

criminal conduct occurring on our premises. In emergency circumstances to report a crime the location of the crime or victims or the identity, description or location of the person who committed the crime.

DECEASED INDIVIDUALS: W

ORGAN, EYE OR TISSUE DONATION: W

RESEARCH: U

PHI

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PHI

INMATES: W

PHI

correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official and such information is necessary for them to carry out certain functions such as providing healthcare services to you, providing for the safety and security of the institution and protection of the health and safety of you and other individuals.

SERIOUS THREATS TO HEALTH OR SAFETY: U

PHI

SPECIALIZED GOVERNMENT FUNCTIONS: W

federal officials, including members of U.S. or foreign military forces, for intelligence, counter-intelligence and other national security activities authorized by law.

WORKERS COMPENSATION: W

PHI

DISASTER RELIEF: We may use or disclose your PHI in disaster relief situations where disaster relief organizations seek your PHI to coordinate your case or notify family and friends of your location and condition.

RIGHTS

ACCESS TO HEALTH INFORMATION

You have the right to access and obtain a copy of the health information that we maintain about you. You also have the right to request that we restrict our disclosure of your health information. You have the right to request that we restrict our disclosure of your health information. You have the right to request that we restrict our disclosure of your health information.

AMENDMENT

You have the right to request that we amend or delete your health information if you believe that the information is not accurate or complete. You have the right to request that we amend or delete your health information if you believe that the information is not accurate or complete. You have the right to request that we amend or delete your health information if you believe that the information is not accurate or complete.

ACCOUNTING

You have the right to request that we provide you with a list of all disclosures of your health information that we made to other persons or entities. You have the right to request that we provide you with a list of all disclosures of your health information that we made to other persons or entities. You have the right to request that we provide you with a list of all disclosures of your health information that we made to other persons or entities.

ALTERNATIVE

COMMUNICATIONS:

You have the right to request that we provide you with a list of all disclosures of your health information that we made to other persons or entities. You have the right to request that we provide you with a list of all disclosures of your health information that we made to other persons or entities. You have the right to request that we provide you with a list of all disclosures of your health information that we made to other persons or entities.

REQUESTING RESTRICTIONS: Y

PHI

W

WORKERS COMPENSATION: W

ELECTRONIC HEALTH INFORMATION EXCHANGE:

SHC at a time when electronic health information exchange (HIE). This technology allows a provider or a health plan to make a single request through a health information organization (HIO), to obtain electronic health records for a specific patient from other HIE participants for purposes of treatment, payment, or healthcare operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIE. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything. Second, you may restrict access to all of your information through an HIO except access by properly authorized individuals as needed to report specific information as required by law. If you wish to restrict access, you must complete and submit a specific form available at <http://www.anHIT.org>. You cannot restrict access to certain information only your choice is to permit or restrict access to all of your information. If you have questions regarding HIE or HIOs, please visit <http://www.anHIT.org> for additional information.

Even if you restrict access through an HIO, providers and health plans may share your information directly through other means without your specific written authorization i.e. facsimile or secure email. If you receive healthcare services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out of state healthcare provider regarding those rules.

NOTICE OF BREACH: ESPO S I I T Y

Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and Notice provisions effective for all health information that we maintain. The revised Notice will also be posted on our website. You are entitled to receive this Notice in written form. Please contact the Privacy Officer at the address listed below to obtain a written copy.

ABOUT THIS NOTICE

Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and Notice provisions effective for all health information that we maintain. The revised Notice will also be posted on our website. You are entitled to receive this Notice in written form. Please contact the Privacy Officer at the address listed below to obtain a written copy.

COMPLAINTS

PHI

PSHC

submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

CONTACT INFORMATION

PHI
PSHC
E. 30th Ave.
Hutchinson, Kansas 67 02
Phone: 620-663-8 8 or
Fax:
email: privacy.prairiestarhealth.org
website: <https://www.prairiestarhealth.org>