

Bates County Memorial Hospital Notice of Privacy Practices

Health Insurance Portability and Accountability Act (HIPAA)

Effective Date: March 26, 2013 / Revision Date: February 2026

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

ABOUT THIS NOTICE

This Notice will tell you about the ways we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to your health information; and
- follow the terms of the Notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE

All workforce members of Bates County Memorial Hospital, Family Care Clinics, medical staff, contracted employees, volunteers, students, and other personnel involved in the organized health care arrangement follow these privacy practices.

HOW WE MAY USE/DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and give 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 or more of the categories.

For Treatment: Doctors, nurses, technicians, medical students, and other Hospital personnel may use or disclose your health information in order to care for you while a patient in the Hospital. 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 arrangements can be made for appropriate meals. Different departments of the Hospital also may share health information about you in order to coordinate services. Upon your discharge from the Hospital, your health information will be provided to your physician/healthcare provider to assist with your aftercare.

For Payment: We may use and disclose health information about you so that we may bill for treatment and services you receive at the Hospital. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose information about you to other healthcare facilities for purposes of payment as permitted by law.

For Health Care Operations: We may use and disclose health information about you for Hospital operations. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many Hospital patients to decide what additional services the Hospital 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 remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders: We may use and disclose health information to contact you to remind you that you have an appointment for treatment or medical care.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, and the performance of certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. We require the business associate to appropriately safeguard your health information.

Inpatient Directory: We may include certain limited information about you in the Hospital directory while you are a patient at the Hospital.

Notification: We may use or disclose your health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication With Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose your health information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Health and Safety: We may disclose your health information to prevent a serious and imminent threat to the health or safety of a person or the public.

Coroner, Medical Examiner, or Funeral Director: We may disclose your health information to a coroner, medical examiner, or funeral director consistent with applicable laws to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose your 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.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising: We may use health information about you to contact you in an effort to raise money for the Hospital, but if we do so, you may “opt out,” or decide you do not want to be contacted for this reason by simply telling us.

Food and Drug Administration (FDA): We may disclose your health information to the FDA relative to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, and replacement.

Workers’ Compensation: We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to workers’ compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information for public health activities or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institutions: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Lawsuits and Disputes: If you are involved in a lawsuit, claims or dispute, we may disclose health information about you to attorneys, investigators, and insurance companies representing the interest of or insuring our Hospital or personnel affiliated with our Hospital. We may also disclose health 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 disclose your health information for law enforcement purposes as required by law or in response to a court order, subpoena, warrant, summons, or similar process, and to identify or locate a suspect, fugitive, material witness, or missing person. In emergency circumstances, we may report a crime or death we believe may be the result of criminal conduct.

National Security and Intelligence Activities: We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Additional Restrictions on Use and Disclosure: Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain types of health information. Such laws may protect the following types of information: alcohol and substance use disorders, biometric information, child or adult abuse or neglect including sexual assault, communicable diseases, genetic information, HIV/AIDS, mental health, minors' information, prescriptions, reproductive health, and sexually transmitted diseases. We will follow the more stringent law, where it applies to us.

Substance Use Disorder (SUD) Information: We are not a substance use disorder treatment program under federal law (a “SUD Program”). However, we may receive information from a SUD Program

about you. We may not disclose SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless we have (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

Protective Services for the President and Others: We may disclose health 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.

When do we need your written authorization (approval) to use or share your Protected Health Information (PHI)?

We need your written approval to use or share your PHI for a purpose other than those listed in this Notice. We need your authorization before we disclose your PHI for the following:

- most uses and disclosures of psychotherapy notes;
- uses and disclosures for marketing purposes; and
- uses and disclosures that involve the sale of PHI.

You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you.

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records. Depending on the situation, this right may not include psychotherapy notes, information compiled for use in a legal proceeding, or certain information maintained by laboratories. In order to inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. 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 limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. The Hospital will review your request and, where appropriate, the denial. A licensed healthcare professional will conduct the review. The reviewer will not be the person who denied your request. We will comply with the outcome of the review. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request.

Right to Amend: If you think that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Hospital. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. We will provide you with written notice of action taken in response to your request for amendment.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. To request a restriction, you must make your request in writing to the Privacy Officer. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for the purpose of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and
2. The health information pertains solely to a healthcare item or service for which the health care item or service has been paid out-of-pocket in full.

Once we agree to your request, we will comply with your request unless the information is needed to provide your emergency treatment. You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to Request Confidential or Alternative 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.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at your first treatment encounter at the Hospital. You may get an additional copy of this Notice at any time by contacting the Privacy Officer. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice electronically at our website: <https://www.bcmhospital.com>.

Right to Restrict if You Have Paid Out of Pocket: You have a right to restrict certain disclosures about your health information, to a health plan, if you have paid out of pocket for the treatment for that health information.

Right to Receive Notification in Case of Breach: You have a right to receive notification in the event that your health information is breached. We are required by law to notify you in the event your health information is breached. A breach is a disclosure of your health information that is unauthorized under federal law.

Revoking an Authorization: If you provide us your 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 about you for the reasons covered by your written authorization. However, we may continue to use or disclose that information to the extent we have relied on your authorization or in an emergency. You also understand that we are unable to take back any disclosure we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Receive an Accounting of PHI Disclosures: You may ask that we give you a list of certain parties that we share your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- For treatment, payment or health care operations
- To persons about their own health information
- As part of a limited data set in accordance with applicable law

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice will be made with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you 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 permission, and that we are required to retain our records of the care that we provided to you.

PRIVACY COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

To file a complaint with the Hospital, call 660-200-7028, or mail your complaint to:

Privacy Officer

Bates County Memorial Hospital
P.O. Box 370
Butler, MO 64730

In addition, you must give 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.

To file a complaint with the Secretary of the U.S. Department of Health and Human Services:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>

Bates County Memorial Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BCMH does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Bates County Memorial Hospital provides free auxiliary aids and services through our brochures and notices to people with disabilities to communicate effectively with us, such as:

- Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Free language services to people whose primary language is not English, such as Qualified Interpreters
- Information written in other languages
- And other resources

These brochures and notices can be located throughout the Hospital. If you need these services, contact the Nursing Supervisor on duty by calling 660-200-7090. The Hospital offers Real-time text (RTT) capability to our patients when needed. RTT: 660-464-0303

If you believe that BCMH has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Quality/Risk Management Director

Bates County Memorial Hospital

P.O. Box 370

Butler, MO 64730

Phone: 660-200-7122

Fax: 660-200-2362

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

CHANGES TO THIS NOTICE

We reserve the right to revise and make changes to this Notice.

NOTICE OF ASSISTANCE

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-660-200-7090 (TTY: 1-660-200-7089).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-660-200-7090 (TTY: 1-660-200-7089).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-660-200-7090 (TTY: 1-660-200-7089)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-660-200-7090 (TTY: 1-660-200-7089).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-660-200-7090 (TTY: 1-660-200-7089).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-660-200-7090 (TTY: 1-660-200-7089). 번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-660-200-7090 (TTY: 1-660-200-7089)

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-660-200-7090 (رقم هاتف الصم والبكم: 1-660-200-7089)

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-660-200-7090 (TTY: 1-660-200-7089).

Burmese: သတိပြုရန် - အကယုၣ် သဠည ဂျမန္တစကား ကို ချေ့ပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အကြံပြု စီစဉ်ဆောင်ရွက်ပေးပါမည့်။ ဖုန်းနံပါတ် 1-660-200-7090 (TTY: 1-660-200-7089) သို့မူ ခေဒ်ဆိုပါ။

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-660-200-7090 (ATS: 1-660-200-7089).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

1-660-200-7090 (TTY: 1-660-200-7089) まで、お電話にてご連絡ください。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-660-200-7090 (телетайп: 1-660-200-7089).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-660-200-7090 (TTY: 1-660-200-7089).

Farsi: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-660-200-7090 تماس بگیرید. (TTY: 1-660-200-7089)

Swahili: KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-660-200-7090 (TTY: 1-660-200-7089).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-660-200-7090 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-660-200-7089).

Pennsylvanian Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schpooch. Ruf selli Nummer uff: Call 1-660-200-7090 (TTY: 1-660-200-7089).

Oromo: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-660-200-7090 (TTY: 1-660-200-7089).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-660-200-7090 (TTY: 1-660-200-7089).

Amharic: ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገኙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-660-200-7090 (መስማት ለተሳናቸው: 1-660-200-7090)።