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Jochelle P. Uriegas, APRN, FNP-C
 Pamela Clark, RN, BSN, FNP-C
 Phone: 830-583-9355
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Patient Name:

DOB:

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.

1. **WHO WILL FOLLOW THIS NOTICE.** This notice describes Otto Kaiser Memorial Hospital’s privacy practices and that of:
 - a. Any health care professional authorized to enter information into your chart.
 - b. All departments, sections, and units of Otto Kaiser Memorial Hospital and the Karnes County Hospital District.
 - c. Any member of a volunteer group we allow to help you while you are in the care of Otto Kaiser Memorial Hospital.
 - d. All employees, staff and other Otto Kaiser Memorial Hospital personnel.
 - e. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare operations purposes described in this notice.

2. **APPLICABILITY.** This notice applies to all of your health information including payment, billing, and insurance information generated at Otto Kaiser Memorial_ Hospital. Other physicians or entities that you may see in the course of your treatment may have different policies or notices regarding the use and disclosure of your medical information created in the doctor’s office, clinic, or entity. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to: (1) make sure that medical information that identifies you is kept private; (2) provide this notice of our legal duties and privacy practices with respect to medical information about you if requested; and (3) follow the terms of this notice as it is currently in effect.

3. **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.** The following categories describe different ways that we use and disclose medical information.
 - a. **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we will contact your physician to discuss your care.
 - b. **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Otto Kaiser Memorial_ Hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may tell your health plan about a treatment or service you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
 - c. **For Health Care Operations.** We may use and disclose medical information about you for Otto Kaiser Memorial Hospital’s operations. These uses and disclosures are necessary to run Otto Kaiser Memorial Hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what



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additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective.

- d. **To Business Associates for Treatment, Payment, and Health Care Operations.** We may disclose medical information about you to one of our business associates in order to carry out treatment, payment, or health care operations.
- e. **Hospital Directory.** Except when you express an objection, we may include certain limited information about you in the Hospital's Directory while you are a patient in the hospital. This information may include your name, your location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, also may be released to people who ask for you by name.
- f. **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a family member, or friend who is involved in your medical care. We may also release information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- g. **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care.
- h. **Treatment Alternatives.** We may use and disclose medical information to give you information or recommend possible treatment options or alternatives that may be of interest to you.
- i. **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- j. **Fundraising Activities.** We may use limited medical information about you to contact you in an effort to raise money for Otto Kaiser Memorial Hospital and its operations. We may disclose medical information to a foundation related to the Hospital so that the foundation may contact you in raising money for Otto Kaiser Memorial Hospital. We only would release contact information; such as your name, address and phone number and the dates you received treatment or services at Otto Kaiser Memorial Hospital. If you do not want the Hospital to contact you for fundraising efforts, you may opt out of receiving this information by submitting your request in writing to Privacy Officer,
- k. **Marketing Activities.** Any disclosures of medical information for marketing purposes will require your authorization. Any disclosures of medical information which would constitute a sale of protected health information will require an authorization by you.
- l. **Psychotherapy Notes.** If we are in possession of any psychotherapy notes relating to you, most uses and disclosures will require an authorization from you.
- m. **Special Situations.**
 - (1) **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
 - (2) **Public Health Activities.** We may disclose medical information about you for public health activities. These activities may include for example reporting to a public health authority for preventing or controlling disease, injury, or disability, reporting abuse or neglect, or reporting deaths.
 - (3) **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure.



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- (4) **Lawsuits and Disputes.** 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 efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- (5) **Law Enforcement.** We may disclose your health information for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant or similar legal process; or to answer certain requests for information concerning crimes.
- (6) **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.** We may release medical information to a coroner, medical examiner, or funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.
- (7) **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes if the privacy aspects of the research have been reviewed and approved; if the researcher is collecting information in preparing a research proposal; if the research occurs after your death; or if you authorize the use or disclosure.
- (8) **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- (9) **Armed Forces and Foreign Military Personnel.** If you are a member of the U.S. Armed Forces or a foreign military, we may release medical information about you as required by the appropriate military command authorities.
- (10) **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- (11) **Protective Services for the President and Others.** We may disclose medical 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.
- (12) **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.
- (13) **Worker's Compensation.** We may release medical information about you for workers' compensation or similar programs.
- (14) **Health Plan.** If our Health Plan uses protected health information for underwriting, we may not use or disclose genetic information for underwriting purposes.

Information disclosed as allowed by federal law may be subject to redisclosure by the recipient and no longer protected by law.

4. **WHEN YOUR AUTHORIZATION IS REQUIRED.** Other uses and disclosures of your medical information not covered by this notice or the laws that apply to us will be made only with your written authorization (permission). If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or



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disclose medical information about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your permission.

5. **YOUR RIGHTS.** You have the following rights regarding medical information we maintain about you:
- a. **Right to Request 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. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. You have a right to request a restriction of the disclosure of your medical information to your insurance company or health plan if you pay out-of-pocket and in full for the healthcare item or service which you do not wish to be disclosed to the health plan. This restriction and payment must be requested at the time of service so we can hold communications and bills with your health plan. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as family member or friend.
 - b. **Right to Request Confidential 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 by telephone at work or that we contact you by mail at home.
 - c. **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records; however psychotherapy notes may not be inspected or copied. 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 very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional designated by the Hospital will review your request and the denial. The person conducting the review will not be the person who denied your request.
 - d. **Right to Amend.** If you feel that medical 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 Otto Kaiser Memorial Hospital. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by or for Otto Kaiser Memorial Hospital; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.
 - e. **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you, but does not include disclosures for treatment, payment and health care operations, disclosure made pursuant to your authorization, and certain other exceptions; provided, however, that if your protected health information is maintained in an electronic health record, disclosures for treatment, payment and health care operations will be included in the accounting of disclosures. To request this list or accounting of disclosures, you must submit your request in writing and state a time period that may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper, or electronically). The first list you request within a twelve (12) month period will



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be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- f. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice even if you have agreed to receive this notice electronically. You may obtain a copy of this notice at our website www.okmh.org. You may request a copy of this Notice at any time. To exercise any of the rights described above, please contact the Privacy Officer at Otto Kaiser Memorial Hospital. The Privacy Officer will inform you of any additional procedural requirements.
- g. **Right to Notification of Breach of Privacy or Security.** You have a right to be notified if we discover a breach of the privacy or security of your unprotected health information.
- h. **Special Provisions Regarding Substance Use Disorder Patient records.** We may use and disclose substance use disorder records for treatment, payment, and health care operations, as permitted by law. However, these records may not be disclosed without your written consent unless allowed by federal law. To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not disclose these records for civil, criminal, administrative, or legislative proceedings without a court order or your written consent, except as permitted by law. To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena. Additionally, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

- 6. **CHANGES TO THIS NOTICE.** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. A copy of the current notice will be posted at Otto Kaiser Memorial Hospital. The notice will contain on the first page the effective date. In addition, when you register for treatment or health care services a copy of the current notice in effect will be available.
- 7. **COMPLAINTS/CONTACT PERSON.** If you have any questions about this notice, please contact the Privacy Officer at Otto Kaiser Memorial Hospital. If you believe your privacy rights have been violated, you may file a complaint with Otto Kaiser Memorial Hospital or with the Secretary of the Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint. To file a complaint with Otto Kaiser Memorial Hospital, contact the Privacy Officer. All complaints to Otto Kaiser Memorial Hospital must be submitted in writing.

Patient/Guarantor	Date/Time	Relationship to Patient
Witness	Date/Time	