

JSMC	Issue Date	Revision Dates		Manual
	04/03	05/05		Administrative
Approved by:	HIPAA Committee/CEO	<i>Leiko J. Depp</i>		
		Developed by:	Director, Health Information Management/Privacy Officer	
Policy Title	HIPAA - Privacy Notice Policy			Page 1 of 2

PURPOSE: To ensure adherence to 45CFR164.520(b) regarding the regulations of the Privacy Notice.

POLICY: Jennie Stuart Medical Center will make a good faith effort to obtain written acknowledgment of receipt of the privacy notice. The requester does not have to be a current patient. This notice is intended to be a public document that people can use in choosing between covered entities (45CFR164.520(c)).

The Privacy Notice will contain the following statement: **“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.”** (45CFR164.520 (b)).

JSMC will not implement a change to an existing information policy or procedure described in the notice until the notice is updated to reflect the change, unless there is a compelling reason to make a change or disclosure to take other action that the notice would not have permitted. If such change takes place JSMC will revise the notice within 30 days of the use, disclosure, or other action change.

If JSMC materially changes any of the uses or disclosures, the individual’s right, the covered entity’s legal duties, or other privacy practices described in our notice, we must promptly revise our notice accordingly (45CFR164.520(b)(3)). We must also at that time revise our policies to reflect such change (45CFR164.530(i)). Except when required by law, a material change to any term in the notice may not be implemented prior to the effective date of the notice in which such material change is reflected.

Jennie Stuart Medical Center will retain all notices and policies applying to such notices for a period of 6 years.

Covered health care providers with face-to-face contact with individuals are required to provide the notice to all such individuals at the first service delivery to the individual during the one year period after the compliance date. After this one year period, covered providers with face-to-face contact with individuals would have been required to distribute the notice to all new patients at the first service delivery.

The notice must be posted in a clear and prominent location where it would be reasonable to expect individuals seeking services from the covered provider to be able to read the notice.

An inmate does not have a right to notice under this section and the requirements of this section do not apply to a correctional institution that is a covered entity (45CFR164.520(3)).

Jennie Stuart Medical Center has an Organized Health Care Arrangement (OHCA) with practitioners who have privileges to provide services in our facility. This OHCA exists to ensure HIPAA compliance within our facility. Members of this OHCA will abide by the JSMC Privacy Notice as well as JSMC privacy policies while practicing in our facility. This OHCA does not ensure compliance with the privacy standards for practitioners within their private practices.

JENNIE STUART MEDICAL CENTER

Privacy Notice

"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." (45CFR164.520 (a) (45CFR164.520(b))

Understanding Your Health Record/Information

Each time you have an encounter with the Jennie Stuart Medical Center, physician, or other health care 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, often referred to as your health or medical record, serves as a:

1. basis for planning your care and treatment;
2. means of communication among the many health professionals who contribute to your care ;
3. legal document describing the care you received;
4. means by which you or a third-party payer can verify that services billed were actually provided;
5. a tool in educating health professionals;
6. a source of data for medical research;
7. a source of information for public health officials charged with improving the health of the nation;
8. a source of data for facility planning and marketing;
9. a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

1. ensure its accuracy;
2. better understand who, what, when, where, and why others may access your health information;
3. make more informed decisions when authorizing disclosure to others.

Who Will Follow This Notice

This notice describes Jennie Stuart Medical Center's practices and that of:

1. any health care professional authorized to enter information into your medical center chart;
2. all departments and units of the medical center;
3. any member of a volunteer group we allow to help you while you are in the medical center;
4. all employees, staff and other medical center personnel;
5. any contract labor, subsidiaries or other entities;

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or hospital operations purposes described in this notice.

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Our Pledge Regarding Medical Information

Jennie Stuart Medical Center understands 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 facility. 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 the medical center, whether made by medical center personnel or your personal doctor. Your personal doctor may have different policies or notices regarding his/her use and disclosure of your medical information created in the his/her 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 federal law to make sure that medical information that identifies you is kept private and to give you this notice of our legal duties and privacy practices with respect to medical information about you.

Your Health Information Rights

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

1. request a restriction on certain uses and disclosures of your information as provided by 45CFR 164.522;
2. obtain a paper copy of the Privacy Notice;
3. inspect and obtain a copy of your health record as provided for in 45 CFR 164.524;
4. amend your health record as provided in 45 CFR 164.526;
5. obtain an accounting of disclosures of your health information as provided in 45CFR164.528;
6. request communications of your health information by alternative means or at alternative locations;
7. revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

This organization is required to:

1. maintain the privacy of your health information;
2. provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
3. abide by the terms of this notice;
4. notify you if we are unable to agree to a requested restriction;
5. accommodate reasonable requests you may have 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. We will not use or disclose your health information without your authorization, except as described in this notice (45CFR164.502).

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Director of Health Information Management/Privacy Officer at 270-887-0236.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the medical center or with the Secretary of the Department of Health and Human Services. To file a complaint with the medical center, contact the Director of Health Information Management/Privacy Officer at 270-887-0236 (45CFR164.306). All complaints must be submitted in writing. The individual filing a complaint will not suffer retaliation for filing such complaint (45CFR164.530(d)).

How We May Use And Disclose Medical Information About You for Treatment, Payment and Health Operations (45CFR164.502(a), 164.506, 164.508)

The following categories describe different ways that we use and disclose medical information. 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.

1. **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 medical center personnel who are involved in taking care of you at the medical center (164.510(b)(3)).
2. **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the medical center may be billed to 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.
3. **For Health Care Operations.** We may use and disclose medical information about you for medical center operations. These uses and disclosures are necessary to run the medical center and make sure that all of our patients receive quality care. We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many medical center patients to decide what additional services the medical center should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other medical center personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
4. **Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information (45CFR164.502(e), 45CFR164.504(e), 45CFR164.532(d) and (e), (45CFR164.514(a))).
5. **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
6. **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. We may use medical information about you to contact you in an effort to raise money for the medical center and its operations or as a fund raising effort. We may release medical information if asked by a pharmaceutical company for marketing purposes. (45CFR164.501, 45CFR164.508(a)(3)(i), 45CFR164.508(1)(3)(ii), 45CFR164.514(e)(4), 45CFR164.514(f)(2)(i)).
7. **Hospital Directory.** Unless you notify us that you object we may include certain limited information (45CFR164.510(b)) about you in the hospital directory while you are a patient at the hospital (45CFR164.510(a)(1)(i)). This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation (45CFR164.510(a)(2)). The directory information, except for your religious affiliation, may also be released to people who ask for you by name (45CFR164.510(a)(1)(ii)(B)). Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name (45CFR164.510(a)(1)(ii)(A)). This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing (45CFR164.510(a)).
8. **Personal Representatives.** We may release medical information about you to a friend, a family member, personal representative, or another person responsible for your care, your location, and general condition. 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 (45CFR164.502(g)).
9. **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.
10. **Research.** Jennie Stuart may not use or disclose protected health information for research without individual authorization unless a privacy board or an institutional review board has approved a waiver (164.512(i)(1)). Under certain circumstances, we may use and disclose medical 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 medical information, trying to balance the research needs with patients' need for privacy of their medical 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 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. 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. We may also disclose information to researchers when their research has been approved (45CFR164.512(i)(1)).

11. **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

SPECIAL SITUATIONS:

1. **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.
 2. **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 of the medical center to funeral directors as necessary to carry out their duties (45CFR164.502(f), 45CFR164.512(g)).
 3. **Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
 4. **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.
 5. **Workers' Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
 6. **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 (45CFR164.512(j)).
 7. **Public Health Risks:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. These activities generally include the following (45CFR164.512(b)):
 - A. to prevent or control disease, injury or disability;
 - B. to report births and deaths;
 - C. to report child abuse or neglect;
 - D. to report reactions to medications or problems with products;
 - E. to notify people of recalls of products they may be using;
 - F. to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - G. To 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 (45CFR164.512(c)(2)).
- Jennie Stuart Medical Center reserves the right to make discretionary disclosures of protected health information created or received for public health purposes during the period that this notice is in effect.
8. **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 (45CFR164.512(d)).
 9. **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you:
 - A. in response to a court order, subpoena, warrant, summons or similar process (45CFR164.512(e)(1)(i), 45CFR164.512(e)(1)(ii));
 - B. to identify or locate a suspect, fugitive, material witness, or missing person;
 - C. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement (45CFR164.512(f)(6));
 - D. about a death we believe may be the result of criminal conduct (45CFR164.512);

- E. about criminal conduct at the medical center; and
 - F. 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.
10. **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
 11. **Protective Services for the President and Others.** We may disclose 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.
 12. **Federal Law:** Federal law makes provision 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.

Your Rights Regarding Medical Information About You

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

1. **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 (45CFR164.508(a)(2)).

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Jennie Stuart's Health Information Management Department or designee. 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 to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the medical center 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 (45CFR164.522(b)(45CFR164.524)).

2. **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 medical center (45CFR164.526).

To request an amendment, your request must be made in writing on the proper form and submitted to the Director of Health Information Management/Privacy Officer or designee. In addition, 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. In addition, we may deny your request if you ask us to amend information that:

- A. was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- B. is not part of the medical information kept by or for the medical center;
- C. is not part of the information which you would be permitted to inspect and copy; or
- D. is accurate and complete.

3. **Right to 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 Health Information Management/Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). 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. 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 (45CFR164.528)
4. **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 or friend. For example, you could ask that we not use or disclose information about a surgery you had (45CFR164.522).

We are not required to agree to your request (45CFR164.522(a)(2)).

To request restrictions, you must make your request in writing to the Director of Health Information Management/Privacy Officer or designee. 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.

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 to the Director of Health Information Management/Privacy Officer or designee. 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 may obtain a copy of this notice electronically at our website, www.jsmc.org and/or you can obtain a paper copy of this notice from the registration area and other designated areas (i.e. Home Health, Express Lab, In-Motion, etc.)

Other Uses of Medical Information.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to Jennie Stuart Medical Center 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 (45CFR164.502).

Changes To This Notice

We will post a copy of the current notice in the medical center. Jennie Stuart Medical Center will abide by the terms of the notice currently in effect. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the medical center for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect (45CFR164.530(i)). All revised notices will be retained by Jennie Stuart Medical Center for a period of not less than 6 years.

Jennie Stuart Medical Center reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that it maintains.

The above notice is not meant to encompass all the various ways in which Jennie Stuart Medical Center may use health information.

If you have any questions or concerns regarding this notice or if you would like to view any of the policies that are in effect that relate to this notice, please notify the Health Information Management Director/Privacy Officer at Jennie Stuart Medical Center at 270-887-0236.

For Clarification go to: <http://www.jsmc.org/privacy> or <http://www.access.gpo.gov/nara/cfr/index.html>