

CRISP REGIONAL HOSPITAL, INC.

POLICY 2

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE 9/23/13

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.

The Hospital is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. The Hospital is required to abide by the terms of the notice currently in effect, however, the Hospital reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. The Hospital make the revised Notice available upon request on or after the effective date of the revision.

I. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will elaborate on the meaning and provide more specific examples, if you request. 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.

- a. 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 a third party. For example: we may disclose your record to an insurance company, so that we can get paid for treating you.
- b. 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 personnel who are involved in taking care of you at the organization or the Hospital. For example, we may disclose medical information about you to people outside the Hospital who may be involved in your medical care, such as family members, clergy or other persons that are part of your care.
- c. For Health Care Operations. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the organization and ensure that all of our patients receive quality care. We may also disclose information to doctors, nurses, technicians, medical students, and

other practice personnel for review and learning purposes. For example, we may review your record to assist our quality improvement efforts.

- d. To Business Associates. We will share your protected health information with third party “business associates” that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. For example, if the Hospital utilizes a third party transcription service, the individuals information will be disclosed for transcription purposes but the transcription service will be bound by contract to ensure the privacy of the information is maintained.
- e. Fundraising Activities. We may use or disclose your demographic information and the dates that you received treatment, as necessary, in order to contact you for fundraising activities supported by our office. For example, if you are receiving cancer treatment, the fundraising department may send you information related to raising funds for a new cancer center. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.

II. OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT. We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

- a. Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
- b. Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.
- c. Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- d. Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government

agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

- e. Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- f. Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
- g. Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.
- h. Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.
- i. Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- j. Research: We may disclose your protected health 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 protected health information.

- k. Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- l. Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- m. Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally-established programs.
- n. Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

III. USES AND DISCLOSURES THAT MAY ONLY BE MADE WITH YOUR PRIOR WRITTEN AUTHORIZATION. The Hospital will not use or disclose psychotherapy notes except for treatment payment or healthcare operations and other limited instances without the individual's written authorization. The Hospital will not use or disclose the individual's information for marketing without the individual's written authorization. The Hospital will not sell your information without the individual's written authorization. Other uses and disclosures not described in the notice will be made only with the individual's written authorization, and you may revoke an authorization at any time in writing unless the Hospital has already taken action in reliance thereon.

IV. WHO WILL FOLLOW THIS NOTICE. This notice describes our policies and procedures and that of any health care professional authorized to enter information into your medical chart, any member of a volunteer group which we allow to help you, as well as all employees, staff and other personnel.

V. POLICY REGARDING THE PROTECTION OF PERSONAL INFORMATION. We create a record of the care and services you receive at the organization. We need this record in order 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 organization, whether made by practice personnel or by your personal doctor. The law requires us 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 to follow the terms of the notice that is currently in effect. Other ways we may use or disclose your protected healthcare information include: appointment reminders; as required by law; for health-related benefits and services; to individuals involved in your care or payment for your care; research; to avert a serious threat to health or safety; and for treatment alternatives. Other uses and disclosures of your personal information could include disclosure to, or for: coroners, medical examiners and funeral directors; health oversight activities; inmates; law enforcement; lawsuits and disputes; military and veterans; national security and intelligence activities; organ and tissue donation; protective services for the President and others; public health risks; and worker's compensation.

VI. NOTICE OF INDIVIDUAL RIGHTS

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

- a. Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.
- b. 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. We may deny your request to inspect and copy in certain very limited circumstances. You have a right to an electronic copy of your medical information.
- c. 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 organization. To request an amendment, your request must be made in writing and submitted to the Privacy Officer and you must provide a reason that supports your request. We may deny your request for an amendment.
- d. 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. We are not required to agree to your request, except requests to restrict disclosures to a health plan for payment or health care operations if the information pertains solely to items or services for which the health care provider has been paid out of pocket in full. 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 in writing to the Privacy Officer.

- e. 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. You must make your request in writing and you must specify how or where you wish to be contacted.
- f. 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. Disclosures through electronic medical records systems made for treatment purposes for the last here (3) years will be made available upon patient request. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer.

VII. COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with the organization or with the Secretary of the Department of Health and Human Services. To file a complaint with the Hospital, contact Michelle Hartin, Director of HIM/Privacy Officer at 229-276-3120. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

VIII. 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 authorization. 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 have any questions about this notice or would like to receive a more detailed explanation, please contact our Privacy Officer at 229-276-3120.

I acknowledge by signing below that I have received the Notice of Privacy Practices and Notice of Individual Rights.

Patient or Patient’s Personal Representative

Date

Patient ID Label