

*Effective: April 14, 2003 Revised: February 21, 2008 and September 23, 2013*

## NOTICE OF 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 READ IT CAREFULLY.*

### OUR DUTIES

Harrison County Hospital's (HCH) goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. We are required by law to: maintain the privacy of medical and financial information provided to us that reasonably identifies HCH patients and/or their conditions (such protected information will be referred to in this document as "Health Information"); provide notice of our legal duties and privacy practices; abide by the terms of our Notice of Privacy Practices currently in effect; and notify you following a breach of your unsecured Health Information.

### WHO WILL FOLLOW THIS NOTICE

The practices described in this notice apply to the following persons or group of persons: 1) All HCH personnel and students in training; 2) Any healthcare professional authorized to enter information into, or obtain information from, a HCH record; 3) Any volunteer or member of a volunteer group that assists you while you are at HCH; 4) Harrison County Hospital Physician Group; and 5) HCH's Medical Staff and its members; attending physicians; radiologists; pathologists; anesthesiologists; surgeons; emergency department physicians; and any other physician or healthcare provider who provides treatment to you while you are at or in HCH, and staff members of such physicians who work at HCH.

### INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and healthcare services from HCH, you will be providing HCH with personal information such as: your name, address and phone number; information relating to your medical history; your insurance information and coverage; and information concerning your doctor, nurse or other medical providers.

In addition, HCH will gather certain medical information about you and will create a record of the care provided to you by HCH and, in many cases, care provided to you by other healthcare entities. Other individuals or organizations that are part of your "circle of care" may also provide some information to HCH. For example, a referring physician, your other doctors, your health plan, family members and/or close friends may provide information to HCH. With some exceptions, your Health Information must be protected by HCH.

### USE AND DISCLOSURE OF HEALTH INFORMATION

#### **1. How HCH May Use Your Health Information.**

**A. Treatment:** HCH will use or disclose Health Information as necessary for HCH and other healthcare providers to provide medical care. *For example:* HCH will use your medical history, such as the presence or absence of heart disease, to assess your health and perform requested diagnostic services. HCH may also disclose your Health Information to other doctors, nurses, therapists, or other healthcare providers not affiliated with HCH who are providing you with medical care. In some cases the sharing of your Health Information with other healthcare providers may be done electronically, including through an electronic health information exchange.

**B. Payment:** HCH will use and disclose Health Information to obtain payment for services provided to a patient by HCH and as necessary to assist other healthcare providers, health plans and/or healthcare clearinghouses in obtaining payment for healthcare services provided. *For example:* When you register for service, HCH will use your information to verify you have insurance coverage. After you have received service a bill identifying you, your diagnosis and the procedures performed for you will be sent to your insurer and/or to you. Any bill sent to the patient will be sent by regular mail at their home address as listed in HCH's records. HCH may also send the patient's contact information to collections agencies if your payment is overdue.

**C. Healthcare operations:** HCH may use and disclose Health Information for HCH healthcare operations or for limited types of healthcare operations of other healthcare providers, healthcare plans and clearinghouses. *For example:* HCH sometimes arranges for accreditation organizations, auditors or other consultants to review HCH practices, evaluate operations, and tell HCH how to improve its services. As part of that review process HCH may disclose Health Information to said consultants.

**D. Appointment reminders:** HCH may use and disclose Health Information to contact a patient as a reminder that they have an appointment or should schedule an appointment.

**E. Treatment alternatives, benefits and services:** HCH may disclose Health Information to tell the patient about possible options or alternatives, health-related benefits or other services that may be of interest to the patient or to recommend possible treatment options or alternatives that may be of interest to the patient.

**F. Individuals involved in your care or payment for your care:** Unless you object, HCH may discuss your healthcare with members of your family, close friends and/or other individuals you identify which may be involved in your care or the payment for your care. If you have a mental health diagnosis no information about you will be shared with your family, friends or others identified by you without your explicit written permission.

**G. Research:** HCH may use or disclose certain Health Information about a patient's condition and treatment for research purposes where an institutional review board or similar body referred to as a privacy board determines that patient privacy interests will be adequately protected in the study. HCH may also use and disclose Health Information to prepare or analyze a research protocol and for other research purposes.

**H. HCH business associates:** HCH sometimes works with outside individuals and businesses that help HCH operate its business successfully. HCH may disclose Health Information to these business associates so that they can perform the tasks that HCH contracts them to do. HCH business associates must guarantee that they will respect and protect the confidentiality of all Health Information.

**I. Fundraising Activities:** HCH may use your Health Information to contact you in an effort to raise money for our facility and its operations. We may disclose Health Information to a foundation related to our facility so that the foundation may contact you to raise money for us. In these cases, we would release only limited information, such as your name, address and phone number, age, gender, and dates and departments of service. If you do not want us to contact you for fundraising efforts, you must notify in writing the person listed on the last page of this Notice.

**J. Sale of PHI:** HCH will not sell your Health Information without your written authorization. We will not use or share your Health Information for the purpose of marketing the services or products of non-HCH entities without your written authorization.

## **2. How HCH Is Required By Law To Disclose Your Health Information.**

**A. Required by law:** HCH may disclose Health Information about you when HCH is required to do so by federal, state or local law.

**B. Public health activities:** HCH may disclose Health Information in connection with certain public health reporting activities. *For instance,* HCH may disclose Health Information to a public health authority authorized to collect or receive PHI for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, or an official of a foreign government agency that is acting in collaboration with a

public health authority. Public health authorities include, but are not limited to, state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency.

**C. Abuse and neglect:** HCH is permitted to disclose Health Information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. HCH may also disclose Health Information in situations of domestic abuse or elder abuse.

**D. FDA reports:** HCH may disclose Health Information if you are a person subject to the Food and Drug Administration's power for the following activities: to report adverse events, product defects or problems, biological product deviations, track products, enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

**E. Healthcare oversight activities:** HCH may disclose Health Information in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include, but are not limited to, audit, investigation, licensure or disciplinary actions, civil, criminal, administrative proceedings or actions; or any other activity necessary for the oversight of 1) the healthcare system, 2) governmental benefit programs for which Health Information is relevant in determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which Health Information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which Health Information is necessary for determining compliance.

**F. Threat to health and safety:** HCH may disclose Health Information when necessary to prevent a serious threat to a patient's health and safety or the health and safety of others.

**G. Legal actions and law enforcement:** HCH may disclose Health Information in response to a warrant, subpoena or other order of a court or administrative hearing body, and/or in connection with certain government investigations and law enforcement activities.

**H. National security and intelligence:** HCH may disclose Health Information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

### **3. Special Circumstances Requiring Disclosure of Your Health Information**

**A. Coroners, medical examiners and funeral directors:** HCH may release Health Information to a coroner, medical examiner and/or funeral director to assist in identifying a deceased person, determining the cause of death, or to otherwise allow them to carry out their duties.

**B. Organ and tissue procurement.** HCH also may release your Health Information to organ procurement organizations, transplant centers, and eye or tissue banks.

**C. Workers' compensation and other employee benefit programs:** HCH may release your Health Information to workers' compensation or similar programs.

**D. Military:** If you are a member of the armed forces HCH may release your Health Information as required by military command authorities. HCH also may release Health Information about foreign military personnel to the appropriate foreign military authority.

**E. Litigation:** HCH may disclose Health Information for legal or administrative proceedings that involve a patient. HCH may release such information upon order of a court or administrative tribunal. HCH may also release Health Information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify the patient or secure a protective order.

**F. Inmates:** If you is an inmate, HCH may release Health Information about you to a correctional institution where the patient is incarcerated or to law enforcement officials.

## OTHER USES AND DISCLOSURE OF HEALTH INFORMATION

HCH is required to obtain written authorization from you for any uses and/or disclosures of Health Information other than those described above. If you provided HCH with such permission, you may revoke that permission in writing at any time. If you revoke permission, HCH will no longer use or disclose personal information about you for the reasons covered by the written authorization. HCH cannot be held responsible for valid disclosures of Health Information made under an effective authorization prior to revocation of that authorization.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

**1. Right to request restrictions:** You have the right to ask for restrictions on the ways in which HCH uses and/or discloses your Health Information beyond those imposed by law, including the right to request that HCH not disclose your Health Information to your health plan for services for which you paid out-of-pocket in full, provided that such disclosure is not necessary for your treatment. HCH will consider each request, but is not required to accept it, except for disclosures to your health plan for services paid out-of-pocket in full.

**2. Right to request alternative delivery of information:** You have the right to request and receive communications containing Health Information from HCH by alternative means or at alternative locations. *For example*, you may ask that we only contact you at home or by mail. HCH is not required to accept any such requests that are unreasonable.

**3. Right to inspect and copy:** Except under certain circumstances, you have the right to inspect and copy medical and billing records used to make decisions about your care. If you ask for copies or a summary of this information, HCH may charge a fee for those services. If we maintain Health Information about you in electronic format, you have the right to a copy of your Health Information in the electronic form or format you request, so long as the Health Information is readily producible in that form or format. If it is not readily producible in the form or format you request, we will provide it to you in a reasonable alternative format. Under some circumstances, if HCH denies a request to inspect healthcare records, you may request in writing that the denial be reviewed.

**4. Right to amend information:** If you believe that information in your record is incorrect or incomplete you have the right to request, in writing, that HCH correct the existing information or correct the missing information. Under certain circumstances we may deny the request.

**5. Right to an accounting of disclosures:** You have a right to ask for a list of certain instances when HCH has used or disclosed your Health Information for reasons other than treatment (by HCH or other healthcare providers), payment for services furnished (by HCH or other healthcare providers), HCH healthcare operations, certain healthcare operations of other entities or disclosures you give HCH authorization to make. The first list requested in any 12-month period will be free. If you request this information from HCH more than once every twelve months, a fee may be charged.

**To exercise any of your rights please contact HCH in writing at:**

Harrison County Hospital  
C/O Lisa Lieber, Privacy Officer  
1141 Hospital Drive NW  
Corydon, IN 47112  
(812) 738-4251

CHANGES TO THIS NOTICE HCH reserves the right to make changes to this notice at any time. HCH reserves the right to make the revised notice effective for Health Information HCH has about a patient as well as any information HCH receives in the future. In the event this authorization is revised, a copy of the revised version will be supplied to the patient upon their first visit after the effective date of the new version. A copy of the new version will also be posted in a public area of each HCH location, on the HCH website, if any, and in hard copy from any HCH location. In addition, a person may request a copy of the revised notice at any time.

COMPLAINTS/COMMENTS If you have any complaints concerning our privacy policy you may contact our Privacy Officer by phone at (812) 738-4251. A complaint can also be made in writing and given to the registration department or mailed to Harrison County Hospital c/o Lisa Lieber, 1141 Hospital Drive NW, Corydon, IN 47112. You also may contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington D.C., 20201 (e-mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)). HCH also maintains a complaint hotline. Complaints can be made anonymously to the hotline at 1-800-808-3198. HCH is prohibited from interfering with a patient's right to file a complaint regarding HCH privacy practices and cannot retaliate against a patient in any way based on filing of such complaint. To obtain more information concerning this Notice of Privacy Practices, you may contact the Privacy Officer at the address listed above.