

Patient Rights & Responsibilities

Notice of Privacy Practices



Mary Lanning

H E A L T H C A R E

Mary Lanning Patient Rights & Responsibilities

(from Patient Rights/Notice of Privacy Practices handout)

Patient rights

As a patient at Mary Lanning Healthcare, you have the following rights:

You have the right to respectful and safe care given by competent personnel and to care and treatment which meets your physical, mental, and emotional needs.

You have the right to be informed of your rights during the admission process.

You have the right to participate in your care and the planning of your care to the extent you are able, including:

- Being informed about your health status, treatment options, and the risks and benefits of care in terms that make sense to you in advance wherever possible.
- Accessing information contained in your clinical record within a reasonable time frame when requested, subject to limited circumstances where your attending physician determines it would be harmful to disclose information to you for therapeutic reasons.
- Receiving treatment that includes prevention, or adequate relief, of pain.
- Receiving continuity of care and information on options for post-hospital care.

You have the right to receive information to assist you in participating in your care including:

- Sufficient information to understand the consequences of your decisions and information on the medical consequences of refusing treatment, if applicable.
- The names and professional roles of all people, including students, providing your care.
- The financial implications of your treatment choices and to have your bill and available payment methods explained.

You have the right to effective communication with your care team.

You have the right to make informed decisions regarding care and to have your decisions respected by Mary Lanning Healthcare staff and practitioners in accordance with state and federal law, including:

- Requesting treatment that is medically appropriate.
- Refusing medical treatment to the extent permitted by law.
- Participating in experiments or research, or declining to participate, without negative effects on your hospitalization.

You have the right to formulate advance directives—such as a living will, health care power of attorney, or durable power of attorney—and to have Mary Lanning Healthcare comply with your directives unless we have notified you of our inability to do so.

You have the right to have Mary Lanning Healthcare notify a family member or representative and your physician notified as soon as possible after you are admitted as an inpatient, unless you request that this not be done.

You have the right to personal privacy, including physical privacy to the extent consistent with your care needs; protection of your personal information; confidentiality of your clinical records; and freedom to visit and communicate with visitors of your choice and send and receive personal mail.

You have the right to receive care in a safe setting.

You have the right to be free from harassment, abuse, neglect, and exploitation, which includes:

- Receiving care in a safe environment.
- Being free from restraints and seclusion which are not medically necessary.

You have the right to receive hospital services in a respectful manner without discrimination based on race, color, ethnicity, language, religion, disability, socioeconomic status, sex, sexual orientation, gender or gender identity, or payer.

You have the right to voice complaints and file grievances without discrimination or reprisal and have those complaints and grievances addressed (see the “Patient grievance process” section below for more information).

Patient responsibilities

You have the responsibility to:

- Read this patient guide or request that it be read to you and ask questions about those parts you do not understand.
- Provide information about past/current illnesses, hospitalizations, medication, and other matters related to your health status.
- Ensure that Mary Lanning Healthcare has a copy of your Advance Directives or ask a staff member if you would like more information about Advance Directives.
- Follow the treatment plan that you and your caregivers have agreed upon, or accept responsibility if you do not follow the plan.
- Inform your physician and other caregivers if you anticipate problems following prescribed treatment.
- Report unexpected changes in your condition to your physician or other caregiver.
- Follow Mary Lanning Healthcare rules and regulations and respect property, materials, and equipment belonging to other people and to Mary Lanning.
- Ensure that you have provided all information needed to file insurance claims and work with Mary Lanning Healthcare to make payment arrangements when necessary.
- Leave valuables and personal property at home, or entrust valuables to a family member or representative. Mary Lanning Healthcare is not responsible for loss or damage to your personal items except for items you deposit in the Hospital's safe.
- Observe smoking regulations, maintain a quiet atmosphere, respect others' privacy, and use your lights, telephones, and television in a manner which is not disturbing to others.
- Respect staff and practitioners by using civil language and appropriate conduct in interactions.

Patient visitation rights

During your hospital stay, you have the following visitation rights:

- The right to receive visitors whom you designate, including, but not limited to, a spouse or domestic partner (including a same-sex partner), or other family members, and friends.

- The right to withdraw or deny consent to receive any visitor at any time.
- The right to be informed of justified clinical restrictions that may be imposed on your visitation rights. This means any clinically necessary restriction or limitation imposed by the Hospital to provide safe care to the patient(s).

Mary Lanning Healthcare has an **open visitation policy**. Patient visitation is permitted 24 hours a day at the request of the patient.

Selection of visitors: You may designate visitors and consent to receive visitors orally or in writing. You may also withdraw or deny consent to receive specific visitors orally or in writing. Mary Lanning Healthcare may record this information in your record for future reference. If the patient is a minor, the patient's parent or legal guardian may designate the individuals permitted to visit the patient orally or in writing.

Selection of support person: You may designate a support person to exercise your visitation rights if you are unable to do so. The legal status between you and the support person is irrelevant. This designation does not extend to medical decision-making. If you are unable to exercise your visitation rights, Mary Lanning Healthcare will recognize your support person's verbal or written instructions on who should be admitted as visitors and/or who should be denied visitation rights.

Pastoral care: Upon admission, patients are asked to provide their religious preference or church affiliation. Patients who want a visit by their pastor, priest, minister or other church leader should provide this information upon check-in unless they want their visit to be confidential. We also have a chaplain on staff to assist should you wish to receive a visit. We highly encourage patients to contact their church directly if they wish to have their admission known.

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

- **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 402-984-0379.
- **CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 402-984-0379.

Patient grievance process

Mary Lanning Healthcare's Mission Statement emphasizes our dedication to excellence, offering hope, health and healing. This includes respecting your rights as a patient in our hospital.

You have received a list of patient rights and our Notice of Privacy Practices. If you feel that any of your rights have been violated, you may initiate a formal grievance. You can file a written or verbal grievance by contacting any of the following.

Patient Advocate: If you have any questions, or have concerns regarding patient safety or quality of care, please feel free to contact a member of Management or our Patient Advocate.

Mary Lanning Healthcare

715 N. St. Joseph Avenue
Hastings, NE 68901
402-461-5319, Patient Advocate
402-461-5108, Administrative Offices

You may also contact any of the following with concerns about patient safety or quality of care.

Nebraska Department of Health & Human Services

Phone: Complaint intake line: 402-471-0316
Mail: Division of Public Health
Licensure Unit—Acute Care Facilities
P.O. Box 94986
Lincoln, NE 68509

The Joint Commission

Online submission at www.jointcommission.org
or

Mail: Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

Quality Improvement Organization

Livanta - BFCC QIO
10820 Guilford Rd, Suite 202
Annapolis Junction, MD 20701-1262
888-755-5580

Note: You may file a grievance with any of the agencies directly, regardless whether you first use Mary Lanning Healthcare's grievance process. You have the right to prompt resolution of any submitted grievance.

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.

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your medical information. Your medical information includes your individually identifiable medical, insurance, demographic and medical payment information. For example, it includes information about your diagnosis, medications, insurance status and policy number, medical claims history, address and Social Security number.

Who will follow this notice

Mary Lanning Healthcare This Notice describes the privacy practices of Mary Lanning Healthcare (the "Hospital") and all of its programs and departments, including its rural health clinics.

Medical Staff This Notice also describes the privacy practices of an "organized health care arrangement" or "OHCA" between the Hospital and eligible providers on its Medical Staff. Because the Hospital is a clinically-integrated care setting, our patients receive care from Hospital staff and from independent practitioners on the Medical Staff. The Hospital and its Medical Staff must be able to share your medical information freely for treatment, payment and health care operations as described in this Notice. Because of this, the Hospital and all eligible providers on the Hospital's Medical Staff have entered into the OHCA under which the Hospital and the eligible providers will:

- Use this Notice as a joint notice of privacy practices for all inpatient and outpatient visits and follow all information practices described in this notice;

Notice of Privacy Practices (cont.)

- Obtain a single signed acknowledgment of receipt; and
- Share medical information from inpatient and outpatient hospital visits with eligible providers so that they can help the Hospital with its health care operations.

The OHCA does not cover the information practices of practitioners in their private offices or at other practice locations.

Uses and disclosures of information without your authorization

The following are the types of uses and disclosures we may make of your medical information without your permission. Where State or federal law restricts one of the described uses or disclosures, we follow the requirements of such State or federal law. These are general descriptions only. They do not cover every example of disclosure within a category.

Treatment. We will use and disclose your medical information for treatment. For example, we will share medical information about you with our nurses, your physicians and others who are involved in your care at the Hospital. We will also disclose your medical information to your physician and other practitioners, providers and health care facilities for their use in treating you in the future. For example, if you are transferred to a nursing facility, we will send medical information about you to the nursing facility.

Payment. We will use and disclose your medical information for payment purposes. For example, we will use your medical information to prepare your bill and we will send medical information to your insurance company with your bill. We may also disclose medical information about you to other medical care providers, medical plans and health care clearinghouses for their payment purposes. For example, if you are brought in by ambulance, the information collected will be given to the ambulance provider for its billing purposes. If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes.

Notice of Privacy Practices (cont.)

Health Care Operations. We may use or disclose your medical information for our health care operations. For example, medical staff members or members of our workforce may review your medical information to evaluate the treatment and services provided, and the performance of our staff in caring for you. In some cases, we will furnish other qualified parties with your medical information for their health care operations. The ambulance company, for example, may also want information on your condition to help them know whether they have done an effective job of providing care. If State law requires, we will obtain your permission prior to disclosing your medical information to other providers or health insurance companies for their health care operations.

Business Associates. We will disclose your medical information to our business associates and allow them to create, use and disclose your medical information to perform their services for us. For example, we may disclose your medical information to an outside billing company who assists us in billing insurance companies.

Appointment Reminders. We may contact you as a reminder that you have an appointment for treatment or medical services.

Treatment Alternatives. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising. We may contact you as part of a fundraising effort. We may also use, or disclose to a business associate or to a foundation related to the Hospital, certain medical information about you, such as your name, address, phone number, dates you received treatment or services, treating physician, outcome information and department of service (for example, cardiology or orthopedics), so that we or they may contact you to raise money for the Hospital. 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.

Notice of Privacy Practices (cont.)

Hospital Directory. We may include your name, location in the facility, general condition and religious affiliation in a facility directory. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We will not include your information in the facility directory if you object or if we are prohibited by State or federal law.

Family, Friends or Others. We may disclose your location or general condition to a family member, your personal representative or another person identified by you. If any of these individuals are involved in your care or payment for 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. For example, we may allow a family member to pick up your prescriptions, medical supplies or X-rays. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or individual responsible for your care may be notified of your location and condition.

Required by Law. We will use and disclose your information as required by federal, State or local law

Public Health Activities. We may disclose medical information about you for public health activities. These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability;
- To appropriate authorities authorized to receive reports of child abuse and neglect;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products;
- 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; and
- With parent or guardian permission, to send proof of required immunization to a school.

Notice of Privacy Practices (cont.)

Abuse, Neglect or Domestic Violence. We may notify the appropriate government authority if we believe you been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law (for example, to report a particular type of injury), we will only make this disclosure if you agree.

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.

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 notify you of the request or to obtain an order from the court protecting the information requested.

Law Enforcement. We may release certain medical information 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;
- If you are 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.

Notice of Privacy Practices (cont.)

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.

Organ, Eye or Tissue Donation. We may release medical information to organ, eye or tissue procurement, transplantation or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.

Research. Under certain circumstances, we may use or disclose your medical information for research, subject to certain safeguards. For example, we may disclose information to researchers when their research has been approved by a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your medical information. We may disclose medical information about you to people preparing to conduct a research project, but the information will stay on site.

Threats to Health or Safety. Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

Specialized Government Functions. We may use and disclose your medical information for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, its agents or the law enforcement official your medical information necessary for your health and the health and safety of other individuals.

Notice of Privacy Practices (cont.)

Workers' Compensation. We may release medical information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Incidental Uses and Disclosures. There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you 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 participate in one or more electronic health information exchanges which permits us to electronically exchange medical information about you with other participating providers (for example, doctors and hospitals) and 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. As described earlier in this Notice, participation in a health information exchange also lets us electronically access medical information 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 Other 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 of disclosure of your medical information that is not described in the preceding examples.

Notice of Privacy Practices (cont.)

- **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. Moreover, 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 of medical information** – 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 authorization, you may revoke it at any time by giving us notice in accordance with our authorization policy and the instructions in our authorization form. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization.

Individual Rights

Request for 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 or to persons involved in your care. We are not required to agree to your request, with one exception explained in the next paragraph, and we will notify you if we are unable to agree to your request.

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.

Notice of Privacy Practices (cont.)

Several different covered entities use this Notice. You must make a separate request to each covered entity from whom you will receive services that are involved in your request for any type of restriction. Contact the Hospital at the address listed if you have questions regarding which providers will be involved in your care.

Access to Medical Information. You may inspect and copy much of the medical information we maintain about you, with some exceptions. If we maintain the medical information 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 and within a reasonable time frame. We may charge a cost-based fee for producing copies or, if you request one, a summary. 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.

Amendment. You may request that we amend certain medical information that we keep in your records. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

Accounting. You have the right to receive an accounting of certain disclosures of your medical information made by us or our business associates for the six years prior to your request. 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 in accordance with your authorization.

Confidential Communications. You may request that we communicate with you about your medical information in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location.

Notice of Privacy Practices (cont.)

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.

How to Exercise These Rights. All requests to exercise these rights must be in writing. We will respond to your request on a timely basis in accordance with our written policies and as required by law. Contact the Administrative Offices for more information or to obtain request forms.

About This Notice

We are required to follow the terms of the Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and notice provisions effective for all medical information that we maintain. Before we make such changes effective, we will post the revised Notice and copies will also be available. The revised Notice will also be posted on our website at www.marylanning.org. You are entitled to receive this Notice in written form. Please contact the Privacy Officer at the address listed below to obtain a written copy.

Privacy Complaints

If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint with the Hospital as follows.

Anonymous Compliance and Privacy Hotline: 402-460-5522

Mary Lanning Healthcare
Privacy Officer
715 N. St. Joseph Avenue
Hastings, NE 68901
402-463-4521

You may also submit a written complaint to
Nebraska Department of Health and Human Services
Division of Public Health
Licensure Unit — Acute Care Facilities
PO Box 94986
Lincoln, NE 68509

There will be no retaliation for filing a complaint.

This information is also available on our website: www.marylanning.org
EFFECTIVE DATE OF NOTICE: August 1, 2021.