

**TRI VALLEY HEALTH SYSTEM**

PO Box 488  
Cambridge, NE 69022  
(308) 697-3329

**Privacy Notice Written Acknowledgment**  
VERSION #0403

**I have received a copy of Tri Valley Health System Notice Of Privacy Practices; I am the patient or am authorized to act on behalf of the patient to sign this document verifying consent to the above stated terms.**

Date: \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Person Signing on behalf of Patient \*

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Please print name

\*Please explain Representative's Relationship to Patient and include a description of Representative's Authority to act on behalf of the Patient

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Documentation of Good Faith Effort**

\_\_\_\_\_ Attempted to distribute the Notice of Privacy Practices to the patient/parent/legal guardian, but the patient/parent/legal guardian declined to acknowledge the receipt of the Notice of Privacy Practices.

\_\_\_\_\_ Patient/Parent/Legal Guardian stated they had already received the Notice of Privacy Practices at another Tri Valley Health System Service location.

\_\_\_\_\_ Patient/Parent/Legal Guardian directed to Tri Valley Health System Website to view the Notice of Privacy Practices.

\_\_\_\_\_ The Notice of Privacy Practices was mailed to \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**PLEASE PLACE IN CHART**

TRI VALLEY HEALTH SYSTEM 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 or our Privacy Practices, please contact the Privacy Officer at (308) 697-3329

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the privacy practices of Tri Valley Health System entities including those of:

- Any health care professional authorized to enter information into your medical chart
- All departments and units of Tri Valley Health System
- Any member of a volunteer group, or health care students we allow to help you while you are provided care
- All employees, staff and other facility personnel
- Tri Valley Health System entities, sites and locations:
  - Cambridge Memorial Hospital
    - Tri Valley Physical Therapy
  - Tri Valley Health System Medical Clinics
    - Cambridge Medical Clinic
    - Indianola Medical Clinic
    - Arapahoe Medical Clinic
  - Tri Valley Durable Medical Equipment
  - Cambridge Manor
  - Cambridge Assisted Living Facility
- All the above-identified entities, sites and locations will follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

**UNDERSTANDING YOUR MEDICAL RECORD INFORMATION**

Each time you visit Tri Valley Health System a record of your visit is made.

Typically, this record describes your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record or designated record set, also includes your financial record and may be in paper or electronic form and serves as a:

- basis for planning your care and treatment;
- means of communication among the many health care professionals who help with your care;
- legal documents describing the care you received;
- means by which you or a third party payer, such as your insurance company, can verify that services billed were actually provided;

- a tool in educating health professionals;
- a source of data for medical research;
- a source of information for public health officials who work to improve the health of the nation;
- a source of data for facility planning and marketing;
- a tool which we can use to continually work to improve our patient care and the outcomes.

Understanding what is in your record and how it is used will help you to:

- make certain it is accurate;
- better understand who, what, when, where and why others may access your health information;
- make a more informed decision when giving your permission for your health information to be sent or released to others.

## **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 Tri Valley Health System. 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 the hospital, home care, physician offices, physical therapy, durable medical equipment, nursing facility and assisted living whether made by Tri Valley Health System personnel or your personal doctor.

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 medical information.

**We are required by law to:**

- **Make sure that medical information that identifies you is kept private;**
- **Give you this notice of our legal duties and privacy practice 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**

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

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at Tri Valley Health System. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of Tri Valley Health System also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people who may be involved in your medical care, such as family members, clergy or others, to the extent that they are involved in your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Tri Valley Health System may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan

information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

- **For Health Care Operations.** We may use and disclose medical information about you for Tri Valley Health System operations. These uses and disclosures are necessary to run Tri Valley Health System and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services Tri Valley Health System should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities or health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We will remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Business Associates.** We may provide protected health information (PHI) to other persons or organizations, known as business associates, who provide services (e.g., billing, transcription, management, consultant services) for use under contract. We require our business associates to protect the provided information just as we would. (Business Associates are people who do work for TVHS, but who are not employees).
- **Assist Ambulance Service Billing.** We may use and disclose medical information with an ambulance service to aid in their submission of claims on your behalf.
- **Thank You Notes.** If you send a thank you note to our facility, we may post it for our staff to see.
- **Contact you with results.** We may use and disclose medical information to contact you with results of tests performed at Tri Valley Health System.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Tri Valley Health System.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use or disclose information about you (such as your name, address, and phone number) and the dates you received services in order to contact you to raise money for our facility. We may use the same information to a Foundation related to Tri Valley Health System so that the Foundation may contact you in raising money for Tri Valley Health System. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as part of our fundraising efforts, please notify our Privacy Officer, in writing, at TVHS, PO Box 488, Cambridge, NE, 69022.

- **Facility Directory.** We may include certain limited information about you in the facility directory while you are a patient. This information may include your name, location in the facility, your general condition (e.g., good, fair, critical, etc.) and religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. The purpose of the directory is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. You may request that your name not be placed on the directory.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend, or family member or any other person identified by you, as being involved in your medical care or who is involved in the payment of your care. We may also tell your family or friends your condition and that you are in the hospital. We will only release this information if you agree to the disclosure, or given the opportunity to object to such a disclosure, or if in our professional judgment, it would be in your best interest to allow a person to act on your behalf, as in the case of picking up a filled prescription or medical supplies. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **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. Before we use or disclose medical information for research, the project will have been approved through our research approval process. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
- **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.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- **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.
- **Public Health Risks.** We may disclose medical information about you for public health activities. We will only make this disclosure if you agree or when required or authorized by law. Public Health 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.
- **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.
- **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.
- **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 Tri Valley Health System; 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.
- **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 the hospital 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 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 (1) 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.

## **OTHER USES OF MEDICAL INFORMATION:**

Other uses and disclosures of health 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 written authorization to use or disclose health 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 health information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with 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 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.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Tri Valley Health System Medical Records Department. 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.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Tri Valley Health System 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 Tri Valley Health System keeps the information.

To request an amendment, your request must be made in writing and submitted to Tri Valley Health System Medical Record Department. 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 the hospital;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**\*\*NOTE: The right to amend is not the right to obliterate or totally remove documentation from a medical record. Rather it is an opportunity to "append" a statement of counter-opinions to the record and to know that when the original statement is used or disclosed, the new "corrective" statement will accompany any released copies.**

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures of medical information that we made about you.

To request this list or accounting of disclosures, you must submit your request in writing to Tri Valley Health System Medical Record Department. Your request must state a period of time, which may not be longer than six years before the dated request 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 you request within a 12-month period will be free. We may charge you 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 at that time before any costs are incurred.

Our accounting for disclosures will not include those disclosures that were for payment, treatment, health care operations or authorized by you.

- **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.

***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 restrictions, you must make your request in writing. 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.

- **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 Medical Records custodian. 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. You may obtain a copy of this notice at our website, [www.trivalleyhealth.com](http://www.trivalleyhealth.com).

To obtain a paper copy of this notice write or call :

Attn: Privacy Officer  
Tri Valley Health System  
PO Box 488  
Cambridge, NE 69022  
(308) 697-3329

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. 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. TVHS will have available a copy of our current Notice of Privacy Practices in the admissions or reception areas of all Tri Valley Health System sites. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at, or are admitted to the hospital, or otherwise treated by a Tri Valley Health System entity, we will offer you a copy of the current notice in effect.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Tri Valley Health System or with the Secretary of the Department of Health and Human Services. To file a complaint with Tri Valley Health System see contact information below. All complaints must be submitted in writing.

*You will not be penalized for filing a complaint.*

## ORGANIZED HEALTH CARE ARRANGEMENT

Tri Valley Health System is a clinically integrated care setting in which patients receive care from both hospital staff and independent providers who belong to the Medical Staff. TVHS medical Staff must be able to share protected health information freely for treatment, payment, and health care operations. Therefore, TVHS and all eligible providers on the Hospital's medical Staff have entered into an "organized health care arrangement" or OHCA. Under the OHCA, each Hospital and the eligible providers will:

- Use a joint notice of privacy practices (this Notice) for all inpatient and outpatient visits;
- Obtain a single signed acknowledgment of receipt;
- Share protected health information from inpatient and outpatient hospital visits with eligible providers so that they can help the Hospital with its health care operations; and
- Follow the privacy and information practices described in this Notice. Each OHCA participant is individually responsible to follow the practices in this Notice.

*THIS NOTICE SERVES AS THE JOINT NOTICE OF PRIVACY PRACTICES OF THE ORGANIZED HEALTH CARE ARRANGEMENT.*

*Who is included? The participants in the OHCA include TVHS Hospital and all eligible providers on its Medical Staff. Eligible providers are providers who are themselves covered health care providers under HIPAA.*

*What sites are included? The OHCA covers only the Cambridge Memorial Hospital, its outpatient surgical, and outpatient care area (Specialty Clinic) The OHCA does not cover the private offices of the providers or their information practices there or at other practice locations.*

## CONTACTS

**FOR A COPY OF YOUR MEDICAL RECORD PLEASE CONTACT THE SITE WHERE CARE WAS RENDERED:**

### **Medical Clinics:**

Cambridge Medical Clinic

309 Nelson  
Cambridge, NE 69022  
308-697-3317

Indianola Medical Clinic

PO Box 436  
119 South 4<sup>th</sup> Street  
Indianola, NE  
308-364-9290

Arapahoe Medical Clinic

PO Box 289  
305 Nebraska Avenue  
Arapahoe, NE  
308-962-8495

**Cambridge Memorial Hospital, Cambridge Manor, Tri Valley Physical Therapy, Tri Valley Assisted Living:**

Medical Records  
Cambridge Memorial Hospital  
PO Box 488  
Cambridge, NE 69022  
308-697-3329

**For information regarding your billing or insurance questions contact:**

Downtown Center  
PO Box 488  
702 Patterson  
Cambridge, NE 69022  
308-697-3155

**For information regarding this Notice of Privacy Practice, to file a complaint, to request an amendment to your health record, to report a privacy violation, for any other question or concern you may have you can contact the Privacy Officer:**

Privacy Officer  
Tri Valley Health System  
PO Box 488  
West Highway 6 & 34  
Cambridge, NE 69022  
308-697-3329