



COMPREHENSIVE HEALTH SERVICES, INC.

NOTICE OF HEALTH INFORMATION 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.

This Notice Describes MORTON COMPREHENSIVE HEALTH SERVICES, INC. (MCHS)'s Practices and Those Of:

- Any health care professional allowed to enter information into your chart;
- Any volunteer allowed to help you while you are here; and
- All employees of any Hospital, Clinic, Laboratory or other facility affiliated with MCHS.

All of these people follow the terms of this notice. They may also share protected health information with each other for treatment, payment or health care operations as described in this notice.

MCHS's Pledge Regarding Health Information:

MCHS understands that health information about you and your health is personal. Your health information is contained in a health record that is the physical property of MCHS whether in paper or electronic form. MCHS is committed to protecting health information about you. This notice will tell you about the ways in which MCHS may use and disclose health information about you. Your rights and MCHS's obligations, as they pertain to the use and disclosure of health information, are also described within this document.

MCHS Is Required By Law To:

- Keep your health information private;
- Give you this notice of our legal duties and privacy practices with respect to health information;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations;
- Follow the terms of the notice that is currently in effect; and
- Notify you when a Breach of your Protected Health Information has been confirmed.

How MCHS May Use and Disclose Your Health Information: The following categories for Treatment, Payment and Health Care Operations do not require your specific authorization for release.

- **For Treatment:** MCHS may use and disclose your health information to provide you with health treatment or services. For example, a health care provider, such as a physician, nurse or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. Your health information may be shared through a Health Information Exchange (HIE) as well. If you do not desire to have your information shared with a HIE you may Opt-Out by asking to speak with the Privacy Officer who will assist you in completing the Opt-Out form.
- **For Payment:** MCHS may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an Insurance Company, Medicaid or Medicare. The information on the bill may contain information that identifies you, your diagnosis and treatment or supplies used in the course of treatment. Or, unpaid service balances may be referred to a collection agency to obtain payment. On occasion copies of your health record may be sent upon request by payor to justify services.
- **For Health Care Operations:** MCHS may use and disclose your health information for operational purposes. For example, your health information may be disclosed to members of the provider staff, risk or quality improvement staff and others to:
 - Evaluate the performance of our staff;
 - Assess the quality of care and outcomes in your case and similar cases;
 - Learn how to improve our facilities and services; and
 - Determine how to continually improve the quality and effectiveness of the health care we provide.
- **Appointments/Health-Related Products and Services:** MCHS may use your information to contact you to provide appointment reminders. MCHS may also contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Others Involved In Your Care:** MCHS may release relevant health information to a family member, friend or anyone else you designate and authorize in order for that person to be involved in your care or payment related to your care. MCHS may also disclose health information to those assisting in disaster relief efforts so that others can be notified about your condition, status and location.
- **Fundraising:** MCHS does not use your information for fundraising. In addition you may Opt-Out of receiving any fundraising information from MCHS.
- **Genetic Information:** MCHS does not release genetic or any information for underwriting purposes.
- **Required by Law:** MCHS may use and disclose information about you as required by law. For example, MCHS may disclose information to report gunshot wounds, suspected abuse or neglect or similar injuries and events.
- **Public Health:** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities (e.g. state health department, Center for Disease Control, etc.) to prevent or control disease, injury or disability or for other public health activities.
- **Law Enforcement Purposes:** Subject to certain restrictions, MCHS may disclose information required by law enforcement officials.
- **Judicial and Administrative Proceedings:** MCHS may disclose information in response to an appropriate subpoena, discovery request or court order.

- **Health Oversight Activities:** MCHS may disclose your health information to a health oversight agency for activities authorized by law. Examples of these activities include audits, investigations and inspections to monitor the health care system and compliance with laws and regulations.
- **Decedents:** Health information may be disclosed to coroners/medical examiners or funeral directors to enable them to carry out their lawful duties.
- **Organ Tissue Donation:** Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.
- **Research:** MCHS may use your health information for participation in bona fide research projects after receipt of a properly executed authorization from you. In addition MCHS may participate in other research projects not requiring your authorization when the projects have been approved by an institutional review board or the privacy officer has waived the authorization requirement by its review of the research project. MCHS may also review your health information to assist in the preparation of a research study.
- **Health and Safety:** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.
- **Government Functions:** Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.
- **Workers' Compensation:** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.
- **Inmates:** If you are an inmate of a correctional facility or under the custody of a law enforcement official or agency, MCHS may release your medical information to the correctional facility, law enforcement official or agency.
- **Other Uses and Disclosures:** These will be made only with your written authorization. These include disclosures of Psychotherapy Notes and uses and disclosure of your PHI for marketing purposes and any disclosures that constitute a sale of PHI. You may revoke an authorization except to the extent that MCHS has taken action already relying on it. State laws that offer a patient additional privacy protection may also apply.

Your Health Information Rights:

You have the right to:

- Obtain a paper copy of this notice of information practices upon request;
- Inspect and obtain a copy of your health information in the form or format requested if available under certain circumstances;
- Paper copies of your Health Information may be charged at \$1.00 for the first page and \$0.50 for each subsequent page.
- Digital copies of your Health Information may be charged at \$0.12 per page and \$5.00 per radiology film disc.
- Request an amendment, in writing, to your health information under certain circumstances if you feel that MCHS information about you is incorrect; requests for amendments must be submitted in writing to the Privacy Officer;
- Request a confidential communication of your health information by alternative means or at alternative locations from MCHS. Note: MCHS has no control over any other provider.
- Receive an accounting of certain disclosures made of your health information in the last 6 years maximum; and
- Request a restriction on certain uses and disclosures of your information. MCHS is not required to agree to a requested restriction, except for those related to disclosures to your health plan for purposes of payment or health care operations when you have paid for your treatment out-of-pocket and in full and should you not want us to disclose your medical information to a HIE. Requests for any such restriction must be submitted, in writing, to the Privacy Officer of MCHS for consideration. Restrictions may not be agreed to when disclosure is required by Law.

Changes To This Notice:

MCHS reserves the right to change the terms of this notice and make the new terms effective for all protected health information kept by MCHS. MCHS will post a copy of the current notice at all Clinic sites and on the MCHS Portal (mortonhealth.org). You may also obtain a copy by contacting the MCHS Privacy Officer (address at end of this notice). The effective date of this notice is in the bottom right-hand corner of each page.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with MCHS or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with MCHS, submit your written complaint to the MCHS Privacy Officer (address at the end of this notice). You will not be penalized for filing a complaint.

Contact Information for Questions of to File a Complaint:

If you have any questions about this notice, want to exercise your rights that are described in this notice, or want to file a complaint, please contact the MCHS Privacy Officer at:

1334 North Lansing Avenue, Tulsa, OK 74106: Attention Privacy Officer: Phone (918) 295-6952

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

The U.S. Department of Health and Human Services
200 Independence Ave. S.W.
Washington, D.C. 20201
HHS.Mail@hhs.gov

The complaint to the Secretary must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred. The complaint must be in writing, either on paper or electronically, name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the standards.