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.
What this notice is

We are required by law to maintain the privacy of your Protected Health Information, to provide you with this notice describing our privacy practices and legal duties and to inform you of your rights regarding your medical information.

Protected Health Information is information maintained by us that relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual.

Who will follow this notice?

This notice applies to:

• Mosaic Life Care (a DBA of Heartland Regional Medical Center) and any other associated or related providers or providers under common control.

• Mosaic Life Care at St. Joseph, Long-Term Acute Care Hospital.

• The medical staff of Mosaic Life Care when treating patients at our facilities.

We have entered into an Organized Health Care Arrangement, with the physicians, nurse practitioners and other health-care providers that may provide you care in our hospital, clinics and other sites. This notice will be followed by our workforce members (caregivers, volunteers, students) as well as by our independent physicians and other practitioners who are on our medical staff, but who are not our employees or agents. The purpose of this arrangement is to reduce paperwork and to make it easier to share your health information to improve your care. This arrangement does not affect in any way how your physicians or other providers medically treat you or the medical decisions made about your care. This arrangement does not make your doctor or other health-care provider our employee or
agent; he or she makes his or her own medical decisions about your care. This notice covers your information while in our facilities, it does not cover your records in your independent physician's or other providers' offices.

How we may use and disclose medical information

For each category of use or disclosure we will explain what we mean and try to give some examples. All of the ways we are permitted to use and disclose information will fall within one of the following categories.

**Treatment:** We may use and disclose your information to provide you with medical treatment and services. Your information may be disclosed to individuals providing care to you. These individuals need your information to provide care and services (such as prescriptions, lab tests, meals and X-rays). We may also disclose your information to healthcare providers that may be involved in your care after you leave. This information may be disclosed electronically through an electronic information exchange to providers who have a treatment relationship with you.

**Payment:** We may use and disclose your information to receive payment for the services and treatment provided 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 the bill is covered by your insurance. For example, 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.

**Health-care operations:** We may use and disclose your information for health-care operation purposes. Health-care operations include, but are not limited to, review of the care you receive for quality assessment,
educational, business planning and compliance plan purposes.

**Appointment reminders:** We may provide appointment reminders to you.

**Treatment alternatives:** We may provide you with information about treatment alternatives and other health-related benefits and services.

**Required by law:** We will disclose information as required by law. For example, we are required to report gunshot wounds to the police.

**To prevent a serious threat to health or safety:** We may disclose information about you to law enforcement or identify a victim to prevent a serious threat to your health or safety or the health or safety of another individual or the public.

**Research:** We may use or share your health information if the group that oversees our research, the Institutional Review Board, approves a waiver of permission (authorization) for disclosure or for a researcher to begin the research process.

**Facility directory:** Unless you notify us that you object, we may use your name, location in the facility and general condition. We may disclose this information to people who ask for you by name. We will also provide this information to clergy of your religious affiliation.

**Family or friends involved in your care:** Unless you object, we may release medical information about you to a friend, family member or other who is involved in your medical care. This would include persons named in any durable health-care power of attorney or similar document provided to us. We may also give 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.

**Fundraising:** We may use your name,
address, phone number and dates of care to contact you about our fundraising activities. Fundraising is an important part of providing the right care at the right time to our region. Any fundraising communication sent to you will tell you how you can opt out of receiving future fundraising material.

**Incidental disclosures:** Incidental disclosures of your health-care information may occur as a consequence of permitted uses and disclosures of your information. For instance, a visitor may overhear a discussion about your care at the nursing station. These incidental disclosures are permitted if we have implemented reasonable safeguards to protect the confidentiality of your information.

**Business associates:** Some of the activities described here are performed through contracts with outside persons or organizations. It may be necessary for us to provide these business associates with your personal information. We require these business associates appropriately safeguard the privacy of your information.

**Public health purposes:** We disclose information to health agencies as required by law. Examples include reporting vital statistics (births and deaths) and reporting to prevent or control disease, injury or disability.

**Health oversight activities:** Your health information may be disclosed to governmental agencies and boards for investigations, audits, licensing and compliance purposes.

**Judicial and administrative proceedings:** We may be required to disclose your health information to a court or for an administrative proceeding.

**Law enforcement activities:** We may be required to disclose your information as required by law, pursuant to a court order, warrant, subpoena or summons.

**Emergency circumstances:** We may disclose information about you to other providers to provide care to you in an emergency.
Deceased individual: We may disclose information to a coroner or medical examiner for the identification of the body or to determine the cause of death. We may disclose information to a funeral director to carry out their duties, or to someone who would be considered your personal representative.

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 we may disclose information to the institution or 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.

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.

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.

National security and intelligence activities: We may release information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
Disaster relief: We may disclose information about you to public or private agencies for disaster relief purposes.

Your rights regarding medical information about you

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy your medical record. To inspect and copy your medical record a request must be made in writing on the form provided by us. To request a form, contact Health Information Services at 816.271.6080. 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.

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 the hospital. To request an amendment, your request must be made in writing on the form provided by us. To request a form, contact Health Information Services at 816.271.6080. 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:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
• Is not part of the medical information kept by us
• Is not part of the information which you would be permitted to inspect and copy
• Is accurate and complete

Note that an amendment may take several forms, for example we may add an explanatory statement to a record rather than changing it. We cannot delete any information already in the record.

**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 within the last six years. You will not receive an accounting of disclosures for treatment, payment and health-care operations; disclosures made to you; disclosures made pursuant to an authorization; incidental disclosures; disclosures of information in the facility directory, for notification purposes, for disaster relief purposes and to persons involved in your care; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement officials having custody of you; disclosures as part of a limited data set. You may receive one (1) free accounting during a twelve (12) month period. If you request more than one (1) accounting you will be charged a fee. 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. To request this list or accounting of disclosures, you must submit your request in writing on the form provided by us. To request a form contact Health Information Services at 816.271.6080.

**Right to Request Restrictions.** You have the right to request a restriction on how information about you is used and disclosed. To request a restriction, you must submit your request in writing on the form provided by us.
To request a form, contact Health Information Services at 816.271.6080. We are not required to agree to your request.

Right to Restrict Disclosures to your Health Plan. You have the right to request that we do not disclose information to your health plan about services provided, however, you must pay for the services in full. If you do not pay for the services within 30 days of first statement date, the restriction is void and we may bill your insurance.

Right to Confidential Communications. You have the right to request communications with you be made at an alternative address or phone number. The request must be made in writing. We will try to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Privacy Notice. You may ask us for a copy at any time.

Right to Be Notified of a Breach of Unsecured PHI. This notification will be made by mail unless we do not have a correct mailing address for you, then we may use our web site, media stories or ads to inform you.

Your rights regarding electronic health information exchange

As explained above, health-care providers and health plans may use and disclose your health information without your written authorization for purposes of treatment, payment and health-care operations. Our health-care providers are linked by an electronic medical record. When you go to an outside provider, we may be able to share and/or access your records through an electronic Health Information Exchange (HIE). Before there was an HIE, providers and health plans exchanged this information directly by hand delivery, mail, facsimile or email.
This process was time consuming, expensive and not secure.

The electronic HIE changes this process. Technology allows a provider or health plan to submit a single request through a Health Information Organization (HIO) to obtain electronic records for a specific patient from other HIE participants. The provider must have sufficient personal information about you to prove they have a treatment relationship with you before the HIO will allow access to your information.

To allow authorized individuals to access your electronic health information you do not have to do anything. By reading this notice and not opting out, your information will be available through the HIO.

**Opting out:** If you do not wish to share information with providers through an HIO you must opt out. Please understand your decision to restrict access to your electronic health information through an HIO will limit your health-care providers’ ability to provide the most effective care for you. By submitting a request for restrictions, you accept the risks associated with that decision. Your decision to restrict access to your electronic health information through the HIO does not impact other discloses of your health information. Providers and health plans may continue to share your information directly through other means (such as by fax or secure email) without your specific written authorization. Opting out of the HIO will not prevent our providers from seeing your complete medical record.

For residents of Missouri and states other than Kansas, you will need to opt out in writing by requesting, completing and returning a form in person to our Health Information Services department.

You can request this form by calling 816.271.6080 or asking at your provider’s office. All requests to opt out will require
verification. Opting out at Mosaic Life Care will require a government photo ID to prove identity. Verification may take several days to complete. Failure to provide all information may result in additional delay.

Residents of Kansas must opt out through Kansas Health Information Exchange (KHIE). KHIE regulates certified HIOs operating in Kansas. To restrict access you must complete and submit the required form to KHIE. The form is available at www.khie.org. You cannot request restrictions on access to certain information and permit access to all other information; your choice is to permit access to all your information or restrict all access to your information.

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. We will post a copy of the current notice at our facilities and on our website. The notice will contain the effective date on the first page.

Complaints
If you believe your privacy rights have been violated, you may file a complaint with us. All complaints must be submitted to the Corporate Compliance Officer at 816.271.7576. You also may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You will not be penalized for filing a complaint.

Other use of medical information
Certain uses and disclosures of PHI require an authorization from you. These include psychotherapy notes not maintained in the electronic medical record, PHI used for marketing purposes or the sale of PHI.
Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written 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 disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you. If you have any questions about this notice, please contact our Corporate Compliance Officer at 816.271.7576.

Non–medical information

We offer certain non–medical services such as retail sales of special foods, dietary supplements, beauty aids and other non–medical services. Any information collected to provide you better services would not be considered protected health information.