

Maria Parham Healthcare Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective March 1, 2003

This notice describes Maria Parham Healthcare Association Inc.'s practice and that of: (1) Any health care professional authorized to enter information into your chart; (2) All departments and units of Maria Parham Healthcare Association, Inc.; (3) Any member of a volunteer group we allow to help you while you are receiving treatment. (4) All employees and staff of Maria Parham Healthcare Association, Inc.

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 to comply with certain legal requirements. This notice applies to all of the records of your care generated by Maria Parham Healthcare Association, Inc., whether by personnel or your personal doctor. Your personal doctor may have different policies and notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways 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: (1) Make sure that medical information that identifies you is kept private; (2) Give you this notice of our legal duties and privacy practices with respect to medical information about you; (3) Follow the terms of the notice that is currently in effect.

The following categories describe different ways we use and disclose medical information. For each category of uses and disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

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 or other personnel who are involved in taking care of you. We also may disclose medical information about you to people outside the facility 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.

For Payment: We may use and disclose medical information about you, so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company or a third party. 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.

For Health Care Operations: We may use and disclose medical information about you for business operations. These uses and disclosures are necessary to run the facility and make sure that all patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff. We may also combine the medical information we have with information from other facilities to compare how we are doing and may remove information that identifies you from this set of medical information so others may use it to study health care without learning who the specific patients are.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use and disclose medical information to you about health-related benefits or services that may be of interest to you.

Fundraising Activities: We may use medical information about you to contact you in an effort to raise money for the facility and its operations. We may disclose medical information to a foundation related to the facility so that the foundation may contact you in raising money. We would only release contact information, such as your name, address, 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, you must notify the Privacy Officer in writing or at 252-436-1879.

Hospital Directory: We may include certain limited information about you in the facility directory while you are a patient at the facility. This information may include your name, location in the facility, your general condition and your religious

affiliation. The directory information except for religious affiliation may also be given to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if he/she does not ask for you by name.

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 care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. 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.

Research: Under certain circumstances, we may use or disclose medical information about you for research purposes. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients need for privacy. We will 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.

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. Any disclosure, however would only be to someone able to help prevent the threat.

As Required by Law: We will disclose medical information about you when required to do so by federal, state, local law or under special situations.

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, tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

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.

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 for public health activities. These activities include the following: (1) To prevent or control disease, injury or disability; (2) To report births or deaths; (3) To report child abuse or neglect; (4) To report reactions to medication or problems with products; (5) To notify people of recalls of products they may be using; (6) To notify a person who may have been exposed to a disease or may be at risk for contacting or spreading a disease or condition; (7) To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure only if you agree or when required or authorized by law.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care 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 efforts have been made 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 a law enforcement official: (1) In response to a court order, subpoena, warrant, summons or similar process; (2) To identify or locate a suspect, fugitive, material witness or missing person; (3) About the victim of a crime if, under limited circumstances, we are unable to obtain the person's agreement; (4) About a death we believe may be the result of criminal conduct; (5) In emergency circumstances to report a crime, the location of the crime or victims or the identify, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release medical 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 medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release medical 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.

Inmates: If you are an inmate of a correctional institute 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.

Your Rights

Right to Inspect and Copy : You have the right to inspect and obtain a copy of 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.

To inspect and obtain a copy you must submit in writing your request to the Director, Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility will review your request and the denial. We will comply with the outcome of the review.

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 the hospital.

To request an amendment, your request must be made in writing and submitted to the Director of Medical Records. You must provide a reason that supports your 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. We may also deny your request if you ask us to amend information that: (1) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) Is not a part of the medical information kept by or for the facility; (3) Is not part of the information which you would be permitted to inspect or copy; (4) Is accurate and complete.

Right of an Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Director of Medical Records. Your request must state a time period, which may be no longer than six years and may not include dates before April 14, 2003. The first list you receive within a 12-month period will be free. 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.

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 health care operations. You also have the right to request a limit 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 of friend.

We are not required to agree with 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 to the Privacy Officer at 252-436-1879. 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, for example, disclosures to your spouse.

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 to the Privacy Officer at 252- 436- 1879. 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.

Right to a Paper Copy of this Notice: You will be provided a paper copy of this notice at each visit to our facility. You may obtain a copy of this notice at our website, [www. mphosp.org](http://www.mphosp.org).

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 facility. The notice will contain the effective date of the notice. In addition, each time you register or are admitted for health care services we will provide you a copy of the current notice in effect.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the Department of Health and Human Resources. To file a complaint with the facility contact the Privacy Officer at 252- 436-1879. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to use 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 at any time in writing. 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.

If you have any questions about this notice, please contact the Privacy Officer at 252-436-1879.