

NOTICE OF PRIVACY PRACTICES
For
Patients of Harper County Community Hospital
Effective Date: April 14, 2003

Please review this document carefully as it describes how medical information about you may be used and disclosed. It also describes how you can obtain access to your medical information.

Harper County Community 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. That information is 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 (PHI). Those people covered by this notice include this hospital and all health care providers who are members of its medical and ancillary services staffs.

Harper County Community Hospital, the medical staff, other health care providers and hospital personnel are part of a team whose goal is to provide quality care to our patients. Sharing information between the medical staff, other health care providers and appropriate staff members makes it possible to provide the best care possible. All of the staff working in the hospital setting have agreed to abide by this Notice of Privacy Practice. The physicians, health care providers, and appropriate staff members will be able to access and use your Protected Health Information (see definition below) to carry out treatment, payment or hospital operations.

Definitions

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 to you.
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 independent of the Hospital that works for the Hospital to help provide the Hospital or you with services.
4. **Authorization:** 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.
5. **Disclosure:** Releasing or giving your protected health information to another party.

Disclosure or Use of Your Protected Health Information

Harper County Community Hospital may use and disclose your protected health information without your authorization for the following:

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 students, or other hospital personnel who are involved in taking care of you at the hospital.
2. **Payment.** We may use and disclose your protected health information when billing your insurance company in order to receive payment for the treatment and services you received at the hospital. We may also give your protected health information to your insurance company in order to obtain a pre-certification for future treatment. We may also provide your physicians or their billing agents with information so they can send bills to your insurance company or to you.
3. **Health Care Operations.** We may use and disclose protected health information 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 protected health information about your high blood pressure to review our treatment and services, to evaluate the performance of our staff in caring for you and to train health professionals. We may also combine protected health information 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 protected health information we have with protected health information 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 protected health information to Business Associates independent of 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 protected health information.
5. **Appointment Reminders.** We may use and disclose your protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital. This may be done through an automated system or by one of our staff members. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the telephone.
6. **Health Related Benefits and Services.** We may use and disclose your protected health information to tell you about health-related benefits or services or recommend possible treatment options or alternatives that may be of interest to you.

7. **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, your general condition (e.g., good, fair, serious or critical) may also 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 minister, 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.
8. **Individuals Involved in Your Care or Payment for Your Care.** We may release protected health information to a friend or family member who is involved in your medical care. We may also give protected health information to someone who helps pay for your care. We may also disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
9. **Research.** Under certain circumstances, we may use and disclose protected health information 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 protected health information, trying to balance the research needs with patients' need for privacy of their protected health information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose protected health information 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 protected health information 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.
10. **As Required by Law.** We will disclose protected health information about you when required to do so by federal, state or local law. For example, Oklahoma law requires us to report all births, abortions, and deaths that occur in the hospital to the Oklahoma Department of Health.
11. **To Avert a Serious Threat to Health or Safety.** We may use and disclose protected health information 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.
12. **Organ and Tissue Donations.** If you are an organ donor, we may release protected health 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.

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

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

15. **Public Health Reporting.** We may disclose protected health information about you for public health activities, to, for example:

- prevent or control disease, injury or disability;
- report birth defects or infant eye infections;
- report cancer diagnoses and tumors;
- report child abuse or neglect or a child born with alcohol or other substances in its system;
- report reactions to medications or problems with products;
- notify people of recalls of products they may be using;
- notify the Oklahoma State Department of Health that a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, Syphilis, or other sexually transmitted diseases;
- 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.

16. **Health Oversight Activities.** We may disclose protected health information 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.

17. **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information 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.

18. **Law Enforcement.** We may release protected health information 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 if, 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.

19. **Coroners, Medical Examiners and Funeral Directors.** We may release protected health information 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 protected health information about patients of the hospital to funeral directors as necessary to carry out their duties.

20. **National Security and Intelligence Activities.** We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

21. **Protective Services for the President and Others.** We may disclose protected health 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.

22. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information 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.

Your Rights Regarding Your Protected Health Information

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

- I. **Right to Inspect and Copy.** You have the right to inspect and request a copy of your protected health information, except as prohibited by law.

To inspect and/or request a copy of your protected health information 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 \$1.00 for the first page, 50 cents for each additional page, plus actual postage cost 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 certain protected health information, 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 protected health 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 the hospital. To request an amendment, your request must be made in writing stating 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:

- 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 protected health information kept by or for the hospital;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

- 3. Right to an Accounting or Listing of Disclosures.** You have the right to request, once every 12 months, an accounting or listing of the disclosures we made of protected health information about you. To request this list, you must submit your request in writing. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. 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 protected health 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 protected health 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 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.

To obtain a paper copy of this notice, contact:

Hospital Administrator
Harper County Community Hospital
PO Box 60
Buffalo, Oklahoma 73834

Changes to this Notice

We reserve the right to change this privacy notice. We reserve the right to make the revised notice effective for any protected health information we already have about you as well as any information we receive in the future. If revisions are made, a copy of the revised notice will be posted in a prominent place in the hospital. The effective date of the revised notice will appear on the first page of the document. In addition, each time you register at the hospital for treatment or health care services, you may request a copy of the current notice in effect.

Authorization for Other Uses of Protected Health Information

Other uses and disclosures of protected health information 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 protected health information 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 Department of Health and Human Services.

To file a complaint with the hospital write to:

Hospital Administrator
Harper County Community Hospital
PO Box 60
Buffalo, Oklahoma 73834

To file a complaint with the Secretary of the Department of Health and Human Services,
Write to:

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, and is to include the name of the entity that is the subject of the complaint and describes the acts or omissions believed to be in violation of the standards.

You will not be penalized for filing a complaint.