Care Billing and
Financial Assistance**

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KootenaiHealth

2003 Kootenai Health Way | Coeur d'Alene, Idaho 83814
208.625.4000 | kh.org

Patient Rights & Responsibilities

At Kootenai Health our primary commitment is to provide professional care at the highest standard in collaboration with the families we serve. Our patients may exercise these rights without regard to race, sex, culture, economic, educational or religious backgrounds, gender identity, sexual orientation, disability or their source of payment for their care.

Kootenai Health respects the right of patients to formulate Advance Directives and follows the wishes of patients, when these are known, in accordance with Federal and State law. When requested, Kootenai Health will provide Advance Directive information to all adult patients.

Patient Rights

As a patient, you are entitled to:

- The right to receive important messages from Medicare if you are a Medicare patient.
- Receive information in a manner in which you understand and best fits your personal learning needs.
- Receive sufficient information to give consent prior to treatment except in life threatening situations.
 - Be informed concerning your diagnosis, treatment, and prognosis as well as the names of those responsible for your care. (The primary physician responsible for coordination of your care and relationships of other professionals involved in your care.)
 - Participate in decisions about your care, treatment and services provided to you.
 - Refuse treatment to the extent permitted by law and/or obtain a second opinion regarding your treatment.
 - Examine and receive explanations of your bill regardless of the source of payment.
 - Be assured your physician and your family (a family member or other representative) will be promptly notified when you are admitted.
 - Express a complaint or concern to the appropriate personnel without fear of jeopardizing continuing services and expect appropriate action within a reasonable period of time. You have the right to know with whom you can file a complaint.
- Receive considerate and respectful care, being assured of personal privacy and confidentiality concerning your medical care.
- Care provided with staff following current standards of practice for patient environmental safety, infection control, and security.
- Receive care in a safe setting without any abuse or harassment.
- Be assured of confidentiality of your medical record as well as your ability to access information contained in your medical record.
- Assured privacy except for medical and safety reasons.
- Appropriate pain management through cooperative planning involving you, your physician, and your nursing staff.
- Enjoy full and equal visitation privileges consistent with your preferences.
 - Be informed of your visitation rights, including any clinical restrictions or limitation to those rights.
 - Receive visitors that you designate, and have the right to withdraw or deny visitation consent at any time.

Patient's Responsibilities

As a patient, you are entitled to:

- Provide accurate and complete information concerning your complaints, past medical history, or other matters related to your health.
- Ask questions and seek any information you need to understand your illness and/or treatment.
- Obtain and carefully consider all information you may need to be able to give informed consent for a procedure or treatment.
- Understand and weigh the potential consequences of your refusal.

- Follow your physician's instructions or recommendations as well as following Kootenai Health policies and procedures.
- Promptly fulfill your financial obligations.
- Request assistance as needed with appropriate financial awareness.
 - Assist third party payers in compiling a complete medical record by authorizing release of necessary medical information to them.
- Express opinions, concerns or complaints in a constructive manner so Kootenai Health can improve services.
- Be considerate of the rights of other patients and facility personnel.

Parent's Rights & Responsibilities

As a parent, you are entitled to:

- Receive considerate and respectful care for your child.
- Receive information in a manner in which you understand and best fits your personal learning needs.
- Be informed of your child's diagnosis, treatment and prognosis, and the names of those responsible for your child's care.
- Receive sufficient information to give consent prior to treatment, except in life threatening emergencies.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences.
- Be assured of privacy concerning your child's medical care.
- Expect that a transfer to another facility is carefully evaluated based on the hospital's capacity to serve your child's needs and on the urgency of the situation.
- Examine and receive an explanation of your bill regardless of the source of payment.
- Express a complaint or concern to appropriate personnel without fear of jeopardizing continuing services and expect appropriate action within a reasonable period of time.
- Be informed of your visitation rights, including any clinical restrictions or limitation to those rights.
- Receive visitors that you designate, and have the right to withdraw or deny visitation consent at any time.
- Not be restricted, limited, or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- Enjoy full and equal visitation privileges consistent with your preferences.

Parent's Responsibilities

As a parent, your responsibility is to:

- Take part in decisions concerning your child's care and treatment.
- Ask questions about treatment and procedures you may not understand.
- Provide a complete and accurate medical history to those involved in caring for your child.
- Weigh the potential consequences of any refusal to comply with physician's instructions or recommendations.
- Request assistance as needed with appropriate financial arrangements regarding hospitalization.

How do I Communicate a Complaint or Grievance?

1. Kootenai Health's Guest Services

- **Phone: 208.625.4298 or 208.755.3534**
- **Mail: Kootenai Health, Attn: Patient Advocate, 2003 Kootenai Health Way, Coeur d'Alene, ID 83814**

2. Det Norske Veritas Healthcare Hospital Accreditation (DNVGL Healthcare)

- Online: www.hospitalcomplaint@dnv.com
- Toll free: 866.523.6842
- Mail: DNV Healthcare, Attn: Hospital Complaint DNV Healthcare Inc., 400 Techne Center Drive, Suite 100, Milford, OH 45150

3. Idaho Bureau of Facility Standards

- Phone: 208.334.6626
- Mail: Idaho Bureau of Facility Standards, P.O. Box 83720, Boise, ID 83720

Kootenai Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Language assistance services, free of charge, are available to you. **Please call 208-625-4000.**

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. **Llame al 208-625-4000.**

Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. **Nazovite 208-625-4000.**

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 12, 2022.

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, Kootenai Urgent Care, Kootenai Outpatient Surgery, Kootenai Outpatient Imaging, and their staff, physicians, vendors, volunteers, and students as they work with the health information maintained about you in those organizations.

MultiCare Connected Care Network:

Kootenai Health is part of the MultiCare Connected Care Network which is an organized health care arrangement (OHCA). An OHCA is (i) a clinically integrated setting in which individuals typically receive health care from more than one health care provider or (ii) an organized system of health care in which more than one health care provider participates. The health care providers who participate in the OHCA will share medical and billing information about you with one another as may be necessary to carry out treatment, payment, and health care operations activities.

Uses and disclosures permitted without your authorization:

There are certain uses and disclosures 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 suspected 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 Kootenai Health 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)** – Kootenai Health participates 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 must contact IHDE directly to opt-out. More information can be found at <https://idahohde.org/patients/faqs/>

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, Kootenai Health will use your name, location in the hospital, 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 Records 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 health information by contacting the Health Information Management/ Medical Records Department at Kootenai. For more information on this process, please visit <https://www.kh.org/patient-and-visitor-information/medical-records/> 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. We may say “no” to your request, but we’ll tell you why in writing within 60 days. To request an amendment to your record, you may find the form and more information on the Kootenai Health web site: <https://www.kh.org/patient-and-visitor-information/medical-records/>

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 completing and submitting a Request for Restriction of Use and Disclosure form on the Kootenai Health web site: <https://www.kh.org/patient-and-visitor-information/medical-records/>

If you pay for a service or item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. You may request this restriction from Kootenai before or at the time of service.

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 by completing a *Confidential Communications Request* form on the Kootenai web site: <https://www.kh.org/patient-and-visitor-information/medical-records/>

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 Accounting of Disclosures* form on the Kootenai Health web site.

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

This Notice is available in paper form at all Kootenai Health locations.

Complaints:

You may file a formal complaint by contacting the Privacy Officer or if you have questions or concerns about your privacy rights.

The Privacy Officer may be reached at:

Privacy Officer
Kootenai Health
2003 Kootenai Health Way
Coeur d’Alene, ID 83814
(208) 625-6248
(844) 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 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.

Kootenai Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Language assistance services, free of charge, are available to you. **Please call 1-208-625-4000.**

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-208-625-4000.

Srpsko-hrvatski (Serbo-Croatian) OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-208-625-4000.

Health Care Billing and Financial Assistance

Health care billing can be complicated. Although everyone is charged the same, different insurance plans may mean that patients are responsible for paying different amounts for the same service. This is why it's critical to give the right personal and insurance information to your health care provider. If you get follow up questions from either your insurance plan or your health care provider, please respond as quickly as possible.

Questions?

If you have questions about your bill or paying for your services, please contact our financial counseling team at (208) 625-5000, or visit kh.org/pay-my-bill for information.

Paying Your Bill – Three Convenient Options:

1. Online / smartphone:

Pay your bill online or through your smartphone through MyChart, our convenient patient portal that allows you to see all your information and even pay your bills in one place. Download the mobile app or visit mychart.kh.org to register. (Not available for care received prior to 3/12/2022.)

2. By mail:

Mail your payment to:
Kootenai Patient Accounts
2003 Kootenai Health Way
Coeur d'Alene, ID 83814

3. In person:

Stop by Kootenai Business Services, located at:
1221 W. Ironwood Dr.
Coeur d'Alene, ID 83814
Open: Monday through Friday, 7:30 a.m. – 4:30 p.m.

Need Help Paying Your Bill?

Zero interest financing and financial assistance are available to those who qualify. Please visit kh.org/pay-my-bill for more information.

Bills from Other Providers

You may receive services from physicians and other health care professionals who are on staff at Kootenai Health, but are not employees of Kootenai Health. In these instances, you will receive a separate bill from these providers. If you have questions about such a bill, please contact the provider directly. You may also contact Kootenai's financial counseling team at (208) 625-5000 for information.

Hospital-Based Locations

A number of clinics and other facilities where you may receive care are classified as hospital-based facilities. All hospital-based locations have signage designating them that way. Although overall costs for care at hospital-based locations is comparable to non-hospital-based facilities, patients may incur additional out-of-pocket expenses at a hospital-based location because clinical services provided there are billed as an outpatient hospital service.

