

Disclosure of Hospital Ownership

The Nebraska Spine Hospital, LLC is a separately licensed specialty hospital, which is the result of a joint-venture relationship between CHI Health, a group of local physicians and Surgical Care Affiliates, LLC. Your physician may have a financial interest in this for-profit facility. This meets the federal definition of a physician-owned hospital. A list of physician owners is available upon request.

Patient Privacy Policies Effective 4/2010; Revised 9/2018

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR MEDICAL INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

OUR COMMITMENT TO YOUR PRIVACY

Nebraska Spine Hospital, LLC is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

This notice provides you with the following important information:

- How Nebraska Spine Hospital, LLC may use and disclose your identifiable health information;
- Your privacy rights in your identifiable health information; and
- Nebraska Spine Hospital, LLC's obligations concerning the use and disclosure of your identifiable health information.

The terms of this notice apply to all records containing your identifiable health information that are created or retained by Nebraska Spine Hospital, LLC. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records Nebraska Spine Hospital, LLC has created or maintained in the past, and for any of your records we may create or maintain in the future. We will post a copy of our current notice in each of our facilities in a prominent location, and you may request a copy of our most current notice during any visit. The effective date of our notice will be posted in the upper portion of the notice.

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of the entities that are part of Nebraska Spine Hospital, LLC, including:

- Any health care professional authorized to enter information into your medical records, including members of our medical staff;
- All departments, units and offices operated by Nebraska Spine Hospital, LLC;
- Any member of a volunteer group that assists you while you are patient of Nebraska Spine Hospital, LLC;
- All employees, staff and other personnel of Nebraska Spine Hospital, LLC; and
- All other Nebraska Spine Hospital, LLC affiliated entities.

All of these entities, individuals, sites and locations will follow the terms of this notice. In addition, these entities, individuals, sites and locations may share health information with each other for treatment, payment or health care operations purposes as described in this notice. Please realize that your personal doctor may use different notices or policies regarding health information created in his or her office.

How Your Identifiable Health Information May Be Used

HOW WE MAY USE AND DISCLOSE YOUR IDENTIFIABLE HEALTH INFORMATION

The following categories describe different ways in which we may use and disclose your identifiable health information. For each category of uses or disclosures we will explain what we mean and provide examples. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories. Please realize, in some instances Nebraska has special laws concerning the use and disclosure of certain types of health information, such as mental health, substance abuse and HIV/AIDS information.

The laws of the state of Nebraska in which you receive treatment from Nebraska Spine Hospital, LLC will apply to uses and disclosures of these types of health information.

■ TREATMENT

We may use health information about you to provide you with health treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the Nebraska Spine Hospital, LLC. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell a Nebraska Spine Hospital, LLC dietitian if you have diabetes so that appropriate meals can be arranged.

■ **COORDINATING CARE**

Nebraska Spine Hospital, LLC may share health information about you with others in order to coordinate the different things you need, such as prescriptions, lab work, x-rays and follow-up care. To the extent permitted by law, we also may disclose health information about you to people outside Nebraska Spine Hospital, LLC who may be involved in your health care (such as family members, home health agencies and others that provide services that are part of your care).

■ **PAYMENT**

We may use and disclose health information about you so that the treatment and services you receive from us may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We also may disclose your health information to other health care providers and health plans for the payment activities of those providers and plans. For example, we may provide your information to a physician who is not on our medical staff so that the physician may bill you or your insurer for the services you received from that physician.

■ **HEALTH CARE OPERATIONS**

Nebraska Spine Hospital, LLC may use and disclose your health information for routine facility operations, such as business planning and development, quality review of service provided, internal auditing, accreditation, certification licensing or credentialing activities (including the licensing or credentialing activities of health care professionals), medical research and education for staff and students, assessing your satisfaction with our services, and to other health care entities that have a relationship with you and need the information for operational purposes. We may use and disclose your health information to the external agencies responsible for oversight of health care activities such as The Joint Commission, external quality assurance and peer review organizations, and credentialing organizations. We may also disclose health information to business associates we have contracted with to perform services for or on our behalf such as patient satisfaction survey organizations. We may also disclose your health information to medical device manufacturers or pharmaceutical companies in order for those companies to carry out their legal obligations to state and federal agencies.

■ **TREATMENT OPTIONS**

We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

■ **HEALTH-RELATED BENEFITS AND SERVICES**

We may use and disclose your health information to tell you about health-related benefits or services that may be of interest to you.

■ **HOSPITAL/FACILITY DIRECTORY**

We may include certain limited information about you in our patient/client directory while you are receiving treatment at Nebraska Spine Hospital, LLC. This information may include your name, location in the facility, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in Nebraska Spine Hospital, LLC and generally know how you are doing. If you do not want your information included in Nebraska Spine Hospital, LLC's directory, upon your admission you should inform the personnel registering you in to Nebraska Spine Hospital, LLC facility or your caregiver. If you do not want information released in the directory, we cannot tell members of the public such as flower or other delivery services or friends and family that you are here or about your general condition.

■ **RELEASE OF INFORMATION TO FAMILY/FRIENDS**

We may release your health information to a friend or family member that is helping you pay for your health care, or who assists in taking care of you. We also may tell your family or friends your condition and that you are at Nebraska Spine Hospital, LLC. If you have specific objections or instructions regarding these communications, you may discuss them with your caregivers.

■ **FOOD AND DRUG ADMINISTRATION ("FDA")**

We may disclose your PHI (Personal Health Information) to a person or company required by the FDA to report information such as adverse events and product defects, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance.

■ **NEBRASKA HEALTH INFORMATION INITIATIVE**

Nebraska Spine Hospital participates in the Nebraska Health Information Initiative ("NeHII"), a statewide internet-based health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "Opt-out" and prevent searching of your health information available through NeHII, by calling 1-866-978-1799, or completing and submitting an "Opt-Out" form to NeHII, by mail, fax, or through their website at www.nehii.org.

■ **USES AND DISCLOSURES THAT ARE REQUIRED OR PERMITTED BY LAW**

Subject to requirements of federal, state, and local laws, we are either required or permitted to report your health information for various purposes. Some of these reporting requirements and permissions include:

Public Health Activities: We may disclose your health information to public health officials for activities such as for the prevention or control of communicable disease, bioterrorism, injury or disability; to report deaths; to report suspected child, elder, or spouse abuse or neglect; to report reactions to medications or problems with medical products; to report information to the federal Centers for Disease Control or to authorized national or state cancer registries for their data aggregation.

Disaster Relief Efforts: We may disclose your health information to an entity assisting in a disaster relief effort, such as the American Red Cross, so that your family can be notified about your condition and location.

Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law. Such agencies include federal Centers for Medicare and Medicaid Services, and state medical or nursing boards. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor activities such as health care treatment and spending, government programs, and compliance with civil rights laws and the health care system in general.

Judicial or Administrative Proceeding: We may disclose your health information in response to a legal court or administrative order, a subpoena, discovery request, civil or criminal proceedings, or other lawful process.

Law Enforcement: We may release health information if asked to do so by a local, state or federal law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar legal process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime in certain limited circumstances;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Nebraska Spine Hospital, LLC such as theft, drug diversion, or attempts to obtain drugs illegally.
- In emergency circumstances to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

Coroners, Medical Examiners and Funeral Directors: We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to help funeral directors to carry out their duties.

Organ and Tissue Donation: If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Research: We may use and disclose health information to researchers either when you authorize the use and disclosure of your health information or the CHI Health Institutional Review Board of Record and/or Privacy Board approves an authorization waiver for the use and disclosure of your health information for a research study.

Serious Threats to Health or Safety: We may use and disclose health 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. Any disclosure, however, would only be to someone able to help prevent the threat and/or to any specifically identified victims of the threat.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities: We may disclose your health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official. Disclosure for these purposes would be necessary: (1) for the institution to provide health care services to you; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.