

**HERMANN AREA DISTRICT HOSPITAL
HOME HEALTH AGENCY
ASSOCIATED MEDICAL ARTS
HERMANN MEDICAL ARTS
MEDICAL CLINIC OF OWENSVILLE
SOUTHWEST MEDICAL ARTS**

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003 - Revised 2013

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.

If you have any questions about this notice, please contact Holly Bloch, RHIT, LPN Privacy Officer, Hermann Area District Hospital at 573-486-2191 ext. 247.

Who Will Follow This Notice:

This notice describes our hospital and clinic practices and that of:

- ◆ Any health care professional authorized to enter information in to your hospital or clinic chart.
- ◆ All departments and units of the hospital and clinics.
- ◆ Any member of a volunteer group we allow to help you while you are in the hospital.
- ◆ All employees, staff and other hospital or clinic personnel.
- ◆ Our Business Associates and their subcontractors

Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of care and services you receive at the hospital or clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital or clinic, whether made by personnel or your personal doctor. Your personal doctors may have different policies or notices regarding the doctors use and disclosure of your medical information created in the doctors office or clinic.

This notice will tell you about the ways in which we 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.

We are required by law to:

- ◆ make sure that medical information that identifies you is kept private;
- ◆ give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information About You:

Your patient health information may be used and disclosed by your physician, our hospital and clinics, and others that are involved in your care and treatment for the purpose of providing healthcare services to you, to pay your healthcare bills and any other use required by law.

☞**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, medical students, or other hospital or clinic personnel who are involved in taking care of you. 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 the dietitian if you have diabetes so that we can arrange the appropriate meals. Different departments also may share medical information about you to coordinate the different things you need such as, prescriptions, lab work and xray. We may also disclose medical information about you to people outside the hospital or clinic who may be involved in your medical care, such as family members, clergy or to others we use to provide services that are a part of your care.

☞**For Payment:** We may use and disclose information about you so that the treatment and services you receive at the hospital or clinic may be billed to and payment 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 at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover treatment.

☞**For Health Care Operations:** We may use and disclose medical information about you for hospital and clinic operations. These uses and disclosures are necessary to run the hospital and clinic and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about patients to decide what additional services the hospital and clinic should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel to review and learning purposes. We may also combine the medical information from other hospitals and clinics 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.

☞**Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

☞**Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

☞**Health Related Benefits & Services:** We may use and disclose medical information to tell you about health-related benefits or services that may interest you.

☞**Fundraising Activities:** We may also use medical information about you to contact you in an effort to raise money for our hospital and clinics. If we use or disclose your protected health information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

☞**Hospital Directory:** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition e.g., fair, stable, etc) 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 clergy, such as a priest or rabbi, even if they don't ask for you by name. This also is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

☞**Individuals Involved In Your Care or Payment for Your Care:**

We may release medical information about you to a friend or family member who is involved in your medical 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 or clinic. In addition, we may disclose medical 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.

☞**Research:** Under certain circumstances, we may use and disclose medical 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. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

☞**As Required By Law:** We will disclose medical information about you when required to do so by federal, state or local law.

☞**To Avert a Serious Threat to Health or Safety:** We may use and disclose medical 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 prevent the threat.

Special Situations

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

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

☞**Workers' Compensation:** We may release medical information about you to worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

☞**Public Health Risk:** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent and 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 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.

➤**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example 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.

➤**Lawsuits & Disputes:** If you are involved in a lawsuit or in a dispute we may disclose medical information about you in response to a court order or administrative order. We may disclose medical information about you in response to a subpoena, discovery or other lawful process by someone involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

➤**Law Enforcement:** We may release medical 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 persons;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the persons agreement;
- About a death we believe may be the result of criminal conduct;
- About the criminal conduct at the hospital; and
- 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

➤**Coroners, Medical Examiners & Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person to determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

➤**National Security & Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

➤**Protective Services for the President & Others:** We may disclose medical 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.

➤**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health safety of others; (3) for the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You

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

Right to Inspect & Copy your protected health information:

Pursuant to your written request you have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under the promise of confidentiality.

➤**Right to Amend:** if you feel that medical 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 the hospital and clinics.

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, unless the person or entity that created the information is no longer available to make the amendment;
- Is not a part of the medical information kept by or for the hospital or clinics;
- Is not a part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

➤**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical 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 that a time period, which may not be longer than six years and may not include dates before April 1, 2003. The first list you request within a 12- month period will be free. For additional list, we may charge for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

➤**Right to Request Restrictions:** This means you may ask us not to use or disclose any part of your protected health information for the purpose of treatment, payment and healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to your requested restriction except if your request that the physician not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out of pocket.

To request restrictions, you must make your requests 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, for example, disclosures to your spouse.

Right To Request Confidential Communications:

You have the right to request confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively, ie, electronically.

➤**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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You have the right to receive notice of a breach. We will notify you if your unsecured protected health information has been breached.

You may obtain a copy of this notice at our website:

www.hadh.org

To obtain a paper copy of this notice, contact the hospital admissions office at 573-486-2191, Associated Medical Arts at 573-564-2990, Medical Clinic of Owensville at 573-437-4481, Southwest Medical Arts at 573-486-2118 and Hermann Medical Arts at 573-486-5711.

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 this current notice in the hospital and clinics. The notice will contain the effective date on the first page. In addition, each time you register or are admitted for treatment or health care services as an inpatient or outpatient, 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, clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital or clinic, contact the Medical Records Director at 573-486-2191 ext. 247. 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 medical 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 medical information about you, you may revoke your permission, in writing at any time. If you revoke your permission we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.