

NMH Privacy Practices

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2014

Revised: November 11, 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.

Newman Memorial Hospital (Hospital) creates a record of the care and services you receive in the hospital. Your medical records and billing information are systematically created and retained on a variety of media, which may include computers, paper and films. These media are accessible to hospital personnel and members of the medical staff. Proper safeguards are in place to discourage improper use or access. We are required by law to protect your privacy and the confidentiality of your personal and protected health information and records. This notice describes your rights and our legal duties regarding your protected health information. The entities covered by this Notice include the hospital and all health care providers who are members of its medical, dental and ancillary services staffs. The Hospital, its medical staff, and other health care providers at the hospital are part of a clinically integrated care. This arrangement involves participation of legally separate entities in which no entity will be responsible for the medical judgment or patient care provided by the other entities in the arrangement. Sharing information allows us to enhance the delivery of quality care to our patients. All entities, however, will abide by this Notice of Privacy Practices (NPP) while working in the hospital setting. You may receive another NPP from each physician and other health care provider upon your first encounter in their office, which may be different from this NPP and which will govern the protected health information maintained by that provider. These physicians and health care providers will be able to access and use your Protected Health Information (PHI) to carry out treatment, payment or hospital operations.

Definitions: You, at times, may see or hear new terms in relation to this notice. Some of the terms you may hear and their definitions are:

1. Protected Health Information or PHI is your personal and protected health information that we use to render care to you and bill for services provided.
2. Privacy Officer is the individual in the hospital who has responsibility for developing and implementing all policies and procedures concerning your PHI and receiving and investigating any complaints you may have about the use and disclosure of your PHI.
3. Business Associate is an individual or business outside of the Hospital that works with the Hospital to help provide you with services in the hospital.
4. Authorization: We will obtain an authorization from you giving us permission to use or disclose your protected health information for purposes other than for your treatment, to obtain payment of your bills and for health care operations of this Hospital. The Hospital may use and disclose your protected health information for the following:

Rights to Protected Health Information (PHI) About You

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1. Treatment. We may use protected health information about you to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical, nursing and other students in healthcare professions, or other hospital personnel who are involved in taking care of you at the hospital. 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 for appropriate meals. Different departments of the hospital also may share protected health information about you in order to coordinate the different things you need, such as prescriptions, lab work and xrays. We also may disclose protected health information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.
2. Payment. We may use and disclose protected health information about you so that the treatment and services you receive at the hospital may be billed to and payment may be 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 a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
3. Health Care Operations. We may use and disclose PHI about you for Hospital operations. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. For example, we may use PHI about your high blood pressure to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many hospital patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also combine PHI we have with PHI from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer.
4. Business Associates. We may disclose your PHI to Business Associates outside the Hospital with whom we contract to provide services on our behalf. However, we will only make these disclosures if we have received satisfactory assurance that the Business Associate will properly safeguard your privacy and the confidentiality of your PHI. For example, we may contract with a company outside of the hospital to provide medical transcription services for the Hospital.
5. Appointment Reminders. We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care at the Hospital.
6. Health Related Benefits and Services. We may use and disclose your PHI to tell you about health-related benefits or services or recommend possible treatment options or alternatives that may be of interest to you.
7. Fundraising Activities of Hospital. We may use or disclose your PHI to contact you in an effort to raise money for the Hospital and its operations. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services at the Hospital. If you do not want the Hospital to contact you for fundraising efforts, please notify the Privacy Officer at Ext. 300.
8. 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 and your general condition (e.g., fair, stable, etc.) which may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by

name. This is so your family, friends and clergy can visit you in the Hospital and generally know how you are doing.

9. Individuals Involved in Your Care or Payment for Your Care. We may disclose PHI to a friend or family member who is involved in your medical care. We may also give your PHI to someone who helps pay for your care. We may also disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

10. Research. Under certain circumstances, we may use and disclose PHI 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. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with patients' need for privacy of their PHI. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may disclose PHI about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the PHI they review does not leave the Hospital. We will almost 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 at the Hospital.

11. As Required by Law. We will disclose PHI about you when required to do so by federal, state or local law.

12. To Avert a Serious Threat to Health or Safety. We may use and disclose PHI 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 able to help prevent the threat.

13. Organ and Tissue Donations. If you are an organ donor, we may release PHI 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.

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

15. Workers' Compensation. We may release PHI about you for workers' compensation or similar programs as authorized by state laws. These programs provide benefits for work-related injuries or illness.

16. Public Health Risks. We may disclose PHI about you for public health activities to, for example: prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition as ordered by public health authorities; notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, if you agree or when required by law.

17. Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting and licensure.

18. Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena,

discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

19. Law Enforcement. We may release PHI 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 person; about the victim of a crime under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about 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.

20. Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients of the Hospital to funeral directors as necessary to carry out their duties.

21. National Security and Intelligence Activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

22. Protective Services for the President and Others. We may disclose PHI 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.

23. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the correctional 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.

24. Disaster Relief. We may use or disclose PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts and coordination of the entities. We must, in the exercise of professional judgment, determine that the requirement does not interfere with our ability to respond to emergency circumstances.

Your Rights Regarding Protected Health Information (PHI) About You

You have the following rights regarding protected health information (PHI) we maintain about you:

1. Right to Inspect and Copy. You have the right to inspect and request a copy of your PHI, except as prohibited by law. To inspect and/or request a copy of your PHI that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee of 50 cents per page to offset the costs associated with the request. We may deny your request to inspect and copy in certain circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the 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.

2. Right to Amend. If you feel that PHI 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 the Hospital. To request an amendment, your request must be made in a writing that states the reason for the 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:

- A. was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- B. is not part of the PHI kept by or for the Hospital;
- C. is not part of the information which you would be permitted to inspect and copy; or
- D. is accurate and complete.

3. Right to an Accounting of Disclosures. You have the right to request one free accounting every 12 months of the disclosures we made of PHI about you. To request this list, you must submit your request in writing. Your request must state the time period during which disclosures should be counted. The time period may not be longer than six years and may not include dates before

April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). 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.

4. Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI 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 a surgery you 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. 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.

5. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at 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. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

6. 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.

7. You have the right to have your provider restrict certain PHI from disclosure to health plans where you pay out of pocket, in full for the care and request such a restriction.

8. Right to Know about a Breach. This gives you the right to receive notifications whenever a breach of your PHI occurs.

9. HIPAA requires that any other uses and disclosures not in the notice of privacy practice require an authorization from the individual. You may obtain a copy of this notice at our web site, www.newmanmemorialhospital.org.

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 PHI 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. The notice will contain on the first page, near the top, the effective date. In addition, each time you register at the Hospital for treatment or health care services we will make available to you, if you request, a copy of the current notice in effect.

Authorization for Other Uses of Protected Health Information (PHI)

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization we will no longer use or disclose PHI 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 authorization, and that we are required to retain our records of the care that we provided to you.

Complaints

If you believe your privacy rights have been violated, you may file a written complaint with the hospital or with the Secretary of the Centers for Medicare and Medicaid Services. To file a complaint with the Hospital, write:

Privacy Officer
Newman Memorial Hospital
905 South Main
Shattuck, OK 73858

To file a complaint with the Secretary of the Centers for Medicare and Medicaid Services, contact:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
HHS.Mail@hhs.gov

The complaint to the Secretary must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred. The complaint must be in writing, either on paper or electronically, name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the standards. You will not be penalized for filing a complaint.