



PATIENT NOTICE OF PROTECTED HEALTH CARE INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSURE AND HOW YOU MAY ACCESS 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 is referred to as your health record or medical record.

Your medical record serves as:

- a. Basis for planning your care and treatment;
- b. Means of communication for the many health professionals who contribute to your care;
- c. Legal document describing the care you received;
- d. Means by which you, or a third-party payer such as an HMO or group plan, can verify that Services billed were actually provided;
- e. A tool in educating health professionals;
- f. A source of data for medical research,
- g. A source of information for public health officials charged with improving the health of the nation;
- h. A source of data for facility planning and marketing; and
- i. A tool with which the facility can assess and continually work to improve the care and the outcomes achieved.

UNDERSTANDING WHAT IS IN YOUR RECORD AND HOW YOUR HEALTH INFORMATION IS USED HELPS YOU TO:

- a. Ensure its accuracy;
- b. Better understand who, what, when, where and why others may access your health information and;
- c. 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:

- a. Have the confidentiality of your health information protected;
- b. Request a restriction of certain uses and disclosures of your health information as provided for in 45 CFR §164.522, however, we are not required to agree to the restriction request;
- c. Obtain a paper copy of the Notice of Protected Health Care Information Practices upon request;
- d. Inspect and obtain a copy of your health record as provided for 45 CFR §164.524;
- e. Amend your health record as provided for in 45 CFR §164.528;
- f. Obtain an accounting of disclosures of your health Information as provided for 45 CFR §164.528;
- g. Request communications regarding your health information by alternative means or alternative locations; and
- h. Revoke a prior authorization to use or disclose or your health information, except to the extent that the prior authorization has already been relied upon.



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OUR RESPONSIBILITIES

This organization is required to:

- a. Maintain the privacy of your health information;
- b. Provide you with a copy of our Notice of Practices which includes our legal duties and privacy practice with respect to the personal and health information we collect and maintain about you;
- c. Abide by the terms of our Notice of Privacy Practices;
- d. Notify you if we are unable to agree to a requested restriction; and
- e. Accommodate reasonable requests to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our Information practices change, we will mail a revised notice to the address you have supplied.

We will not use or disclose your health Information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the Director of Quality Management.

If you believe your Privacy Rights have been violated, you can file a complaint with either the Director of Quality Management or Hospital Administrator. You may also file a complaint with the Secretary of Health and Human Services. If you believe your privacy rights have been violated, Legent Orthopedic Hospital shall not retaliate against any patient or patient authorized representative for any complaint filed.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE 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. Thus, 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 once you have been discharged from this hospital.

We will use your health information for Payment.

For example: A bill 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.

We will use your health Information for Health Care Operational purposes.

For example: Members of the Medical Staff, the Risk or Quality Improvement Director, 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 of the healthcare and services we provide. Under the Health Insurance Portability and Accountability Act (HIPAA), there are certain circumstances in which we may disclose your health information without obtaining your permission. The following are examples of circumstances in which no patient or personal representative authorization is required:



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1. **Business Associates**

There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency and radiology departments as well as certain laboratory and copy services. When these services are contracted, we may disclose your health information to business associates so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. However, we protect your health information by requiring that the business associate appropriately safeguard your information. We confirm this affirmation by the business associate through a Business Associate Agreement (BAA).

2. **Directory**

We will obtain your consent prior to using your name in the facility directory. With your consent we will use your name, location in the facility, general condition, and religious affiliation in the facility directory. This information may be provided to members of the clergy and to other people who ask for you by name.

3. **Communication with Family**

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

4. **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.

5. **Funeral Directors**

We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

6. **Organ Procurement Organizations**

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

7. **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.

8. **Food and Drug Administration (FDA)**

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



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9. Workers Compensation

We may disclose health Information to the extent authorized by and to the extent necessary to comply with law as relating to Workers' Compensation or other similar programs established by law.

10. Public Health

As required by law, we may disclose your health information to public health and/or legal authorities charged with preventing or controlling disease, injury or disability.

11. Correctional Institutions

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

12. Law Enforcement

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

13. Emergency Circumstances

We may disclose health information to outside appropriate health care practitioners in emergency situations.

14. Other Circumstances

The above list is not exhaustive and there may be other circumstances in which we may be permitted by law to disclose your health information without your prior authorization.