

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding your health Record/Information.

Each time you visit a hospital, physician or other healthcare 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 of communication among the many health professionals who contribute to 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 data for medical research
- 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 and
- 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
- Make more informed decisions when authorizing disclosure to others

Your health information rights:

Although your health record is the physical property of the healthcare 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, upon written request, as provided by 45 CFR 164.522 and organization policy
- Receive confidential communications of protected health information, as provided by 45 CFR 164.522 (b) as applicable
- Obtain a paper copy of the notice of privacy practices upon request
- Inspect and copy your health record, upon written request as provided for in 45 CFR 164.524 and organization policy (a copy fee applies)
- Amend or correct your health record upon written request, as provided in 45 CFR 164.528 and organization policy
- Obtain an accounting of disclosures of your health information, upon written request, as provided in 45 CFR 164.528 and organization policy
- Request communications of you 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 and
- File complaint with our organization and/or with the Secretary of Health and Human Services

Other Uses or Disclosures (made without your authorization)

Business Associates: There are some services provided in our field through contacts with business associates. Examples include physician services in the Emergency Department and radiology, and certain laboratory tests. When these services are contacted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health Risks: As required by law, 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 reaction to medications or problems with products
- Sexually transmitted diseases