

Respecting Your

 Privacy

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.

# PROTECTED HEALTH INFORMATION

Information about your health is private. And it should remain private. That is why this healthcare institution is required by federal and state law to protect the privacy of your health information. We call it Protected Health Information (PHI).

Staff Members, employees and volunteers of this hospital/facility must follow legal regulations with respect to:

* How We Use Your PHI
* Disclosing Your PHI to Others
* Your Privacy Rights
* Our Privacy Duties
* Hospital contacts for More Information or, if necessary, a complaint

# USING OR DISCLOSING YOUR PHI

## FOR TREATMENT

During the course of your treatment, we use and disclose your PHI. For example, if we test your blood in our laboratory, a technician will share the report with your doctor. Or, we will use your PHI to follow doctor’s orders for an x-ray, surgical procedure or other types of treatment related procedures.

## FOR PAYMENT

After providing treatment, we will ask your insurer to pay us. Some of your PHI may be entered into our computers in order to send a claim to your insurer. This may include a description of your health problem, the treatment we provide and your membership number in your employer’s health plan.

Or, your insurer may want to review your medical record to determine whether your care was necessary. Also, we may disclose to a collection agency some of your PHI for collecting a bill that you have not paid.

## FOR HEALTHERCARE OPERATIONS

Your medical record and PHI could be used in periodic assessments by physicians about the hospitals quality of care. Or we might use the PHI from real patients in education sessions with medical students training in our hospital. Other uses of your PHI may include business planning for our hospital for our hospital or the resolution of a complaint.

## SPECIAL USES

Your relationship to us as a patient might require using or disclosing your PHI in order to:

* Remind you of an appointment for treatment
* Tell you about treatment alternatives and options
* Tell you about our other health benefits and services

## Your Authorization May Be Required

In many cases, we may use or disclose your PHI, as summarized above, for treatment, payment or healthcare operations or as required by law. In other cases, we must ask for your written authorization with specific instructions and limits on out use or disclosure of your PHI. You may revoke your authorization if you change your mind later.

## CERTAIN USED AND DISCLOSURES OF YOUR PHI REQUIRED OR PERMITTED BY LAW

As a hospital or healthcare facility, we must abide by many laws and regulations that either require us or permit us to use or disclose your PHI.

## REQUIRED OR PERMITTED TO USES AND DISCLOSURES

* Your information may be included in a patient directory that is available only to those individuals whom you have identified as contacts during your hospital stay. You will receive a unique patient code that can be provided to these contacts.
* We may use your PHI in an emergency when you are not able to express yourself.
* We may use or disclose your PHI for research if we receive certain assurances which protect your privacy.

## WE MAY ALSO USE OR DICLOSE YOUR PHI

* When required by law, for example when ordered by a court.
* For public health activities including reporting a communicable disease or adverse drug reaction to the Food and Drug Administration.
* To report neglect, abuse or domestic violence.
* To government regulators or agents to determine compliance with applicable rules and regulations.
* In judicial or administrative proceedings, as in response to a valid subpoena.
* To a coroner for purposes of identifying a deceased person or determining cause of death, or to a funeral director for making funeral arrangements.
* For purposes of research when a research oversight committee, called an institutional review board, has determined that there is a minimal risk to the privacy of your PHI.
* For creating special types of health information that eliminate all legally required identifying information or information that would directly identify the subject of the information.
* In accordance with the legal requirements of a

workers compensation program.

* When properly requested by law enforcement officials for instance in reporting gunshot wounds, reporting a suspicious death or for other legal requirements.
* If we reasonably believe that the use or disclosure will avert a health hazard or to respond to a threat to public safety including an imminent crime against another person.
* For national security purposes including to the Secret Service or if you are Armed Forces personnel and it is deemed necessary by appropriate military command authorities.
* In connection with certain types of organ donor programs.

## YOUR PRIVACY RIGHTS AND HOW TO EXERCISE THEM

Under the federally required privacy program, patients have specific rights.

## YOUR RIGHTS TO REQUEST LIMITED USE OR DISCLOSURE

You have the right to request that we do not use or disclose your PHI in a particular way. However, we are not required to abide by your request. If we do agree to your request, we must abide by the agreement.

**OUR RIGHT TO CONFIDENTIAL COMMUNICATION** You have the right to receive confidential communication from the hospital at a location that you provide. Your request must be in writing, provide us with the other address and explain if the request will interfere with your method of payment.

## YOUR RIGHT TO REVOKE YOUR AUTHORIZATION

You may revoke, in writing, the authorization you granted us for use or disclosure of your PHI, However, if we have relied on your consent or authorization, we may use or disclose your PHI up to the time you revoke your consent.

## YOUR RIGHTS TO INSPECT AND COPY

You have the right to inspect and copy your PHI. We may refuse to give you access to your PHI if we think it may cause you harm, but we must explain why and provide you with someone to contact for a review of your refusal.

## YOUR RIGHT TO AMEND YOUR PHI

If you disagree with your PHI within our records, you have the right to request, in writing, that we amend your PHI when it is a record that we created or have maintained for us. We may refuse to make the amendment and you have a right to disagree in writing. If we still disagree, we may prepare a counter-statement. Your statement and counter-statement must be made part of our record about you.

**YOUR RIGHT TO KNOW WHO ELSE SEES YOUR PHI** You have the right to request an accounting of certain disclosures we have made of your phi over the past six years, but not before April 14, 2003. We are not required to account for all disclosures, including those made to you, authorized by your or those involving treatment, payment and health care operations as described above. There is no charge for annual accounting. We will inform you if there is a charge and you have the right to withdrawal your request, or pay to proceed.

**WHAT IF I HAVE A COMPLAINT?**

If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filling a complaint with the facility or the Secretary.

* To file a complaint with us, please contact the hospital’s Privacy Officer at 508-329-6119. Your complaint should provide specific details to help us in investigating a potential problem.

* To file a complaint with the Secretary of Health and Human Services, write to 200 Independence Ave., S.E., Washington, D.C., 20201 or call **1-877-696-6775.**

## SOME OF OUR PRIVACY OPLICATIONS AND HOW WE FULFILL THEM

Federal health information privacy rules require us to give you notice or our privacy practices. This document is our notice. We will abide by the privacy practices set forth in this notice. However, we reserve the right to change this notice and our privacy practices when permitted or as required by law.

If we change our notice of privacy practices, we will provide our revised notice to you when you next seek treatment from us.

EFFECTIVE DATE: This notice takes effect on April 14, 2003.

Version #10808EB

WBHH 8.1.17