

HILLSBORO AREA HOSPITAL **NOTICE OF INFORMATION PRIVACY** **PRACTICES**

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.

We have a legal obligation to protect the privacy of your Protected Health Information, or "PHI". PHI is information that can be used to identify you that we have created or received about your past, present or future health or condition, the provision of health care to you or the payment of this healthcare. We must provide you with a copy of this notice and details of how, when and why we use and disclose your PHI. In general, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose for use or disclosure. Legally, we must follow the privacy policies that this notice sets forth.

We do reserve the right to change the terms of this notice and our privacy policies at any time. A copy of the current notice will be posted in our main reception area. You may also obtain a copy of this notice at any time.

A medical record is and serves as:

- Basis for planning your care
- Communication among health care professionals involved in your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of information for public health officials
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve patient care and outcomes

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, understand reasons your health record may be accessed and make informed decisions regarding the release of your PHI.

WHO WILL FOLLOW THIS NOTICE: This notice describes our practices and that of any healthcare professional authorized to enter information into your hospital chart, all staff and professionals in all departments, medical staff and any volunteer we allow to help you while you are at the hospital.

The following is a listing of examples of when PHI would be disclosed. For each category of uses or disclosures we will explain and try to give some examples. Not every use or disclosure in every category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

We will use your health information for treatment. Information obtained by a doctor, nurse or other healthcare personnel will be recorded in the medical record and used to determine the plan of treatment. For example, a doctor treating you for a broken leg would need to know that you have diabetes as it may slow the healing process. We may also disclose information about you to people outside the hospital who may be involved with your care after you leave the hospital, such as care givers, family members or others that provide services that are part of your care.

We will use your health information for payment. We may provide portions of your PHI to insurance in order to receive payment for the services we provided to you. We may also tell your health plan about a treatment that you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. Upon request, you have the right to restrict disclosures to health plans when you, or someone on your behalf, pays for items or services out-of-pocket in full (i.e., you request that your insurance not be billed for a service we provide to you).

We will use your health information for healthcare operations. Members of the medical staff or quality improvement may receive access to your PHI. They will use this information in an effort to improve the quality and effectiveness of the services we provide. For instance, we may use and disclose medical information to review our treatment, to evaluate the performance of our staff in caring for you, patient satisfaction surveys and discharge phone calls.

Other situations and examples are as follows:

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.

Messages. We may use and disclose medical information to leave a message for you on an answering machine or with the person who answers your phone regarding appointments, pre-admission or payment issues.

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 and services. We may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

Fundraising activities. The Hillsboro Area Health Foundation, related to the Hospital, maintains its own database. We don't disclose your contact information to the Foundation.

Business associates. The hospital may contract services with outside agencies. An example would be companies that provide us software for billing your insurance company. This outside company is required to safeguard your PHI as stringently as the hospital.

Hospital directory. We may include certain limited information about you in the hospital directory while you are a patient. This information would include your name, location

within the facility, general condition and religious affiliation. The directory information, except for your religious affiliation, will be given to people who ask for you by name. Your religious affiliation may be given to a member of the clergy even if they do not ask for you by name. This will allow your family, friends and clergy to visit you in the hospital and generally know how you are doing. You will have the opportunity to have your information not listed in the directory.

Individuals involved in your care or payment for your care. We may release medical information about you to friends and family who are involved in your medical care. We may also give information to someone who helps pay for your care. If possible, we will ask your permission prior to discussing your care with others. 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 or location.

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 or the health and safety of the public or another person.

Organ and tissue donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

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 abuse and/or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products that 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.

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 law.

Lawsuits and disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a subpoena or to a court or administrative order. We may also disclose medical information about you in response to a discovery request or other lawful process by someone else 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 you requested.

Law enforcement. We may release medical information if asked to do so by a law enforcement official for the purpose of:

- Responding to a court order, subpoena, warrant, summons or similar process;
- Identifying or locating a suspect, fugitive, material witness, or missing person;
- Assisting the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- Reporting a death we believe may be the result of criminal conduct;
- Reporting 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 persons who committed the crime.

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 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 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.

Protective services for the President and 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 and safety of others; or (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 and copy. You have the right to inspect and obtain copies of medical 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 medical information that may be used to make decisions about you, you must submit your request in writing to our Health Information Management department. You will be asked to complete a Request for Access to Health Information form. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other costs associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Hillsboro Area 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.

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 or for Hillsboro Area Hospital.

To request an amendment, your request must be made in writing and submitted to our Health Information Management department with a

reason that supports your request. You will be asked to complete a Request for Access to Health Information form.

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 part of the medical information kept by or for Hillsboro Area Hospital;
- Is not 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 disclosure.” This is a list of the disclosures we made of medical information about you.

To request this accounting of disclosures, you must submit your request in writing to our Health Information Management department. You will be asked to complete a Request for Access to Health Information form. Your request must state a specific time period and indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you 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. You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask

that we not use or disclose information about any surgical procedure you may have had.

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 our Privacy Officer. 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, such as disclosures to your spouse.

Right to request confidential communications. You have the right to request that we communicate with you about medical matters in a certain way or in a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request, but you must specify how or where you wish to be contacted.

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. To obtain a paper copy of this notice, please contact our Privacy Officer.

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 and related facilities. The notice will contain the effective date. In addition, each time you register at or are admitted to the hospital 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 Hillsboro Area Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact our Privacy Officer at the number below. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

BREACH NOTIFICATION

A risk assessment will be performed on all suspected breaches of PHI. When applicable, you will be notified, in writing, if it is determined that your information has been compromised.

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 permission. If you provide us permission to use or disclose medical 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 medical information about you for the reasons covered in 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.

If you have any question about this notice, please contact the Privacy Officer at the number below, or call the Health Information Management department.

**Privacy Officer
217-532-4405 or 217-532-4190**

Health Information Management
217-532-4463

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