

NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

This Notice Describes How Health Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Review It Carefully.

If you have any questions about this notice, please contact the Privacy Officer at (816) 691-5106.

In the event that the patient is a minor, this notice describes how health information may be used and disclosed about the minor patient.

This Notice Describes Our Practices and Those Of:

- Any health care professional allowed to enter information into your chart;
- Any volunteer we allow to help you while you are here; and
- All employees of any hospital, clinic, laboratory, or other facility affiliated with Signature Psychiatric Hospital.
 - 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.

Our Pledge Regarding Health Information:

Signature Psychiatric Hospital uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Signature Psychiatric Hospital.

- We understand that health information about you and your health is personal.
- We are committed to protecting health information about you.
- This notice will tell you about the ways in which we may use and disclose health information about you.
- We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

Signature Psychiatric Hospital Is Required By Law To:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- 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.

How Signature Psychiatric Hospital May Use or Disclose Your Health Information:

- For Treatment.** Signature Psychiatric Hospital may use your health information to provide you with medical treatment or services. *For example, information obtained by 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.

- For Payment.** Signature Psychiatric Hospital 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 payor, such as an insurance company, HMO or health plan. 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.*
- For Health Care Operations.** Signature Psychiatric Hospital may use and disclose health information about you for operational purposes. *For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, 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.
- Facility Directory.** Signature Psychiatric Hospital does not use your information for a facility directory.
- Clergy.** Unless you inform us that we should not do so, your religious affiliation may be released to a member of the clergy even if they do not ask for you by name.
- Appointments/Health-Related Products and Services.** Signature Psychiatric Hospital may use your information to contact you to provide appointment reminders. Signature Psychiatric Hospital may also contact you to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Others Involved In Your Care.** Signature Psychiatric Hospital may release relevant health information to a family member, friend, or anyone else you designate in order for that person to be involved in your care or payment related to your care. Signature Psychiatric Hospital 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.** Signature Psychiatric Hospital does not use your information for fundraising communications.

- ❑ **Required By Law.** Signature Psychiatric Hospital may use and disclose information about you as required by law. For example, Signature Psychiatric Hospital may disclose information for the following purposes:
 - For judicial and administrative proceedings or pursuant to a court order;
 - To assist law enforcement officials in their duties;
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report reactions to medications or problems with products;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate authorities if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- ❑ **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.

- ❑ **Health Oversight Activities.** Signature Psychiatric Hospital 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 or regulations.

- ❑ **Decedents.** Health information may be disclosed to funeral directors or coroners 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.** Signature Psychiatric Hospital may use your health information for research purposes after a receipt of authorization from you or when an institutional review board (IRB) or privacy board has waived the authorization requirement by its review of the research proposal and has established protocols to ensure the privacy of your health information. Signature Psychiatric Hospital 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.

- ❑ **Other Uses.** Other uses and disclosures not described in this notice will be made only with your written authorization. You may revoke an authorization except to the extent Signature Psychiatric Hospital has taken action in reliance on it. Uses and disclosures of psychotherapy notes, uses and disclosures of health information for marketing purposes, and disclosures that constitute a sale of protected health information require an authorization.

Your Health Information Rights:

- ❑ Obtain a paper copy of this notice of information practices upon request;
- ❑ Inspect and obtain a copy of your protected health information that is maintained by Signature Psychiatric Hospital;
- ❑ Request an amendment to your protected health information under certain circumstances;
- ❑ Request a confidential communication of your protected health information by alternative means or at alternative locations. Please be advised that this request for alternative means or locations of communications applies only to this provider or location;
- ❑ Receive an accounting of disclosures made of your health information; and
- ❑ Request a restriction on certain uses and disclosures of your information; however, Signature Psychiatric Hospital is not required to agree to a requested restriction.
- ❑ To be notified of a breach of unsecured health information in the event you are affected.
- ❑ You have the right to restrict certain disclosures of health information to a health plan if you pay for a service in full and out of pocket.

Changes To This Notice:

Signature Psychiatric Hospital reserves the right to change the terms of this notice and make the new terms effective for all protected health information kept by Signature Psychiatric Hospital. Signature Psychiatric Hospital will post a copy of the current notice in the hospital. You may also get a current copy by contacting our Privacy Officer (address at end of this notice). The effective date of the notice is at the top of each page.

Complaints:

If you believe that your privacy rights have been violated, you may file a complaint with Signature Psychiatric Hospital or with the Department of Health and Human Services, Offices for Civil Rights at 601 East 12th Street, Room 353, Kansas City, Missouri 64106, (800) 368-1019; Fax (816) 426-3686; (800) 537-7697 (TDD). To file a complaint with Signature Psychiatric Hospital, submit your written complaint to our Privacy Officer (address at the end of this notice). You will not be penalized for filing a complaint.

If you are not able to resolve your complaint by contacting the individuals above, you can also contact the Department of Health and Senior Services Hotline at 1-800-392-0210.

Contact Information for Questions or To File A Complaint:

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

Signature Psychiatric Hospital
 2900 Clay Edwards Drive
 North Kansas City, MO 64116
 Phone: (816) 691-5106

NOTICE OF PHYSICIAN AVAILABILITY AND OWNERSHIP**Notice Regarding Physician Availability**

As a patient of Signature Psychiatric Hospital, you are being informed that there times during the day that a doctor of medicine (MD) or doctor of osteopathy (DO) is not present in the Hospital. Signature Psychiatric Hospital does have competent, fully trained non-physician, nursing staff that are available 24 hours per day. At times when there is no physician present, patients with health care emergencies will be assessed and treated by qualified medical personnel, with physician support available by telephone or pager, and will be transferred to another hospital, subject to Federal regulatory requirements, when necessary (per Signature Psychiatric Hospital Policies AR 3.08 – Assessing an Emergency & AR 3.09 – Emergency Care).

If you have any questions about this policy, please contact our Administration Department at (816) 691-5106.

Notice of Physician Ownership of Signature Psychiatric Hospital

As a patient of Signature Psychiatric Hospital, you are being informed that Signature Psychiatric Hospital has one or more physician owners, and it meets the Federal definition of a Physician-Owned Hospital as set forth in 42 CFR 489.3. You have the right to request a list of the Hospital's physician-owners or investors. If you desire to make such a request, please contact our Administration Department at (816) 691-5106.

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