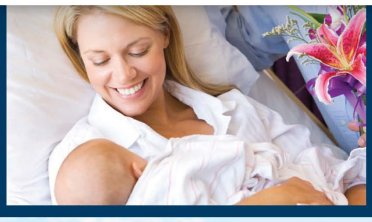
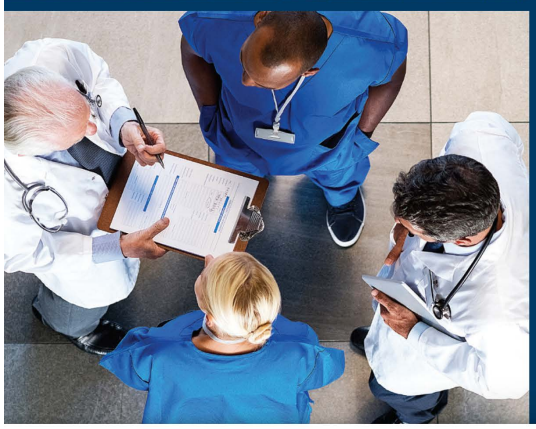
Notice of Privacy Practices





LMH Health

A partner for lifelong health

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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. If you have any questions about this notice, please contact our main number at (785) 505-5000 and ask to speak with the Privacy Officer.

Who Will Follow This Notice

Our Notice of Privacy Practices applies to entities that are owned or controlled by LMH Health, including our facilities, practices, departments and other sites of service; personnel who are employed by, contracted by, train with or volunteer with LMH Health; members of our medical staff and their approved personnel while they care for you at an LMH Health location; and other workforce members authorized to use or access protected health information

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at LMH Health. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by LMH Health. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Make available to you, this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information About You

For Treatment

We may use and share your health information to provide, coordinate or manage your health care and related services, both with our own providers and with others involved in your care. Different personnel may also share your health information to coordinate the different things you need, such as prescriptions, lab work and x-rays. For example, a doctor treating you for a broken leg may need to know if you have diabetes so she can treat you properly and work with our dietitian so you can have low sugar meals. Our case manager will need to know about your diabetes so he can connect with other agencies to get you access to the proper resources after discharge. We may also share your information with a health registry so we can access information that may help us identify a different way to treat you. We may share and receive your health information from other providers, including within our system, to treat you.

For Payment

We may use and share your health information with others to bill and collect payment for the services we provide to you, such as with billing departments, insurance companies, health plans and their agents and consumer reporting agencies.

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For example, if you broke your leg, we may need to share information about your condition, the supplies used and the services you received (such as X-rays or surgery) with your health plan so they can pay your bill. We may also contact payors before you receive scheduled services, such as for pre-approval from your health plan or to confirm you qualify for coverage.

For Health Care Operations

We may use and share your health information to carry out business activities that help us operate our health system, improve the quality and cost of patient care and conduct other health care operations. For example, we may look at patient information to evaluate the performance of our staff, plan new services, identify new locations for services or send you a survey about your experience. We may also use patient information to train personnel and students, respond to governmental agencies, support our licensing, analyze data and for legal and other purposes. We can also share your information with other providers who have a relationship with you for their own health care operations. For example, if you come to us in an ambulance, EMS may want to know the resolution to your care to determine if their medics delivered appropriate treatment to you in the ambulance.

Treatment Alternatives

We may use and share your health information to tell you about possible treatment options or alternatives that may be of interest. For example, if you have cardiac issues, we may tell you about exercise resources or apps that could support your heart health. Note you are responsible for reviewing any additional terms of use may apply to apps or other tools that you use.

Communicating With You

We may use and share health information to contact you about treatment, care or payment. For example, we may use your cell phone and email information to send you appointment reminders or to remind you that it is time for an annual checkup. We may also reach out to you for feedback about a recent visit or to see if you are feeling better. We may also use and share health information to tell you about health-related benefits or services that may be of interest to you (such as a skin cancer screening event), to tell you about a new practice opening near you or to assist you with disease management. These messages may be sent using automated dialing and/or pre-recorded messages. Unless you tell us otherwise, you agree we can send you reminders via phone calls, emails, text messages or other means based on the information you have on file with us. If you send us unencrypted emails or texts, you understand there are security risks in doing so and you accept those risks.

Business Associates

There are some services provided at LMH Health that are provided through contracts with Business Associates. Examples include information technology support services or a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our Business Associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, Business Associates, and subcontractors of Business Associates, are required by Federal law to appropriately safeguard your information.

OHCAs and ACOs

LMH Health participates in organized health care arrangements (OHCAs), such as with medical staff and care coordinators while at our locations, as well as in affordable care organizations (ACOs), such as the Blue Cross Blue Shield ACO. These enable us to share information among participating entities and providers in a clinically integrated setting; for treatment, payment and health care operations purposes; and, for joint activities.

Health Information Exchange

Health Information Exchanges (HIEs) are networks of electronic health information contributed by various providers. By seeing records of past care received at other locations in an HIE, providers can make more informed decisions about care plans and avoid duplicative or unnecessary treatment. We participate in several HIEs, including the Kansas Health Information Network (http://www.kanhit.org) and CommonWell (https://www.commonwellalliance.org/). You do not have to participate in an HIE to receive care from us, though note that opting out of an HIE does not stop us from using or sharing your information as described in this Notice. We also exchange data electronically with organizations in compliance with this Notice. For a full list LMH Health's data exchange partners, and how to opt out (if applicable), please visit http://lmh.org/privacy.

Our Facility Directory

We may include certain limited information about you in the facility directory while you are a patient at LMH Health. This information may include your name, location in the organization, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name, if you do not choose to opt out of this disclosure on the Acknowledgment of Receipt of Notice of Privacy Practices. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, if you do not opt out of this disclosure. This is so your family, friends and clergy can visit you and generally know how you are doing. If you wish to opt out, please notify the person who is registering you.

Individuals Involved in Your Care or Payment

We may share your health information with a family member, personal representative, friend or other person you identify or who is involved in your care or payment. For example, if you bring a sibling to your appointment or have a friend pick you up from a procedure, and you do not object to them hearing your medical information, then we can share relevant information with them. We could also tell your family how to care for you at home or share billing information if they are helping with your bills or covering your services. We may also share information to notify people involved in your care about your location, general condition or death. If you are unable to make decisions for yourself or it is an emergency, we will use our professional judgment to decide if it is in your best interest to share your health information with those involved in your care.

Fundraising Activities

We may use or disclose a limited amount of demographic information to LMH Health staff in order to contact you about our fundraising efforts. We may also disclose this information to certain Business Associates, who, at our request, will invite you to participate in raising money for LMH Health. All donations will be used to expand, improve and support LMH Health's healthcare services, operations, educational programs and research activities. You have the right to opt out of

these communications. If you do not want LMH Health or the LMH Health Foundation to contact you for fundraising efforts, you must notify the LMH Health Foundation Executive Director in writing, regarding this preference.

Identity Verification

We may photograph you for identification purposes, storing the photo in your medical record. This is for your protection and safety, but you may opt out. Please tell the person that is registering you if you wish to opt out.

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information.

- Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the organization.

As Required By Law

We will disclose medical information about you when required to do so by Federal, State or Local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Organ and Tissue Donation

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Medical Devices

Your social security number and other required information will be released in accordance with Federal laws and regulations to the manufacturer of any medical device(s) you have implanted or explanted during a procedure and to the Food and Drug Administration, if applicable. This information may be used to locate you should there be a need with regard to such medical device(s).

HIV, Substance Abuse, Mental Health and Genetic Information

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health and genetic information. Some parts of this Notice may not apply to these kinds of protected health information. Please check with our Privacy Officer for information about the special protections that do apply. For example, if we give you a test to determine if you have been exposed to HIV, we will not disclose the fact that you have taken the test to anyone without

your written consent unless otherwise required by law.

Military and Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. If you seek treatment for a work-related illness or injury, we must provide full information in accordant with State specific laws regarding workers' compensation claims. Once State specific requirements are met and an appropriate written request is received, only the records pertaining to the work-related illness or injury may be disclosed.

Public Health Risks

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- 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;
- To notify the appropriate government authority if we believe a patient has 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 medical information to a health oversight agency for activities authorized by law or regulation. These oversight activities include, for example, audits, investigations, inspections, accreditation and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes

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 efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Whistleblowers

If a person who works for us thinks we are breaking the privacy laws, they might tell an attorney or a government agency

about their concern. We would need to cooperate in any follow-up inquiry, which may require disclosure of PHI.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official:

- 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, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime, victims or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of LMH Health to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release medical information about you to authorized Federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective Services for the President of the United States and Others

We may disclose medical information about you to authorized Federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (l) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Kansas Law

In the event that Kansas Law requires us to give more protection to your health information than stated in this Notice or required by Federal law, we will give that additional protection to your health information. We will comply with additional State laws regarding confidentiality protections.

Your Rights Regarding Medical Information About You

Right to a Copy of Your Health Records

You have the right to obtain a copy of medical information that may be used to make decisions about your care and that is maintained by LMH Health. Usually, this includes medical and billing records, but does not include

psychotherapy notes. You also have the right to request an explanation or summary of your medical information.

You must submit your request to inspect and obtain a copy of medical information in writing to Health Information Management (https://www.lmh.org/patients-visitors/medical-records/Health Information Management). If your request is approved, we have thirty (30) days in which to respond to your request. If we are unable to respond within thirty (30) days (for example, the records you have requested are stored off site), we may request an additional thirty (30) days in which to respond to your request. You will receive written notice of this extension if needed and such notice will explain the reasons for the delay and the expected date of delivery. We will respond to the request within a reasonable amount of time but no later than sixty (60) days from the date your written request is submitted. If you request a copy of the information, we may charge a reasonable cost-based fee for the costs of copying, mailing or other supplies associated with your request. If you request an explanation or summary of your medical information, we may charge a fee equal to the labor cost of compiling such explanation or summary.

If LMH Health uses or maintains an electronic health record in one or more designated record sets with respect to your medical information, we must provide you with access to the electronic information in electronic form and the format requested, if it is readily producible, or, if not, in a readable form and format mutually agreed upon. You may direct LMH Health to transmit the copy to another entity or person that you designate provided the choice is clear, conspicuous, and specific. Your request must be submitted to Health Information Management (https://www.lmh.org/patients-visitors/medical-records/Health Information Management) in writing; it must be signed by you; and it must clearly identify the designated person or persons and where to send the copy.

We may deny your request to inspect and obtain a copy in certain, very limited circumstances (see listed below). If you are denied access to medical information, you may request that the denial be reviewed. Another 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.

- A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
- The protected health information refers to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.
- The request for access is made by the individual's personal representative, and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.
- The information requested is not maintained by LMH Health. In such a situation, if we know the location of the information requested, we must provide that information to you.

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 LMH Health. To request an amendment, your request must be made in writing and submitted to the Director of HIM. In addition, you must provide a reason that supports your request.

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 LMH Health;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To request this list or accounting of disclosures, you must submit your request in writing to the Director of HIM. Your request must state a time period which may not be longer than six years from the date of the request and may not include any dates before April l4, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists requested in the same 12-month period, we may charge you for the reasonable cost-based fees of providing the list. 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.

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 your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. This restriction does not apply to uses and disclosures of your health information related to your medical treatment.

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. You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time, unless it relates to a health care item or service that is paid out of pocket and in full, as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancelation.
To request restrictions, you must make your request in writing to the Director of HIM. 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, for example, disclosures to your spouse.

You also have the right to request that a health care item or service not be disclosed to your health plan for payment purposes or health care operations. We are required to honor your request if the health care item or service is paid out of

pocket and in full. Your restriction will only apply to records that relate solely to the service for which you have paid in full. We are not required to agree to any other request, and we will notify you if we are unable to agree.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Director of HIM. 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. 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. We will post a copy of our current Notice in our facilities and on our (http://www.lmh.org/privacy). A copy of our current Notice will be available at our registration areas or upon request. To obtain a paper copy of this Notice of Privacy Practices, please call our main Admissions Office at (785) 505-6101.

Right to Receive Notice of a Breach

We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your unsecured protected health information.

Changes To This Notice

We reserve the right to change this Notice at any time. We 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 LMH Health facility and on our website (http://www.lmh.org/privacy). In addition, each time you register at, or are admitted to, the LMH Health for treatment or healthcare services as an inpatient or outpatient, we will offer you a copy of our current Notice in effect.

Questions or Complaints

If you have any questions regarding this Notice, our privacy policies, or if you believe we impermissibly shared or used your information or that your rights were denied under HIPAA, you can file a complaint with LMH Health by contacting our main number at (785) 505-5000 and ask to speak with the Privacy Officer. You can also email us at compliance@lmh.org. You can file a complaint with the Secretary of the Department of Health and Human Services by going to hhs.gov/hipaa. You will not be penalized for filing a complaint. For more information, please visit us at lmh.org/privacy.

Nondiscrimination

LMH Health complies with applicable Federal civil rights laws and provides care that is sensitive to cultural, racial, religious and other differences. LMH Health does not discriminate on the basis of race, religion age, ethnicity, culture, language, socio-economic status, sex, sexual orientation, gender identity or expression, national origin, physical or mental disability or source of payment. LMH Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact Care Coordination at (785) 505-5000.

Document History

Rev	Date	Approved By	Comment
0	04/14/2003		Creation of Original Document
1	09/16/2013	Director, Compliance Management	Approved
2	05/16/2014	Director, Compliance Management	Revised
3	05/21/2018	Director, Compliance Management	Revised
4	06/10/2019	Director, Compliance Management	Revised

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LMH Health