

**Ozarks Community Hospital
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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal law that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, to be kept properly confidential. HIPAA gives you significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

We may use and disclose your medical records only for treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would be sending a copy of your hospital medical record to a physician to whom you were referred or to a home health agency providing care for you.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running the hospital, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, training of medical students, licensing, and customer service. An example would be a quality assessment review.

We may also create and distribute "de-identified" health information by removing all references to individually identifiable information. 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. We may use a sign-in sheet at the registration desk and we may call you by name in the waiting room.

Any other uses and disclosures will be made only with your written authorization, unless otherwise required by law. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information:

- **The right to request restrictions on certain uses and disclosures of protected health information.** This means that you may ask us not to use or disclose any part of your protected health information for purposes of treatment, payment or healthcare operations. We are not required to agree to a requested restriction. If we do not agree to a restriction, your protected health information will not be restricted. You then have the right to use another healthcare provider. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it. The restrictions may include a restriction on disclosures to family members, other relatives, close personal friends, or any other person identified by you.
- **The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.**
- **The right to inspect and copy your protected health information.**
- **The right to amend your protected health information.**
- **The right to receive an accounting of certain disclosures of protected health information.**
- **The right to obtain a paper copy of this notice from us upon request.**
- **The right to file a written complaint with us or with the Department of Health & Human Services, Office of Civil Rights regarding violations of the provisions of this Notice. We will not retaliate against you for filing a complaint.**

This Notice is effective as of April 1, 2003. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information we maintain. We will post the Notice, as amended, and you may request a written copy of the revised Notice from us. For more information about HIPAA or to file a complaint, contact the hospital's Privacy Officer at 2828 N. National, Springfield, MO 65803, (417) 837-4090; or the Department of Health & Human Services, Office of Civil Rights, 200 Independence Ave S.W., Washington, D.C. 20201; (toll free) 1-877-696-6775.

OZARKS COMMUNITY HOSPITAL

2828 North National
Springfield, MO 65803
(417) 837-4000

WELCOME TO THE HOSPITAL CLINIC

The Ozarks Community Hospital Clinic is an outpatient service owned and operated by Ozarks Community Hospital as a department of the hospital. Patients treated at the Clinic are admitted to the hospital on an outpatient basis.

Patients will receive a bill for services provided by the hospital (a facility fee) as well as a bill for services provided by the physician (the professional fee). Facility charges will vary depending on the level of service provided by the facility and may include lab, x-ray, and ancillary services. The professional fee consists of an examination and treatment charge coded by level of service and may include additional fees for special procedures. Patients may also receive a separate bill for professional services from a third-party radiologist or pathologist.

Depending on the type of insurance you have, you may be responsible for a deductible or co-pay amount applicable to either a physician office charge or a hospital outpatient charge.

Paul Taylor, J. D.
Hospital Administrator

OZARKS COMMUNITY HOSPITAL

Patient's Bill of Rights/Responsibilities

Patients/surrogate decisions makers (parent, legal guardian, person with medical power of attorney) may exercise the following rights while receiving care or treatment in the facility without coercion, discrimination, or retaliation. Each patient, or when appropriate the patient's representative (as allowed under Missouri law), will be informed of the patient's rights in advance of furnishing or discontinuing patient care whenever possible.

A PATIENT HAS A RIGHT TO:

1. Impartial access to care, regardless of race, religion, sex, sexual orientation, ethnicity, age, or handicap;
2. Be fully informed in advance of care or treatment and actively involved in the plan of care. This includes the treatment plan, discharge plan, and pain management plan.
3. Participate in informed decision-making; request or refuse treatment after being adequately informed of the benefits and risks of the proposed treatment and the alternatives to the proposed treatment; not be subjected to any procedure without his/her voluntary, competent, and understanding consent or that of his/her legally authorized representative; designate a surrogate decision maker (durable power of attorney for healthcare) in case the patient is incapable of understanding a proposed treatment or procedure or is unable to communicate his/her wishes regarding his/her care.

The patient's family has the right of informed consent of donation of organs and tissues. The family will be treated with discretion regarding their values and beliefs regarding organ and tissue donation.

4. Exercise advance directive regarding decisions at the end of life in accordance with the Federal and Missouri State Patient Self Determination Act and to have hospital staff and providers comply with these directives.
5. Have a family member or representative of his/her choice and his/her own physician notified promptly of his/her admission to the hospital; obtain from the practitioner responsible for coordinating his/her care complete and current information concerning his/her diagnosis;
6. Personal privacy and confidentiality of information within the limits of the law; Access information contained in his/her clinical records and request an amendment to records if he/she believes information has been misrepresented, within the limits of the law; Request that pre-admission and post-discharge communications be done at an alternative phone number or address; Request and receive a list of certain disclosures of personal health information made in accordance with Missouri and Federal laws.
7. Receive care in a safe setting that protects them physically and emotionally.
8. Be free from all forms of abuse or harassment; The patient has a right to access to protective services (guardianship, advocacy services, conservatorship, child and adult protective services, state licensure office, state ombudsman program, and the Medicaid fraud control unit).
9. Be free from unnecessary use of physical or chemical restraint and/or seclusion;
10. Access their health information, except in certain limited circumstances.
11. Be fully informed of and to consent or refuse to participate in any unusual, experimental or research/educational project without compromising his/her access to care or services.
12. Know the identity and professional status of any person providing patient care and to know which practitioner is primarily responsible for his/her care; Know of any professional relationship among individuals who are treating him/her, as well as, the relationship to any other healthcare or educational institutions involved in his/her care; Know the reasons for any proposed changes in the professional staff responsible for his/her care.
13. Receive a complete explanation of the need for transfer either within or outside the facility and to be informed of the alternatives to such a transfer. The facility to which the patient is transferred must agree to the admission prior to the transfer. The patient (or his/her delegate) has the right to be informed by the practitioner responsible for his/her care of any continuing health care requirements following discharge from the hospital.

14. **Request and receive an itemized statement** of services rendered within a reasonable period of time; The patient has a **right to be informed of the source of the facility's reimbursement for his/her services**, and of any limitations that may be placed upon his/her care; The patient has the right to timely notice prior to termination of his/her eligibility for reimbursement by any 3rd party for the cost of care.

15. **Have pain treated as effectively as possible** through drug and non-drug pain relief measures.

16. **Considerate and respectful care** at all times and under all circumstances, with recognition of the person's dignity.

17. **Access to communicate** to people outside the hospital by means of visitors and by verbal and written communication. The hospital will provide an interpreter if the patient is not fluent in English. The facility will provide access to auxiliary aids if the patient is hearing speech, or visually impaired.

18. **Request consultations, second opinions, or the changing of a physician**; this may be at the patient's own expense.

19. **Refuse treatment to the extent permitted by law**; Patient's have the right to leave "against medical advise," however, the relationship with the patient may be terminated upon reasonable notice.

20. **Be informed of the hospital rules and regulations** applicable to patient conduct. Patients are entitled to information about the mechanisms for the initiation, review, and resolution of patient complaints/grievances.

21. **Participate in the consideration of ethical issues** including conflict resolution, withholding resuscitative services, and foregoing or withdrawing life sustaining treatment.

22. **Receive visitors of their choosing**, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend. Patients may refuse to consent to a person visiting them, or may withdraw consent to see a visitor at any time. OCH will not restrict, limit, or otherwise deny visitation privileges based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. Patients may designate a "Support Person" to exercise their visitation rights on their behalf. OCH can apply reasonable clinical restrictions and other limitations on patient visitation. Reasonable restrictions may be based upon, but are not limited solely to, any of the following:

- a. a court order limiting or restraining contact;
- b. behavior presenting a direct risk or threat to the patient, Hospital staff, or others in the immediate environment;
- c. behavior disruptive of the functioning of the patient care unit;
- d. reasonable limitations on the number of visitors at any one time;
- e. patient's risk of infection by the visitor;
- f. visitor's risk of infection by the patient;
- g. extraordinary protections because of a pandemic or infectious disease outbreak;
- h. substance abuse treatment protocols requiring restricted visitation;
- i. patient's need for privacy or rest;
- j. need for privacy or rest by another individual in the patient's shared room; or
- k. when patient is undergoing a clinical intervention or procedure and the treating health care professional believes it is in the patient's best interest to limit visitation during the clinical intervention or procedure.

A PATIENT HAS A RESPONSIBILITY:

1. To provide accurate information about your present condition and past medical history;
2. Adhere to your prescribed treatment plan and instructions;
3. Accept responsibility for refusing treatment;
4. Fulfillment of financial obligations;
5. Observe facility rules and regulations; The patient, family, and visitors will respect Ozarks Community's tobacco free policy by refraining from the use of such products (cigarettes, cigars, pipe, and smokeless tobacco) while on owned or leased Ozarks Community properties or buildings.
6. Recognize the rights of other patients and families;
7. To adhere to the facility policy for conflict resolution regarding determining the patient's wishes and decision making;
8. To discuss pain relief options and work with healthcare staff to develop a pain management plan;
9. To acknowledge that you have received the facility's Notice of Privacy Practices.

PATIENT'S RIGHT TO SELF-DETERMINATION IN HEALTH CARE DECISIONS

Dear Patient:

In addition to providing quality, personalized health care, Ozarks Community Hospital strives to keep you informed of issues and laws pertaining to healthcare. A Living Will statute was enacted in the State of Missouri in 1985 allowing individual expression of intentions regarding the use of life-prolonging treatment when in a terminal condition. In 1991, Missouri enacted a Durable Power of Attorney for Health Care allowing a person to designate another person to make health care decisions for them. In June 2005, the State of Missouri clarified these laws. Because of this legislation and court decisions, it is advisable that an individual make a declaration known as an Advance Directive that gives clear and convincing evidence of his/her specific wishes.

Ozarks Community Hospital supports federal and state laws that allow a person the right to make health care decisions. This includes the right to refuse medical or surgical treatment and to make advance directives which express health care wishes should the person become unable to speak on his/her own behalf.

The law assures you the right to make health care decisions, but it does not require you to make a written advance directive. The decision to do this is a very personal one based on your own values, religious beliefs, medical condition and philosophy of life.

Ozarks Community Hospital will not limit the care and treatment provided or discriminate against individuals who do not wish to make an advance directive.

The following information explains your right to self-determination under the law and Ozarks Community Hospital's policies in regard to advance directives. Please read the information and discuss it with your physician, family, and minister or priest. If you have any questions, feel free to discuss them with your nurse or social worker.

Paul Taylor, CEO
Ozarks Community Hospital
6/09

OZARKS COMMUNITY HOSPITAL

2828 North National
Springfield, MO 65803
& 1101 Jackson Street S.W.
Gravette, AR 72736

At Ozarks Community Hospital we realize that a hospitalization may create many questions and concerns for you and your family members. We encourage you and your family members to be a part of your health care team and to understand why certain procedures, protocols, and/or testing are being performed. Please feel free to ask your physician, nurse, or other health care provider any questions about the care you are receiving. Our goal is to work with you to improve your health outcomes by promoting recovery, speeding return to your normal level of functioning, promoting healthy behaviors and involving you and your family in your care decisions. We understand that patient/family satisfaction is important to your recovery.

Ozarks Community Hospital regards all patient/family concerns or complaints as significant. Appropriate action is taken on every concern. Patients will not be penalized for filing a concern or complaint. Presentation of a concern or complaint will not compromise the care a patient receives during this or future hospital stays. If you or your family member have a concern about either your care or the security of your property please discuss the issue with your nurse. If they are unable to resolve your concern it will be directed to the department/clinic manager. If the concern is not resolved at this level, the manager will refer it to the Patient Advocate for assistance. After a complete investigation of the concern, the nursing staff designee or Patient Advocate will contact you, or your representative.

If the concern is not resolved, or you or your family member is not satisfied, you have the right to notify a protective agency and/or ask that the issue be referred to Hospital Administration for resolution by its Board of Directors.

Telephone numbers for the various protective agencies are as follows:

Missouri Facility Patients

Missouri Department of Health
(573) 751-6303 or (800) 392-0210
Medicaid Fraud Unit
(800) 392-2161
Missouri State Information
(573) 751-2000
MO Ombudsman Program
Lieutenant Governor's Office
(573) 751-4727
Greene County Ombudsman
(417) 862-3598
Missouri State Protection and Advocacy
(800) 392-8667
Bureau of Licensure-Mental Health
(573) 751-4024
Greene Co. Division of Family Services
(417) 895-6000
MO Licensed Clinical Social Work Office
(573) 751-0885
Long Term Care Ombudsman Program
(417) 862-3595

Arkansas Facility Patients

Arkansas Department of Health
(501) 661-2201
Medicaid Fraud Unit
(866) 810-0016
Area Agency on Aging
(800) 467-2170
Arkansas Disability Rights Center
(800) 482-1174
Benton Co. Department of Human Services
(479) 273-9011
AR Social Worker Board
(501) 372-5071
Area Connection
Long Term Care Ombudsman Program
(800) 432-9721
Benton County Ombudsman
(800) 432-9721