

**Your Information.
Your Rights.
Our Responsibilities.**

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.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

Your Choices

You have some choices in the way we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ **See page 3** for more information on these choices and how to exercise them

Our Uses

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or healthcare 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. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payments, and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the bottom of page 5.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses

How do we typically use or share your information?

We typically use or share your information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

Our Uses

How else can we share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Additional Rights

You have the right to not participate in ATSU's electronic Health Information Exchange

- ATSU participates in an electronic Health Information Exchange (HIE) provided through the Tiger Institute Health Alliance. The HIE facilitates the transmission of your PHI among providers, health plans, or other organizational members of the HIE that are involved in the treatment or payment of your care. The HIE stores your data in a secured repository for members. The health care professionals that access your PHI have established a treatment relationship with you. In order for health care providers to provide the most comprehensive care for patients, the Tiger Institute Health Alliance HIE will join other HIEs and Health Networks that may store and contain your PHI. The HIE includes all health information obtained during your care at ATSU. Patient health information such as illnesses or injuries that you may have, your medical history (including hospitalizations), test results (like x-rays or blood tests), immunizations, and medication you are taking or have taken. Also included are diagnosis (diabetes, HIV/AIDS, sexually transmitted diseases) genetic testing, mental and behavioral health treatment records, and drug and alcohol treatment notes.
- The HIE may also provide critical information about you for other lawful purposes, such as educating providers about who manages the care of others like you.
- When your specific consent or authorization is required by law to disclose your medical record to others, ATSU will not disclose that information through the HIE without first obtaining your written consent.
- As our patient, your health information is automatically available in the HIE. If you don't wish to have your information shared in the HIE, you must opt-out of the HIE in writing by requesting, completing and signing a form available at any registration area.

You have the right to select an alternative provider who does not participate in a Medicare Shared Savings Program (MSSP) or Accountable Care Organization (ACO) program

- ATSU participates in Community Health Alliance of the Ozarks, an Accountable Care Organization (ACO). An ACO is a group of doctors, hospitals, and/or other healthcare providers that work together to improve quality and experience of care you receive. ACOs receive a portion of any savings that result from reducing costs and meeting quality requirements.
- Medicare evaluates how well each ACO meets these goals every year. The ACOs that do a good job can earn a financial bonus. ACOs that earn a bonus may use the payment to invest more in your care or share a portion directly with your providers. ACOs may owe a penalty if their care increases costs.

- ATSU participation in Community Health Alliance of the Ozarks doesn't limit your choice of healthcare providers. Your Medicare benefits are not changing. You still have the right to visit any doctor, hospital, or other provider that accepts Medicare at any time, just like you do now.
- To help us coordinate your care better, Medicare shares information about your care with your providers. If you don't want Medicare to share your healthcare information, call 1-800-MEDICARE (1.800.633.4227)
- For more information, ask for the ACO handout at the registration counter.

You have the right to request exclusion from participation in pharmacy history

- ATSU participates in the Surescripts Network Alliance. Surescripts informs care decisions by providing healthcare providers with patient information, including:
 - **Medication History** gives a more complete and accurate picture of patients' medication history for better informed, more efficient and safer care decision.
 - **Clinical History** gives clinicians quick insight into a patient's care history across locations, providers and EHRs, improving care delivery, quality and efficiency.
 - **Clinical Direct Messaging** lets pharmacists and clinicians seamlessly send and receive information across multiple care collaboration scenarios.
 - **Insights & Alerts** provide actionable patient intelligence at the point of care to address adherence issues and improve patient outcomes while reducing costs.
- Your prescription history consent will be valid and remain in effect as long as you attend or receive services from ATSU unless you revoke your consent in writing to each ASTU practice site from which you receive services.
- If you don't wish to participate in Surescripts pharmacy history, ask for a form at the registration counter.

Please note:

Other uses and disclosures of your PHI not described in this Notice of Privacy Practices will require your written authorization. You may revoke your authorization to use or disclose your health information by informing Health Information Services in writing. If you revoke your authorization, we will no longer use or disclose your PHI as set forth in the authorization. However, any use or disclosure of your PHI made in reliance on your authorization before it was revoked will not be affected by the revocation.

Changes to the terms of this notice

We can change the terms of this notice, and changes will apply to all information we have about you. The new notice will be available upon request in our office, and on our web site.

For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

For questions or to make a complaint, please contact:

ATSU Chief Information Privacy Officer
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 660.626.2522
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