

**JOHNSON COUNTY HOSPITAL**  
**202 HIGH ST TECUMSEH, NE 68450**

**Notice of Privacy Rights and Practices Summary**

**The Notice of Privacy Rights and Practices** is provided to inform you of how your confidential health information may be used and shared, and how you can obtain access to this information. The Notice of Privacy Rights and Practices also provides you with information regarding your privacy rights. The Notice in its entirety is available to you upon request and on our website ([www.jchosp.com](http://www.jchosp.com)). **Protected Health Information (PHI)** is the information Johnson County Hospital creates, receives, maintains and electronically transmits. Although this information is the property of Johnson County Hospital, the information belongs to you. You are granted certain rights to your health information including the right to learn how Johnson County Hospital will/may use and share your protected health information.

**Who will follow this Notice:**

- Any healthcare professional authorized to enter information into your hospital chart
- All Departments and units of the hospital
- Any member of a volunteer group we allow to help you while you are in the hospital
- All employees, staff and other hospital personnel

**Your Protected Health Information serves as a:**

- Basis for planning your care and treatment
- Means of communication among many health professionals who have a role in your care
- Legal document describing the care you received
- Record by which you or your insurance company can check that services billed were provided
- Source of Information to educate health professionals, provide data for medical research, improve public health, plan and market the hospital and improve the care we give

**Understanding how your Protected Health Information is used helps you to:**

- Ensure accuracy
- Follow the agreed-upon treatment plan
- Know who, what, when, where and why others may use all or part of your protected health information
- Make a more informed decision when giving permission to share information with appropriate companies, agencies and healthcare workers

**Your Protected Health Information Rights:**

- Restrict with whom we may share your protected health information
- Look at and get all or part of your protected health information
- Obtain an accounting of disclosures of your protected health information
- Request to amend your protected health information
- Have us communicate with you in a certain way or at a certain location
- Change your mind about sharing your protected health information except for what has already been shared

**Johnson County Hospital Responsibilities:**

- Protect the privacy of your protected health information
- Provide you with a current copy of the Notice of Privacy Rights and Practices
- Do what we say we'll do in this Notice
- Display the most current copy of this Notice on the website ([www.jchosp.com](http://www.jchosp.com))
- Notify you if we are unable to agree to your written request