

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

1. **Right to Inspect and Copy.** You have the right to inspect and copy information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy information that may be used to make decisions about you, you must submit your request in writing to the Medical Records Department. If you request a copy of your information, we will charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

2. **Right to Amend.** If you feel the 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 and submitted to the Medical Records Department. In addition, you must provide a reason that supports your request.

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;
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect or copy;
- Is accurate or complete.

3. **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of disclosures we made of information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Medical Records Department. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request in a 12 month period will be free. For additional lists, we will charge you for the costs of providing the list.

4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family members or friend.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Medical Records Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Medical Records Department. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

6. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this notice at any time.

### **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 in the hospital. In addition, each time you register at or are admitted to the hospital for treatment of health care services, we will offer you a copy of the current notice in effect.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact Andrea Neumeyer, Compliance Officer at (828) 696-1091. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of 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 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 information about you for the reasons indicated in your written authorization. You understand we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care of the care we provided to you.



### **Joint Notice of Privacy Practices**

Effective Date: 04/14/03

Revised Date: 06/09/05

Revised Date: 10/22/07

**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**

### **WHO WILL FOLLOW THIS NOTICE**

- Any health care professional authorized to enter information into your hospital medical record including members of the Medical Staff.
- 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.

*If you have any questions regarding this notice, please contact at Andrea Neumeyer, Director of Medical Records, HIPAA Privacy Officer at (828) 696-1091.*

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at the hospital. We must use this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all records of your care generated by the hospital, whether made by hospital personnel or members of the Medical Staff. Members of the Medical Staff may have different practices or notices regarding use and disclosure of medical information created within the private office or clinic.

This Notice explains the ways Margaret R. Pardee Memorial Hospital may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### **HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU**

1. **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, residents, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so we can arrange for appropriate meals. Different departments in the hospital may share information about you to coordinate different things you may need, such as prescriptions, lab work, and x-rays. We may also disclose information about you to people outside the hospital who may be involved in your care after you leave the hospital, such as family members, clergy, or others we use to provide services that are part of your care.
2. **For Payment.** We may use and disclose medical information about you so treatment and services you receive at the hospital may be billed and collected from you, an insurance company, or other third party.

For example, we may need to give your health plan information about a surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are planning to receive to obtain prior approval or to determine whether your plan will cover the treatment.

3. **For Health Care Operations.** We may use and disclose information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine information about many patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, residents, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
4. **Treatment Alternatives.** We may use and disclose information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
5. **Health Related Benefits and Services.** We may use and disclose information to tell you about health related benefits or services that may be of interest to you. We may also contact you to provide appointment reminders.
6. **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fundraising efforts, you must notify Myra Grant, Foundation Executive Director in writing.
7. **Facility Directory.** We may include certain limited information about you in the facility directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition, and your religious affiliation. The directory information, except 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, even if they don't ask for you by name. This is so your family, friends, or clergy can visit you in the hospital and generally know how you are doing.
8. **Individuals Involved in Your Care or Payment for Your Care.** We may release information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose 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.
9. **As Required by Law.** We will disclose information about you when required to do so by federal, state, or local law.

10. **To Avert a Serious Threat to Health or Safety.** We may use or disclose 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 to help the threat.
11. **Research.** Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of information, trying to balance the research needs with patients' need for privacy of their information. Before we use or disclose information for research, the project will have been approved through this research approval process, but we may have, however, disclose information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the information they review does not leave the hospital.
12. **Organ and Tissue Donation.** If you are an organ donor, we may release information to organizations that handle organ procurement, organ or tissue transplantation, or an organ donation bank to facilitate organ or tissue donation and transplantation.
13. **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.
14. **Workers' Compensation.** We may release information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illnesses.
15. **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
16. **Health Oversight Activities.** We may disclose information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

17. **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
18. **Law Enforcement.** We may release information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons, or similar process
  - To identify or locate a suspect, fugitive, material witness, or missing person
  - About a victim of a crime
  - About a death we believe may be the result of criminal conduct
  - About criminal conduct at the hospital
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
19. **Coroners, Medical Examiners, and Funeral Directors.** We may release medical 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 information about patients of the hospital to funeral directors as necessary to carry out their duties.
20. **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
21. **Protective Services for the President and Others.** We may disclose 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.
22. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official.
23. **We are a WNCHN member hospital.** "In order to efficiently coordinate the treatment, payment, and health care operations aspects of your care, we may disclose your Personal Health Information (PHI) in any format that we determine is secure and expeditious, e. g. verbally, electronically, via fax, and or in paper form."