

Community Memorial Healthcenter

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 REVIEW IT CAREFULLY

If you have any questions about this Notice, please contact Community Memorial Healthcenter's Privacy Officer at (434) 774-2400.

WHO WILL FOLLOW THIS NOTICE

This Notice describes Community Memorial Healthcenter's practices and those considered part of an organized health care arrangement as follows:

- All employees, staff, students, volunteers and other personnel whose work is under the direct control of Community Memorial Healthcenter.
- Hospital, as used in this Notice, includes Community Memorial Healthcenter and all of its service delivery locations including Clarksville Primary Care Center and Chase City Primary Care Center.
- All members of the Community Memorial Healthcenter Medical Staff.
- All these persons, entities, sites, and locations follow the terms of this Notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or hospital operations purposes as described in this Notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and comply with certain legal requirements. This Notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor while on-site. Your personal doctor may have different policies or Notices regarding use and disclosure of your medical information when created in the doctor's office or clinic.


This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:










- Make sure that medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU


The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed.


 **For Treatment.** We may use medical information about you to provide you with medical treatment or services.


We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken hip 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. We also may disclose medical 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, such as therapists or physicians.


-  **For Payment.** We may use and disclose medical 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 third party. For example, we may need to give your health plan information about treatment you received at the hospital so your health plan will pay us or reimburse you for the treatment. We also may disclose information about you to another health care provider, such as another hospital, for their payment activities concerning you.
-  **For Healthcare Operations.** We may use and disclose medical 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 combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are needed, and whether certain new treatments are effective.
-  **Health-Related Benefits, Services and Treatment Alternatives.** We may use and disclose medical information to provide appointment reminders or to tell you about health-related benefits, services or treatment alternatives that may be of interest to you.
-  **Fundraising Activities.** We may contact you, by using a business associate or Foundation in an effort to raise money for the hospital and its operations.
-  **Hospital Directory.** Unless you tell us otherwise, 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., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, 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 minister or priest, even if they don't ask for you by name.
If you do not want to be listed in the hospital directory, you may state so when completing the Notice of Privacy Practices acknowledgement form.
-  **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for your care. In addition, we may disclose medical 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. You can object to these releases by telling us that you do not wish any or all individuals involved on your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgement to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.
-  **Research.** We may disclose your health information in connection with medical research projects. Federal rules govern any such disclosure for research purposes without your specific authorization. We may, however, disclose medical 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 medical information they review does not leave the hospital.
-  **As Required By Law.** We will disclose medical information about you when required to by federal, state, or local law.
-  **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical 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.

SPECIAL SITUATIONS


-  **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank necessary to facilitate organ or tissue donation and transplantation, an example would be released of the information to Lifenet.


 **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.


 **Workers' Compensation.** We may release medical information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.


 **Public Health Risks.** We may disclose medical information about you as requires to do so for public health activities. These activities could include births, deaths and reports to:


- Prevent or control disease, injury, or disability;
- Report reactions to medications or problems with products; to notify people of recalls of products they may be using;
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.


 **Health Oversight Activities.** We may disclose medical information to health oversight agency for activities authorized by law. Those oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

 **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if the party seeking the information has made efforts to tell you about the request or to obtain an order protecting the information requested.

 **Law Enforcement.** We may release medical information if asked to do so by law enforcement official. This includes providing information to help locate a suspect, fugitive, material witness or missing persons, or in connection with suspected criminal activity. We must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations.


 **Coroners, Medical Examiners, and Funeral Directors.** As necessary, we may release medical information to a coroner, medical examiner and/or funeral director.

 **National Security, Intelligence Activities and Protective Services for the President.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, to provide protection to the President, other authorized persons and other national security activities authorized by law.

 **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the correctional institution; or (4) to obtain payment for services provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

 **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes and other mental health records under certain circumstances. You must make your request in writing and be subject to reasonable charges. We will respond to your request within 15 days. We may deny you access to certain information, if we do we will give you the reason in writing, and explain how to appeal such a decision.

Right to Amend. If you feel that medical 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. You must make the request in writing and indicate the reason for the requests. We may deny your request if we did not create the information, if it is not a part of the records we use to make decisions about you, or if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate as it stands.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of some of the disclosures we made of medical information about you that were not specifically authorized by you in advance. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. 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.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operation. You also have the right to request a limitation on the medical 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. You must make this request in writing.

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.

Right to Confidential Communications. You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. For example, you can ask that we only contact you at work or by e-mail, or at another mailing address, besides your home address. We must accommodate any reasonable request.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice.

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 medical information 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 and all of the service delivery locations.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital Privacy Officer or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. *You will not be penalized for filling a complaint.*

OTHERS USES OF MEDICAL INFORMATION

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

To ask a question about this Notice, exercise your privacy rights, file a complaint, or receive an additional copy of this Notice - please contact the Privacy Officer listed at the beginning of this document.