



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

This Notice of Privacy Practices (“Notice”) serves as a notice for Boone Hospital Center, Boone Home Care and Hospice, Boone Medical Group and CHAS Physician Services, LLC (collectively, “Boone Health”). We will follow the terms of this Notice and may share health information with each other for purposes of treatment, payment and health care operations as described in this Notice.

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

We respect the confidentiality and personal nature of your health. We are committed to protecting your health information and to informing you of your rights regarding such information. We are required by law to protect the privacy of your protected health information, to provide you with notice of these legal duties and to notify you following a breach of unsecured protected health information. This Notice explains how, when and why we typically use and disclose health information and your privacy rights regarding your health information. In our Notice, we refer to our uses and disclosures of health information as our “Privacy Practices.” Protected health information generally includes information that we create or receive that identifies you and your past, present or future health status or care, or the provision of or payment for that health care. We are obligated to abide by these Privacy Practices as of the effective dates listed below.

WHO WILL FOLLOW THIS NOTICE?

- Any hospital, clinics, physician practices, and affiliates that are part of Boone Health.
- Any Boone Health provider that treats you at any of our locations.
- All Boone Health employees, temporary or contract staff, students and volunteers.

CHANGES TO THIS NOTICE

We reserve the right to change our Privacy Practices and the terms of this Notice. We will provide you with any revised Notice by making it available to you upon request and by posting it at our service sites. We will also post the revised Notice on our websites. Any changes that we make in our Privacy Practices will affect any protected health information that we maintain.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION

For Treatment, Payment and Health Care Operations

- 1. For Your Treatment** - We may use and/or disclose your health information to health care providers and other personnel who are involved in your care and who will provide you with medical treatment or services. For example, if you have had surgery or just had a baby, we may contact a home health care agency to arrange for home services or to check on your recovery after you are discharged from the hospital.
- 2. For Payment of Health Services** - We may use and/or disclose your health information to bill and receive payment for the services that you receive from us. For example, we may provide your health information to our billing or claims department to prepare a bill or statement to send to you, your insurance company, including Medicare or Medicaid, or another group or individual that may be responsible to pay for your health services.
- 3. For Our Health Care Operations** - We may use or disclose your health information to carry out certain administrative, financial, legal and quality improvement activities that are necessary to run our businesses and to support our treatment and payment activities. For example, we may use and/or disclose your health information to help assess the quality and performance of our physicians and staff and improve the services that we provide. Specifically, we may disclose your health information to physicians, medical or other health or business professionals for review, consultation, comparison and planning. We may use and disclose your health information in the course of our training programs and for accreditation, certification, licensing or credentialing activities. Additionally, we may disclose your health information to auditors, accountants, attorneys, government regulators or other consultants to assess and/or ensure our compliance with laws or to represent us before regulatory or other governing authorities or judicial bodies. We may also disclose your health information to outside organizations or providers in order for them to provide services to you on our behalf. We will seek written assurances from these providers to safeguard your health information they receive.
- 4. Special Circumstances When We May Disclose Your Health Information on a Limited Basis** - After removing direct identifying information (such as your name, address and Social Security number), we may use your health information for research, public health activities and other health care operations (such as business planning). While only limited identifying information will be used, we will also obtain assurances from the recipient of such health information that they will safeguard the information and only use and disclose the information for limited purposes. In conducting or participating in activities related to treatment, payment and health care operations, we may add or combine your information into electronic (computer) databases with information from other health care providers to help us improve our health services. For instance, using a combined information database, we may have more information to help us make more informed decisions about the range of treatments and care that may be available to you, including avoiding duplicate tests or conflicting treatment decisions. While we may not notify you about the inclusion of your data into these databases, you may be permitted to “opt-out” of some of these databases. We will make reasonable attempts to notify our patients, and perhaps the general public, of

such opt-out options (when available) by posting notices in our facilities, on our websites or through social media.

- 5. Health Information Exchange** - Boone Health participates in Midwest Health Connection Health Information Exchange (HIE) and may electronically share your medical information for treatment, payment, health care operations, and other authorized purposes, to the extent permitted by law, with other participants in the HIE. HIEs allow your health care providers, health plan, and other authorized recipients to efficiently access medical information necessary for your treatment, payment for your care, and other lawful purposes. The types of medical information that may be shared through HIEs, includes, but is not limited to: diagnoses, medications, allergies, lab test results, radiology reports, health plan enrollment and eligibility. Such information may also include health information that may be considered particularly sensitive to you, including: mental health information; HIV/AIDS information and test results; genetic information and test results; STD treatment and test results, and family planning information. The inclusion of your medical information in an HIE is voluntary and subject to your right to opt-out. If you do not opt-out, we may provide your medical information in accordance with applicable law to the HIEs in which we participate. More information on any HIE in which we participate and how you can exercise your right to opt-out can be found at: [insert link to relevant information] or you may call us at [insert telephone number]. If you choose to opt-out of data-sharing through HIEs, your information will no longer be shared through an HIE, including in a medical emergency; however, your opt-out will not modify how your information is otherwise accessed and released to authorized individuals in accordance with the law, including being transmitted through other secure mechanisms (i.e., by fax or an equivalent technology).

For Activities Permitted or Required by Law

There are situations where we may use and/or disclose your health information without first obtaining your written authorization for purposes other than for treatment, payment or health care operations. Except for the specific situations where the law requires us to use and disclose information (such as reports of births to the health department or reports of abuse or neglect to social services), we have listed all these permitted uses and disclosures in this section.

- 1. Public Health Activities** - We may disclose your health information to a public health authority that is authorized by law to collect or receive information in order to report, among other things, communicable diseases and child abuse, or to the U.S. Food and Drug Administration (FDA) to report medical device or product-related events. In certain limited situations, we may also disclose your health information to notify a person exposed to a communicable disease.
- 2. Health Oversight Activities** - We may disclose your health information to a health oversight agency that includes, among others, an agency of the federal or state government that is authorized by law to monitor the health care system.
- 3. Law Enforcement Activities** We may disclose your health information in response to a law enforcement official's request for information to identify or locate a victim, a suspect, a fugitive, a material witness or a missing person (including individuals who have died) or for reporting a crime that has occurred on our premises or that may have caused a need for emergency services.
- 4. Judicial and Administrative Proceeding** - We may disclose your health information in response to a subpoena or order of a court or

administrative tribunal.

- 5. Coroners, Medical Examiners and Funeral** - We may disclose your health information to coroners, medical examiners and funeral directors to identify a deceased person or to determine the cause of death.
- 6. Organ Donation** - We may disclose your health information to an organ procurement organization or other facility that participates in or makes a determination for the procurement, banking and/or transplantation of organs or tissues.
- 7. Research Purposes** - We conduct and participate in medical, social, psychological and other types of research. Most human subject research projects, including many of those involving the use of health information, are subject to a special approval process which evaluates the proposed research project and its use of health information. In certain circumstances, however, we may disclose health information to researchers preparing to conduct a research project to help them determine whether a research project can be carried out or will be useful, so long as the health information they review does not leave our premises. Unless you tell us that you do not want to participate in, or to exclude your health information from, either directly or through an opt-out provision (when available), your health information will be added to such databases that will be accessible for approved research projects. Our clinicians may offer you the opportunity to participate in a clinical research trial (investigational treatments) and other researchers may contact you regarding your interest in participating in research projects. Your enrollment in a research project will occur only after you have been informed about the research, had an opportunity to ask questions and have signed a consent form. When approved through a special review process, research may be performed using your health information without your consent.
- 8. Avoidance of Harm to a Person or Public Safety** - We may disclose your health information if we believe that the disclosure is necessary to prevent or lessen a serious threat or harm to the public or the health or safety of another person.
- 9. Specialized Government Functions** - We may disclose your health information for specific governmental security needs, or as needed by correctional institutions.
- 10. Workers' Compensation Purposes** - We may disclose your health information to comply with workers' compensation laws or similar programs.
- 11. Appointment Reminders and to Inform You of Health-Related Products or Services** - We may use or disclose your health information to contact you for medical appointments or other scheduled services, or to provide you with information about treatment alternatives or other health-related benefits and services.
- 12. Billing and Collection Purposes** - We may use or disclose your health information for the purpose of obtaining payment for services provided. You may be contacted by mail or telephone at any telephone number associated with you, including wireless numbers. Telephone calls may be made using pre-recorded or artificial voice messages and/or automatic dialing device (an “autodialer”). Messages may be left on answering machines or voicemail, including any such message information required by law (including debt collection laws) and/or regarding amounts owed by you. Text messages or emails using any email addresses you provide may also be used in order to contact you.
- 13. Fundraising Purposes** - We may use or disclose demographic information, including names, addresses, other contact information, age, gender and date of birth; the dates that you received health care from us; department of service information; treating physician

information; and outcome information to contact you in order to raise funds so that we may continue or expand our health care activities. You have the right to opt out of these fundraising activities. If you do not wish to be contacted as part of our fundraising efforts, please contact the individual(s) listed in the Contact Section of this Notice. If you decide you do not wish to be contacted as part of our fundraising efforts, we will not condition service or payment upon that decision.

When Your Preferences will Guide Our Use or Disclosure

- 1. Facility Directory** - A facility directory may include your name, your location in the facility, your general condition such as fair, stable, etc., and your religious affiliation (if provided by you). Unless you tell us that you would like to restrict your information in a facility directory, you will be included and directory information may be disclosed to members of the clergy or to people who ask for you by name.
- 2. The Information, if any, given to your family or friends** - We may disclose your health information to a family member, other relative, friend or any other person you identify who is involved in your care or involved with the payment related to your care unless you tell us otherwise.
- 3. Other** - You may request in writing that we not share your information with a health care plan for services that you have paid for in full.

Uses and Disclosures that Require Your Written Authorization

1. We will not disclose psychotherapy notes without your written authorization unless the use and disclosure is otherwise permitted or required by law.
2. We will not engage in disclosures that constitute a sale of your health information without your written authorization. A sale of protected health information occurs when we, or someone we contract with directly or indirectly, receive payment in exchange for your protected health information.
3. We will not use or disclose your protected health information for marketing purposes without your written authorization. Marketing is defined as receipt of payment from a third party for communicating with you about a product or service marketed by the third party.

For situations not generally described in our Notice, we will ask for your written authorization before we use or disclose your health information. You may revoke that authorization, in writing, at any time to stop future disclosures of your health information. Information previously disclosed, however, will not be requested to be returned nor will your revocation affect any action that we have already taken in reliance on your authorization. In addition, if we collected the information in connection with a research study, we are permitted to use and disclose that information to the extent it is necessary to protect the integrity of the research study.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Requesting Restrictions of Certain Uses and Disclosures of Health Information

You may request, in writing, a restriction on how we use or disclose your protected health information for your treatment, for payment of your health care services, or for activities related to our health care operations. You may also request a restriction on what health information we may disclose to someone who is involved in your care, such as a family member or friend. To make a request, see contact information below. We are not required to agree to your request in all circumstances. Additionally, any restriction that we may approve will not affect any use or disclosure

that we are required or permitted to make under the law.

Requesting Confidential Communications

You may request changes in the manner in which we communicate with you or the location where we may contact you. You must make your request in writing. See contact information below. We will accommodate your reasonable request, but in determining whether your request is reasonable, we may consider the administrative difficulty it may impose on us.

Inspecting and Obtaining Copies of Your Health Information

You may ask to look at and obtain a copy of your health information. You must make your request, in writing to the medical records department that maintains your health information. See contact information at the end of this notice.

We may charge a fee for copying or preparing a summary of requested health information. We will respond to your request for health information within 30 days of receiving your request by either providing the information requested, denying the request with a written explanation for the denial, or advising you we need additional time to complete our action on your request (for instance, if your health information is not readily accessible or the information is maintained in an off-site storage location).

Requesting a Change in Your Health Information

You may request, in writing, a change or addition to your health information. See contact information below. The law limits your ability to change or add to your health information. These limitations include whether we created or include the health information within our medical records or if we believe that the health information is accurate and complete without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information.

Requesting an Accounting of Disclosures of Your Health Information

You may ask, in writing, for an accounting of certain types of disclosures of your health information. The law excludes from an accounting many of the typical disclosures, such as those made to care for you, to pay for your health services, or where you provided your written authorization to the disclosure.

To make a request for an accounting see contact information below. Generally, we will respond to your request within 60 days of receiving your request unless we need additional time.

Notification Following a Breach of Unsecured Protected Health Information

We will notify you within a reasonable time not to exceed 60 days, in writing, in the event your health information is compromised Boone Hospital Center, Boone Home Care and Hospice, Boone Medical Group and CHAS Physician Services, LLC or by someone with whom we contracted to conduct business on our behalf.

Obtaining a Notice of Our Privacy Practices

We provide you with our Notice to explain and inform you of our Privacy Practices. You may also take a copy of this Notice with you. Even if you have requested this Notice electronically, you may request a paper copy at any time. You may also view or obtain a copy of this Notice at our website: <https://www.boone.health>

COMPLAINTS

We welcome an opportunity to address any concerns that you may have regarding the privacy of your health information. If you believe that the privacy of your health information has been violated, you may file a complaint with the individual listed in the Contact Section of this Notice. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.

CONTACT INFORMATION

For questions, concerns, requests or complaints concerning Boone Hospital Center, Boone Home Health and Hospice, Boone Medical Group or CHAS Physician Services, LLC, please contact the main Hospital operator at (573) 815-8000 and ask to speak with the Privacy Officer or write to the Privacy Officer at the address shown below.

Boone Hospital Center
1600 E. Broadway • Mailbox 7
Columbia, Missouri 6520

Effective Date: April 2021