

NOTICE OF PRIVACY PRACTICES

UNDERSTANDING YOUR HEALTH RECORD INFORMATION

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment means. It is the communication among the many health professionals who contribute to your care. It is also a legal document describing the care you received and is the means by which you or a third party payer can verify that services billed were actually provided. Your records can also be a tool in educating health professionals and a source of data for medical research. It can also be a source of information for public health officials charged with improving the health of the nation, a source of data for facility planning and marketing, a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information. We do not have to agree to any restrictions which you request.
- Obtain a paper copy of the Notice of Privacy Practices upon request.
- Inspect and obtain a copy of your health record with the exception of psychotherapy notes; information compiled in reasonable anticipation of or use in a civil, criminal or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. We may charge you for copies that you request.
- Obtain an accounting of disclosures of your health information used other than for treatment, payment, or healthcare operations or pursuant to your authorization.
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Request amendment of your record. Requests must be in writing and will be reviewed by the provider. We do not have to agree to amendments requested.

OUR RESPONSIBILITIES

This practice is required to maintain the privacy of your health information, provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, abide by the terms of this notice, notify you if we are unable to agree to requested restrictions, and to accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

It is our responsibility to safeguard your information and release it for treatment, payment, or healthcare operations or under the proper completion of an authorization or if required by law.

We reserve the right to change our privacy practices and to make new provisions effective for all protected health information without your authorization, except as described in this notice. The revised notice will be effective upon posting in a prominent place on the premises. Unresolved complaints shall be subject to binding arbitration in the county and state where the covered entity's primary office is located.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have any questions or would like additional information, you may contact the Privacy Officer at the address on the front of the Notice. If you believe your privacy rights have been violated, you can file a complaint with the Facility's Privacy Contact at the number shown on the front of the notice or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

WE WILL USE YOUR HEALTH INFORMATION FOR TREATMENT

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you. In addition, we may disclose your protected health information to another physician or healthcare provider (i.e., a specialist, facility or laboratory) who, at the request of your physician becomes involved in your care.

WE WILL USE YOUR HEALTH INFORMATION FOR PAYMENT

For example: A bill for services provided may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. This may include information required by your health plan before it approves or pays for services we recommend for you such as determination of eligibility, coverage, review for medical necessity or utilization service.

WE WILL USE YOUR HEALTH INFORMATION FOR REGULAR HEALTHCARE OPERATIONS

For example: Members of the medical staff, the Risk or Quality Improvement Manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician or nurse practitioner. We may also call you by name in the waiting room when your physician is ready to see you. At times other patients may inadvertently overhear conversations between you and your healthcare professional due to the design of the facility and need for ease of access. We make every attempt to keep incidental disclosure to a minimum. Please let us know if you are uneasy in any treatment area. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. In all instances we will use the minimum amount of information necessary.