



# Lincoln Surgical Hospital

Proud to be Physician Owned

*Exceptional People. Extraordinary Care.*

**Patient Rights &  
Privacy Practices**

# Patient Rights & Responsibilities

## THE PATIENT HAS THE RIGHT TO:

1. Be informed, or when appropriate, the patient's representative of the patient's rights, in advance of providing patient care.
2. Receive courteous, considerate, respectful and safe care by competent personnel. Patients shall be free from all forms of abuse, neglect, harassment and exploitation.
3. Obtain from his/her physician complete and current information concerning their diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person on their behalf. He/she has the right to know, by name, the physician and all others who provide care or are responsible for coordinating care. He/she has the right to know if a decision has been made to transfer or discharge.
4. Receive from his/her physician information necessary to give informed consent prior to the start of the procedure and/or treatment. Except in emergencies, such information should include, but not necessarily be limited to, their diagnosis, the specific procedures and/or treatments, the medically significant risks, prognosis and the probable duration of incapacitation. The patient has the right to information regarding alternatives to care and treatments.
5. Participate in decisions involving his/her care, except when contraindicated for health reasons, to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her actions.
6. Every consideration of privacy concerning his/her own medical care program. Case discussion, consultation, examination and treatment are confidential and will be conducted discreetly. Those not directly involved in his/her care must have the permission of the patient to be present.
7. The patient has the right to personal privacy.
8. Expect that communications and records pertaining to his/her care and financial information will be treated as confidential.
9. Have their physician, a family member or representative of his/her choice notified promptly of his/her admission.

10. Expect the facility will make a reasonable response to their request for services. The facility must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another health care facility after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
- 11 Obtain information regarding the relationship of the facility to other health care and educational institutions, which are providing care. The patient has the right to obtain information regarding the existence of any professional relationships among individuals, by name, which are providing care.
12. Be advised when the facility proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.
13. Expect reasonable continuity of care and to know in advance their appointment times and which physicians are available. The patient has the right to expect the facility will provide a mechanism to inform his/her physician or a delegate of the physician, of the patient's continuing health care requirements following discharge.
14. Receive continuity of care and information on options for care when the facility is no longer appropriate.
15. Know what facility rules and regulations apply to his/her conduct as a patient; e.g., the patient is responsible for providing information about past illnesses, hospitalizations, medications, and any other matters relating to their health. The patient must answer all questions concerning these matters to the best of their ability. The patient is responsible for asking questions to seek information or clarification of things not understood and for advising the physician if the decision is made to stop the treatment plan.
16. Receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin, psychological or physical handicap, source of payment or sponsor.

17. Receive service(s), if deemed incompetent, under the state health and safety laws. The rights of the patient are exercised by the person appointed under the state law, to act on the patient's behalf. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's right to the extent allowed by state law.
18. Expect that the staff, which are all committed to pain prevention and management, will believe your report of pain and will respond quickly to provide information about pain and relief measures.
19. Be informed of the support services available at the facility, including the availability of an interpreter.
20. Be informed of the provisions for off-hour emergency coverage.
21. Be informed of his or her visitation rights, (or support person, where appropriate) including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights under this section.
22. Be informed of his or her (or support person, where appropriate) right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.
23. Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
24. Receive visitors and that those visitors enjoy full and equal visitation privileges consistent with patient preferences.
25. Formulate advance directives, and to have hospital staff implement and comply with their advance directive. An advanced directive is a written instruction such as a living will or durable power of attorney for healthcare that states your treatment choices if you cannot speak for yourself. If you would like additional information formulating Advance Directives, please request staff at the front desk. On the basis of conscience, it is the policy of LSH that if a 'do not resuscitate' (DNR) instruction is present in the patient's Advance Directive the DNR will be suspended for the intraoperative period. This means, unless an order is written by the attending physician, hospital staff will try to help any patient whose heart has stopped or has stopped breathing.

26. Be free from chemical and physical restraints of any form or seclusion that is not medically necessary. Seclusion or a restraint can only be used, when ordered by the physician, if needed to improve the patient's well-being or in emergency situations if needed to ensure the patient's physical safety or the safety of others and less restrictive interventions have been determined to be ineffective.
27. Be informed of the charges for service eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care.
28. Receive an itemized copy of his/her account statement upon request. Billing Inquiry Line 402-484-9025.
29. Discuss facility payment plans and to examine and receive an explanation of his/her bill. The patient is responsible for providing payment information and making arrangements to pay, regardless of the source of payment or sponsor.
30. Voice grievances and recommend changes in policies and services to the facility's staff and the governing state agency without fear of reprisal. The patient has the right to prompt resolution of a grievance and shall receive an initial response within 7 business days. You may contact the Director of Quality Improvement and/or Risk Manager at 402-484-9091 to voice a grievance.
31. Express complaints about the care and services provided and to have the facility investigate such complaints. The facility is responsible for providing the patient, or his/her designee, with a written response within 30 days, if requested by the patient, indicating the findings of the investigation. The facility is also responsible for notifying the patient, or his/her designee, that if the patient is not satisfied by the facility response, the patient may complain to the Department of Health and Human Services, 402-471-3121 or contact the Beneficiary Ombudsman <https://www.cms.gov/Center/Special-Topic/Ombudsman/Medicare-Beneficiary-Ombudsman-Home>
32. Review his/her record, in a reasonable time frame, and to approve or refuse the release or disclosure of the contents of his/her medical record to any health care practitioner and/or health care facility except as required by law or third-party payment contract.
33. Expect that marketing and/or advertising conducted by the facility is not misleading.

## **THE PATIENT HAS THE RESPONSIBILITY FOR:**

1. Being considerate of other patients and to see that family members are also considerate, especially regarding smoking, noise, and visitation policies.
2. Being respectful of others, their property, the property of the facility and its personnel.
3. Promptly arranging for the payment of bills and provide necessary information for insurance processing.
4. Keeping all appointments promptly at their scheduled time or contacting staff as early as possible if a scheduled appointment cannot be kept.
5. Following instructions and the health care plan recommended by the health care provider and for asking questions if information is not understood.
6. Informing staff of physical changes experienced during treatment.
7. Maintaining follow-up treatment recommended by staff at the time of discharge.
8. Asking for pain relief when the pain first begins and for providing help in assessing and notification if the pain is not relieved as expected.
9. Following surgery, I will have a responsible adult drive me home. I realize impairment of full mental alertness may persist for several hours following the administration of anesthesia and I will avoid making decisions, or taking part in activities that depend upon full concentration or judgment, during this period.

# Disclosure of Physician Ownership



Please carefully review the information contained in this notice.

1. Lincoln Surgical Hospital meets the definition of a "physician-owned hospital" under 42 CFR 489.3. A list of physician owners or owner who are immediate family members of physicians is available upon request at the front desk.
2. You have the right to choose the provider of your health care services. Although we believe that Lincoln Surgical Hospital will be able to meet your needs, you have the option to use a facility other than Lincoln Surgical Hospital. You will not be treated differently by your physician if you choose to use a different facility; however, your physician may not be able to perform your procedures at an alternative facility if he or she does not maintain privileges at such facility. If desired, your physician or any staff member can provide information about alternative health care providers.
3. The Lincoln Surgical Hospital does not have an emergency department; however, the hospital is able to provide resuscitation and other advanced life support measures and has arranged for one or more physicians to be available to respond to medical emergencies during all hours of operation.
4. When a physician is not present in the Hospital and an emergency medical condition arises, the following measures will be instituted: The Hospital is able to provide basic and advanced life support and stabilize medical emergencies. The Hospital maintains a list of on-call medical personnel that are able to respond and be on site. If transfer of a patient to a nearby facility is deemed the appropriate course of action, all information regarding the patient's status will be communicated verbally and in writing to the emergency personnel transferring the patient and also to the receiving facility. Lincoln Surgical Hospital maintains a transfer agreement with St. Elizabeth Regional Medical Center, which has an emergency department staffed 24/7 by on-site physicians.

If you have any questions concerning this notice, please feel free to ask your physician or the Lincoln Surgical Hospital Risk Manager at 484-9090. We welcome you as a patient and value our relationship with you.

# Notice of Privacy Practices

# LINCOLN SURGICAL HOSPITAL NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice is effective as of September 23, 2013.

This notice describes how **Protected Health Information (PHI)** about you may be used and disclosed, and how you can get access to your protected health information.

Please review this notice carefully.

## **Our commitment to your privacy**

Our facility is dedicated to maintaining the privacy of your protected health information. In conducting our business, we will create records regarding you and the treatment and services we provided to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your protected health information. By Federal and State law, we must follow the terms of the notice of privacy practices we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your Protected Health Information (PHI).
- Your privacy rights in your Protected Health Information.
- Our obligations concerning the use and disclosure of your Protected Health Information.

The terms of this notice apply to all records containing your protected health information that are created or retained by our facility. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our facility has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our facility will post a copy of our current notice in our admission office in a visible location at all times, as well as on our website, and you may request a copy of our most current notice at any time.

**B. If you have questions about this notice, please contact:**

Lincoln Surgical Hospital  
Attn: Privacy Officer  
1710 South 70th Street  
Lincoln, NE 68506  
402-484-9090

**C. We may use and disclose your protected health information in the following ways without your permission:**

The following categories describe the different ways in which we may use and disclose your protected health information.

1. Treatment. Our facility may use your PHI to treat you. Many of the people who work for/or with our facility – including, but not limited to, your doctors, our nurses – may disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your PHI to other health care providers for purposes related to your treatment.
2. Payment. Our facility may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits, and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such cost, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.
3. Health Care Operations. Our facility may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our facility may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our facility.

## **D. Use and disclosure of your PHI in certain special circumstances that may be made without your authorization.**

Unless we are otherwise restricted from doing so, we may also disclose your information for the following purposes without your authorization:

1. **Directory.** Unless you notify us that you object, we will use your name, location in the facility, and general condition for directory purposes. This information may be provided to members of the clergy and to other people who ask for you by name.
2. **Communication.** We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your surgery or payment related to your surgery. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described.

3. **Disclosures Required by Law.** Our facility will use and disclose your PHI when we are required to do so by Federal, State, or local law.
4. **Public Health Risks.** Our facility may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
  - Maintaining vital records, such as births and deaths
  - Reporting child abuse or neglect
  - Preventing or controlling disease, injury or disability
  - Reporting reactions to drugs or problems with products or devices.
  - Sending proof of required immunization to a school with parent or guardian permission.
  - Notifying your employer under limited circumstances related primarily to work-place injury.
  - Notifying a person regarding a potential risk for spreading or contracting a disease or condition
  - Notifying individuals if a product or device they may be using has been recalled

- Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
5. Health Oversight Activities. Our facility may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
6. Lawsuits and similar proceedings. Our facility may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
7. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:
- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
  - Concerning a death we believe has resulted from criminal conduct.
  - Regarding criminal conduct at our facility.
  - In response to a warrant, summons, court order, subpoena or similar legal process.
  - To identify/locate a suspect, material witness, fugitive or missing person.
  - In an emergency, to report a crime (including the location or victims of the crime, or description, identify or location of the perpetrator).
8. Deceased Individuals. We are required to apply safeguards to protect your medical information for 50 years following death. Following your death, we may disclose medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties and to a personal representative (for example, the executor of your estate). We may also release your medical information to a family

member or other person who acted as a personal representative or was involved in your care or payment for care before your death, if relevant to such person's involvement, unless you have expressed a contrary preference.

9. **Organ and Tissue Donation.** If you are an organ donor, our facility may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation.
10. **Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization to help prevent the threat.
11. **Military.** Our practice may disclose PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
12. **National Security.** Our facility may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
13. **Inmates.** Our facility may disclose PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement officials. Disclosures for these purposes would be necessary:
  - for the institution to provide health care services to you
  - for the safety and security of the institution
  - to protect your health and safety or the health and safety of other individuals
14. **Workers' Compensation.** Our facility may release your PHI for workers' compensation and similar programs.
15. **Health Information Exchange.** We participate in one or more electronic health information exchanges which permits us to electronically exchange medical information about you with other participating providers (for example, doctors and hospitals) and health plans and their business associates. For example, we may permit a health plan that insures you to electronically access our records about you to verify a claim for a

payment for services we provide to you. Or, we may permit a physician providing care to you to electronically access our records in order to have up to date information with which to treat you. As described earlier in this Notice, participation in a health information exchange also lets us electronically access medical information from other participating providers and health plans for our treatment, payment and health care operation purposes as described in this Notice. We may allow other parties (for example, CyncHealth or public health departments that participate in the health information exchange) to access your medical information electronically for their permitted purposes as described in this Notice. You may choose to opt out of CyncHealth by either calling CyncHealth Support at 402-506-9900, ext. 1 or going to [www.cynchealth.org](http://www.cynchealth.org) (under the tab Opt-In-Out).

### **E. Uses and Disclosures Requiring Your Authorization**

There are here are many uses and disclosures we will make only with your written authorization.

These include:

1. **Uses and Disclosures Not Described Above.** We will obtain your authorization for any use of disclosure of your medical information that is not described in the preceding examples.
2. **Psychotherapy Notes.** These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures of psychotherapy notes require your authorization.
3. **Marketing.** We will not use or disclose your medical information for marketing purposes without your authorization. Moreover, if we will receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.
4. **Sale of medical information –** We will not sell your medical information to third parties without your authorization. Any such authorization will state that we will receive remuneration in the transaction.

If you provide authorization, you may revoke it at any time by giving us notice in accordance with our authorization policy and the instructions in our authorization form. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization. Please note we are required to retain records of your care.



## **F. Your Rights Regarding your PHI**

You have the following rights regarding the PHI that we maintain about you:

1. **Right to Request Restrictions.** You have the right to ask us to not use or disclose certain parts of your protected health information for purposes of treatment, payment, healthcare operations or to friends or family members. Your request must state the specific restriction and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request with one exception explained in the next paragraph. We will notify you if we deny your request to a restriction.

We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations purposes, if you pay out-of-pocket in full for all expenses related to that service prior to your request, and the disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive an Authorization from you dated after the date of your requested restriction, which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction.

Several different covered entities listed at the start of this Notice use this Notice. You must make a separate request to each covered entity from whom you will receive services that are involved in your request for any type of restriction. Contact the Hospital at the address listed below if you have questions regarding which providers will be involved in your care.

2. **Confidential Communications.** You have the right to request that our facility communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer or call 402-484-9090 for further information. Your request must describe in a clear and concise fashion:
  - the information you wish restricted
  - whether you are requesting to limit our facilities use, disclosure or both
  - to whom you want the limits to apply

3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records. You must submit your

request in writing to the Medical Records or call 402-484-9090 for further information, in order to inspect and/or obtain a copy of your PHI. If we maintain the medical information electronically in one or more designated record sets and you ask for an electronic copy, we will provide the information to you in the form and format you request, if it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it in another readable electronic form we both agree to. Our facility may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. If you direct us to transmit your medical information to another person, we will do so, provided your signed, written direction clearly designates the recipient and location for delivery. Our facility may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial.

4. Amendment. You may ask us to amend your PHI if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our facility. To request an amendment, your request must be made in writing and submitted to the Director of Medical Records or call 402-484-9090 for further information. You must provide us with a reason that supports your request for amendment. Our facility will deny your request if you fail to submit your request in writing. Also, we may deny your request if you ask us to amend information that is in our opinion:
  - accurate and complete
  - not part of the PHI kept by or for the facility
5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our facility has made of your PHI for non-treatment, non-payment or non-operations purposes. All requests for an "accounting for disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include any dates before April 14, 2003.
6. Notification in the Case of Breach. We are required by law to notify you of a breach of your unsecured medical information. We will provide such notification to you without unreasonable delay but in no case later than 60 days after we discover the breach.

7. Right to a Paper Copy of this Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.
8. How to Exercise These Rights. All requests to exercise these rights must be in writing. We will respond to your request on a timely basis in accordance with our written policies and as required by law. Contact the Privacy Officer at 402-484-9090 for more information or to obtain request forms.
9. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our facility or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with our facility, contact the Privacy Officer at 402-484-9090. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### **Non-discrimination statement**

Lincoln Surgical Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-297-2266 0018-4960-6554 (TTY: 7-1-1 o para español-español 1-888-272-5528 o para español-inglés 1-877-564-3503)

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-297-2266 0018-5658-6202 (TTY: 7-1-1 1-800-833-7352)

Lincoln Surgical Hospital  
1710 S. 70th Street  
[lincolnsurgery.com](http://lincolnsurgery.com)  
402-484-9090