

CAMERON REGIONAL MEDICAL CENTER

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.

Cameron Regional Medical Center ("CRMC") provides healthcare services in partnership with physicians and other professionals and organizations. This Notice of Privacy Practices applies to CRMC and all of its hospital inpatient and outpatient departments and physician clinics ("CRMC Locations") and the individuals involved in the provision of services at those CRMC Locations. CRMC participates in an organized health care arrangement with the non-employed physicians and health care providers on its medical staff. This Notice of Privacy Practices applies to those providers who provide services to you at CRMC. However, those providers may have a separate notice of privacy practices applicable to their use of your information in their organizations.

References to "CRMC" and "we" in this Notice include each of these individuals and organizations who are subject to this Notice of Privacy Practices.

The effective date of this Notice is August 20, 2025. If you have any questions about this Notice, please contact:

Jessica Lykins, Privacy Officer
Cameron Regional Medical Center
1600 E. Evergreen
Cameron, MO 64429
(816) 649-3256
E-Mail: jlykins@cameronregional.org

HOW CRMC MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

CRMC will collect information about you to provide you with medical services, obtain payment for those services, and conduct our operations. This information includes, but is not limited to, your demographic, insurance, and medical information. We may obtain this information from you or others, such as your family members, other health care providers, insurance company, or health information exchange. CRMC may use and disclose your information for the following purposes without your express consent or authorization. To help you understand how we will use and disclose your information, we have put the different uses and disclosures into categories and give examples of each. All of the ways we use or disclose your information will fit into one of the categories listed below, but we cannot list all of the uses and disclosures in each category.

- Treatment.** We may use your health information to provide you with medical treatment. We may disclose information to doctors, nurses, technicians, medical students, or other personnel involved in your care. We also may disclose information to persons outside CRMC involved in your treatment, such as other healthcare providers, family members, and friends.

We may use and disclose health information to discuss treatment options or health-related benefits or services with you or to provide you with promotional gifts of nominal value. We may use and disclose your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may leave messages on your telephone answering machine identifying CRMC and asking for you to return our call.

- Payment.** We may use and disclose your health information as necessary to collect payment for services we provide to you. We use your information to create a bill and disclose your information when we send the bill to your insurance company, you, or a third party. The individual or entity paying the bill may request more information to determine whether your insurance covers the bill. We may tell your health plan about a treatment you are going to receive to get approval for payment or to determine whether your health plan will cover the treatment. We also may provide information to other healthcare providers to assist them in obtaining payment for services they provide to you.
- Healthcare Operations.** We may use and disclose your health information for our internal operations. These uses and disclosures are necessary for our day-to-day operations and to make sure patients receive quality care. Healthcare operations include a review of the care you receive for quality assessment, educational, business planning, and compliance plan purposes. We may disclose health information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider's or plan's internal operations.
- Business Associates.** CRMC provides some services through contracts or arrangements with business associates. We require our business associates to safeguard your information appropriately.
- Creation of De-identified Health Information.** We may use your health information to create de-identified health information. De-identification means that all data items that would help identify you are removed or modified.
- Uses and Disclosures Required by Law.** We will use or disclose your information when required by law to do so.
- Disclosures for Public Health Activities.** We may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or controlling disease, injury, or disability or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.
- Disclosures About Victims of Abuse, Neglect, or Domestic Violence.** CRMC may disclose your health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.
- Disclosures for Judicial and Administrative Proceedings.** We may disclose your protected health information in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.
- Health Oversight Activities.** We may disclose your health information to governmental agencies and boards for investigations, audits, licensing, and compliance purposes.
- Research.** Your information may be used by or disclosed to researchers for research approved by a privacy board or an institutional review board.
- Disclosures for Law Enforcement Purposes.** We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.
- Disclosures Regarding Victims of a Crime.** In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency or if you are incapacitated if it appears you were the victim of a crime.
- Disclosures to Avert a Serious Threat to Health or Safety.** We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.
- Deceased Individual.** We may disclose information for the identification of the body or to determine the cause of death.
- Military and Veterans.** If you are a member of the armed forces, we may release information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.
- Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official. This release must be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of

others, or (3) for the safety or security of the correctional institution.

- **Organ and Tissue Donation.** If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ bank as necessary to facilitate organ or tissue donation.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs.
- **Disclosures for Specialized Government Functions.** We may disclose your protected health information as required to comply with governmental requirements for national security reasons or the protection of certain government personnel or foreign dignitaries.
- **Disclosure for Fundraising.** We may disclose demographic information and dates of service to an affiliated foundation or a business associate who may contact you to raise funds for CRMC. You have a right to opt out of receiving such fundraising communications.

We will give you the opportunity to object to the following uses and disclosure of your information:

- **Facility Directory.** We may include your name, location within our facility, general condition, and religious affiliation in our facility directory.
- **Individuals Involved in Care.** We may tell your friends, relatives, and other caretakers information that is relevant to their involvement in your care.
- **Disaster Relief.** We may disclose information about you to public or private agencies for disaster relief purposes.

Except as provided above, we will obtain your written authorization prior to disclosure of your information for any other purpose. Specifically, written authorization is required prior to the disclosure of your information:

- **Psychotherapy Notes.** We will not use or disclose your psychotherapy notes without written authorization except as specifically permitted by law.
- **Marketing.** We will not use or disclose your information for marketing purposes other than face-to-face communications with you or promotional gifts of nominal value without your written authorization.

- **Sale of Information.** We will not sell your PHI without your written authorization, including notification of the payment we will receive.

Where a disclosure is made under your written authorization, you have the right to revoke the authorization at any time. Revocation of an authorization must be in writing. The revocation is effective as of the date you provide it to CRMC and does not affect any prior disclosures made under the authorization.

If a state or federal law provides additional restrictions or protections to your information, we will comply with the most stringent requirement.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

Right to Inspect and Copy. You have the right to inspect and copy health information maintained by CRMC. You also have a right to an electronic copy of your health information. If you request copies, we may charge a reasonable fee. We may deny you access in certain limited circumstances.

Right To Request Amendment. If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. To request an amendment, you must complete a specific form providing the information we need to process your request, including the reason that supports your request.

Right to an Accounting of Disclosures. You have the right to request a list of disclosures of your health information we have made, with certain exceptions defined by law. To request an accounting, you must complete a specific written form providing the information we need to process your request.

Right to Request Restrictions. You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or healthcare operations. Other than requests to not disclose health information to your health plan for payment or healthcare operations purposes, if you have paid in full out of your own pocket for the item or service, we are not required to agree to a request. You must complete a specific written form providing the information we need to process your request.

Right to Request Alternative Methods of Communication. You have the right to request that we communicate with you in a certain way or at a certain location. You must complete a specific form providing the information needed to process your request. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

Copy of this Notice. You have the right to request a paper copy of this Notice.

OUR DUTIES

- We are required by law to maintain the privacy of PHI and to provide individuals with this Notice of our legal

duties and privacy practice regarding health information.

- We are required to notify you if there is a breach of your unsecured PHI.
- We are required to follow the terms of the current Notice.

We may change the terms of this Notice, and the revised Notice will apply to all health information in our possession. If we revise this Notice, we will post a copy of the revised Notice, and a copy may be requested from our Privacy Officer at the number listed at the beginning of this form.

HEALTH INFORMATION EXCHANGE

To facilitate the above uses and disclosures of your information, CRMC may participate in electronic health information exchange, health information network, or HIE. CRMC may obtain your information from or disclose your information to other healthcare providers and health plans that are participating in the HIE for the purposes discussed in this Notice of Privacy Practices. HIEs are required to use appropriate safeguards to prevent unauthorized uses and disclosures of your information. To obtain information regarding the HIEs with which CRMC participates or to request to opt out of the sharing of your information through an HIE, please contact our Privacy Officer.

COMPLAINTS

If you believe your rights with respect to health information have been violated, you may file a complaint with CRMC or with the Secretary of the Department of Health and Human Services. To file a complaint with CRMC, please contact CRMC's Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.