



**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**WHO WILL FOLLOW THIS NOTICE**

This Notice describes the privacy practices of Boys Town National Research Hospital (BTNRH), including:

- Any health care professional authorized to enter information into your BTNRH medical record.
- All departments and units of BTNRH, including outpatient clinics.
- Any member of a volunteer group we allow to help you while care is being provided.

This Notice also describes the privacy practices of an organized health care arrangement or "OHCA" between BTNRH and its Medical Staff in which BTNRH and its Medical Staff share medical information from inpatient and outpatient hospital visits for treatment, payment and health care operations. All Members of the BTNRH Medical Staff will follow this Notice when providing services at BTNRH facilities including outpatient clinics. This Notice does not cover the information practices of practitioners in their private offices or at other locations when such practitioners are not employed by BTNRH.

**UNDERSTANDING YOUR HEALTH RECORD/INFORMATION**

Every time you visit a physician, the hospital or other healthcare provider, a record of your visit is made. This health record includes demographic and insurance information, symptoms, examination and test results, diagnosis, treatment, and plans for future care or treatment. Your provider uses this information to plan your care and treatment. Your health record is also used as a communication tool by the many providers at BTNRH. Your health record is also used by insurance companies to verify that services we billed for were actually provided. Although your health record belongs to BTNRH, you do have certain rights with regard to your health information. We refer to your health record in this notice as "medical information."

This Notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

**We are required by law to:**

- Provide you with notice of our legal duties, privacy practices and your rights with respect to medical information.
- Follow the terms of the Notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways we use and disclose medical information. For each category of uses and disclosures, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. All of the ways we are permitted to use and disclose information will fall within one of the identified categories.

**For Treatment**

Medical information obtained by members of your healthcare team will be recorded in your record and used to determine the course of your treatment. Healthcare team members will communicate with one another personally and through the health record to coordinate your care. We may provide your physician or other healthcare provider with copies of reports that may help determine your future treatment.

**For Payment**

We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval (pre-certification) or to determine whether your plan will cover the treatment. We may also disclose your medical information to another healthcare provider for its payment purposes.

**For Health Care Operations**

We may use and disclose medical information about you for BTNRH health care operations. These uses and disclosures are necessary to operate the entity and promote quality care. We may use medical information to review our treatment and services and to evaluate the performance of our staff. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, medical students and other personnel for review and learning purposes. We may disclose medical information about you to entities outside of BTNRH for certain healthcare operations of the other entity as long as both entities have a relationship with you. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in care and services. We may remove information that identifies you from this set of medical information so that others may use it to study health care and

health care delivery without learning patient specifics.

**Business Associates**

We may disclose medical information to other persons or organizations, known as business associates, who provide services on our behalf under contract. To protect your medical information, we require our business associates to appropriately safeguard the information we disclose to them.

**Health Related Benefits & Services**

We may contact you to regarding appointments, information about treatment alternatives, test results, or other health related benefits and services.

**Fundraising Activities**

We may use medical information, or disclose it to our business associate, to contact you as part of a fundraising effort for the hospital. We may also disclose information about you to our hospital related foundation so the foundation may contact you in raising money for hospital operations. We will only use or disclose demographic information, such as your name, address and phone number, the dates you received treatment or services, treating physician, outcome information and department of service. Any time you are contacted, whether in writing, by phone or by other means for our fundraising purposes, you will have the opportunity to "opt out" and not receive further fundraising communications related to the specific fundraising campaign or appeal for which you are being contacted, unless we have already sent a communication prior to receiving notice of your election to opt out. If you do not want to be contacted for any fundraising efforts, you must notify the BTNRH Privacy Officer in writing.

**Notification/Communication**

We may use or disclose medical information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. If any of these individuals are involved in your care or payment for your care, we may also disclose such medical information as is directly relevant to their involvement. We will only release 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.

Unless state or federal law otherwise restricts us, or unless you instruct us not to, we may release your location within the hospital and general condition to people who ask for you by name. In addition, we may release your name, location, general condition and religious affiliation to members of the clergy.

If we believe in good faith that a disclosure of your medical information is necessary to prevent or minimize a serious threat to you or the public's health or safety, we may disclose your medical information to specified authorities or any person reasonably able to prevent or lessen the threat (including the target). We may also disclose your medical

information if we believe it is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

#### **Research**

We may disclose your medical information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to protect the privacy of your health information. These researchers may then inform you of research projects that may be of interest to you or your family. In addition, we may disclose information to researchers in preparation for research.

#### **As Required By Law**

We will disclose medical information about you when required to do so by federal, state or local law.

#### **Organ procurement organizations**

Consistent with applicable law, we may disclose medical information to organ, eye and tissue procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes or tissues as necessary to facilitate organ, eye and tissue donation and transplant.

#### **Workers' Compensation**

We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

#### **Public Health Activities**

We may disclose your protected health information to a public health authority that is permitted to collect or receive the information. We may be required to report information to help prevent or control disease, injury, or disability. This includes reporting child abuse, domestic violence or neglect, FDA regulated products or activities, and exposure to communicable diseases, or with parent or guardian permission, to send proof of required immunizations to a school. We may also disclose information, if directed by the public health authority, to a foreign government agency that collaborates with the public health authority.

#### **Law Enforcement**

We may disclose certain medical information about you if asked to do so by a law enforcement official: as required by law, including reporting certain wounds and physical injuries; in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime if we obtain your agreement or under certain limited circumstances, if we are unable to obtain your agreement; to alert authorities of a death we believe may be the result of criminal conduct; information we believe is evidence of criminal conduct occurring on our premises; and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

#### **Specialized Government Functions**

We may disclose your health information for military and veterans' activities, national security and intelligence activities, and similar special governmental functions as required or permitted by law. We may disclose medical information about you to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.

#### **Judicial and Administrative Proceedings**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.

#### **Health Oversight Activities**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, 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.

#### **Deceased Individuals**

We are required to apply safeguards to protect your medical information for 50 years following your death. Following your death, we may disclose medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties and to a personal representative (for example, the executor of your estate). We may also release your medical information to a family member or other person who acted as personal representative or was involved in your care or payment for care before your death, if relevant to such person's involvement, unless you have expressed a contrary preference.

#### **Incidental Uses and Disclosures**

There are certain incidental uses or disclosures of your medical 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.

#### **Health Information Exchange**

We may participate in one or more electronic health information exchanges which permit us to exchange medical information about you with other participating providers, health plans and their business associates. For example, we may permit a health plan that insures you to electronically access our records about you to verify a claim for payment for services we provide to you. Or, we may permit a physician

providing care to you to electronically access our records in order to have up to date information with which to treat you. Participation in a health information exchange also lets us access medical information electronically from other participating providers and health plans for our treatment, payment and health care operations purposes as described in this Notice. We may in the future allow other parties, for example, public health departments that participate in the health information exchange, to access your medical information electronically for their permitted purposes as described in this Notice.

#### **USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION**

There are many uses and disclosures we will make only with your written authorization. These include:

- **Uses and Disclosures Not Described Above** – We will obtain your authorization for any use or disclosure of your medical information that is not described in the preceding examples.
- **Psychotherapy Notes** – These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures of psychotherapy notes require your authorization.
- **Marketing** – We will not use or disclose your medical information for marketing purposes without your authorization. In addition, if we will receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.
- **Sale** – We will not sell your medical information to third parties without your authorization. Any such authorization will state that we will receive remuneration in the transaction.

If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information for the reasons covered by your written authorization. You understand that we are unable to take back any uses or disclosures we have already made in reliance on your authorization and that we are required to retain records of the care provided.

#### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

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

**Right to Notification in the Case of Breach**  
We are required by law to notify you of a breach of your unsecured medical information. We will provide such notification to you without unreasonable delay but in no case later than 60 days after we discover the breach.

### 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. Usually, this includes medical and billing records. This does not include psychotherapy records.

You must submit your request to inspect and copy medical information that may be used to make decisions about you in writing to the Health Information Management Director. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

If we maintain medical information about you electronically in one or more designated record sets and you ask for an electronic copy, we will provide the information to you in the form and format you request, if it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it in another readable electronic form we both agree to. In addition to the costs described above, we may charge a cost-based fee for our staff to make the electronic copy. If you direct us to transmit your medical information to another person, we will do so, provided your signed, written direction clearly designates the recipient and location for delivery.

We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Hospital.

To request an amendment, your request must be in writing and submitted to the Health Information Management Director at 555 N. 30<sup>th</sup> Street, Omaha, NE 68131. In addition, you must provide a reason that supports your request for amendment. 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:

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

### Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures, which is a list of certain disclosures of your medical

information. Your right to an accounting does not include disclosures for treatment, payment and health care operations and certain other types of disclosures, for example, as part of a facility directory or disclosures made with your written authorization.

To request an accounting of disclosures, you must submit a request in writing to the Health Information Management Director at 555 N. 30<sup>th</sup> Street, Omaha, NE 68131. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list of disclosures you request within a 12-month period will be free. We may charge for the costs of providing additional lists. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

### Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for care, like a family member or friend.

Except as described below, we are not required to agree to your request. If we do agree to a requested restriction, we will comply with your request unless the information is needed to provide emergency treatment.

We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations purposes, if you pay out-of-pocket in full for all expenses related to that service prior to your request, and the disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive an Authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction.

To request restrictions, you must make your request in writing to the Privacy Officer at 555 N. 30<sup>th</sup> Street, Omaha, NE 68131. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

### Right to Request Confidential Communications

You have the right to request that we communicate with you about your medical matters in a certain way or at a certain location.

To request confidential communications, you must make your request in writing to the Privacy Officer at 555 N. 30<sup>th</sup> Street, Omaha, NE 68131. We will not ask you the reason for

your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice. Even if you have agreed to receive this Notice electronically, you are entitled to a paper copy of this Notice at any time.

You may obtain an electronic copy of this Notice at <http://www.boystownhospital.org/>. To obtain a paper copy of this Notice, contact the Privacy Officer.

### Our Response to Your Requests

We will respond to your requests to exercise any of the above rights on a timely basis in accordance with our policies and as required by law.

### CHANGES TO THIS NOTICE

We reserve the right to or may be required by law to change our privacy practices, which may result in changes to this Notice. We further reserve the right to make the revised or changed 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 each BTNRH entity and on our website. The Notice will contain the version number and effective date.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the BTNRH Privacy Officer or with the Secretary of the Department of Health and Human Services. ***You will not be penalized or otherwise retaliated against for filing a complaint.***

Contact:

Privacy Officer  
Boys Town National Research Hospital  
555 North 30<sup>th</sup> Street  
Omaha, NE 68131  
(531) 355-6644

If you have any questions or would like additional information about this notice or our Privacy Practices, please contact the Privacy Officer at (531) 355-6644.

Version #4 Effective Date 4/1/19