

# NOTICE OF PRIVACY PRACTICES

**Effective Date: April 21, 2017**

**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 a registration representative. Or you may contact the Risk Manager/Privacy Officer/Compliance Officer @ 304-265-7156 or Grafton City Hospital, 1 Hospital Plaza, Grafton WV 26354. The HIPAA privacy rule requires all covered entities to make available a Notice of Privacy Practices to all individuals who receive or use their services.

## Who Will Follow this Notice

This Notice applies to our workforce members, including employees, staff and other personnel.

## 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. This Notice applies to the information and records we have about you, your health, health status, and the health care and services you receive from Grafton City Hospital. Your health information may include information created and received by Grafton City Hospital, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related 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 this Notice that is currently in effect. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

## How We May Use And Disclose Health 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 explain what we mean and 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, technicians, health care students, clergy, or others who are involved in your health care services. For example, your medical information may be shared with a physician to whom you have been referred in order to ensure that the physician has the necessary information to diagnose or treat you. We also may use your medical information to coordinate the different things you need, such as prescriptions, lab work and x-rays. If you are in one of our locations, we also may disclose medical information about you to people outside the facility who may be involved in your medical care after you leave our facility.

### For Payment:

We may use and disclose medical information about you so that the treatment and services we provide to you, or that was provided to you by another facility, provider, or physician, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about your treatment so they can pay us or reimburse you. 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 to improve our services or support our business activities. For example, we may use medical information to review our treatment and services, to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, health care students, and other personnel for review and learning purposes. We or our designee may send you patient satisfaction survey vial mail or to an email address that you provided to us. Specific individual information will not be included in the email without authentication of a specific patient identifier to access the survey.

### Appointment Reminders:

We may use or disclose medical information to contact you as a reminder that you have an appointment with us or to notify you that it's time for you to schedule a medical service with us.

### 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 tell you about health related benefits, services, or health education resources, such as screenings, seminars, classes, or other programs that may be of interest and beneficial to you.

### **Patient Assistance Programs:**

We may use and disclose your information to third parties for the purpose of determining whether you qualify for a private or government patient assistance program that would reduce the amount you owe to Grafton City Hospital.

### **Fundraising Activities:**

We may use information about you to contact you in an effort to raise money for our operations. For this purpose, we may use your name, address and phone number, the dates you received treatment or services and the department in which you received those services. If you do not want to be contacted for fundraising efforts, you will be given the opportunity to notify the appropriate Privacy Officer in writing.

### **Hospital Directory:**

If you are receiving health care services in our hospital, unless you advise the registration representative 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., good, fair, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may 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 priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. 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.

### **Individuals Involved in Your Care or Payment for Your Care:**

Unless you object, we may share information about you to a care giver who may be a friend or family member. We may also give information to someone who helps pay for your care. If you are unable to object to such a disclosure, we may discuss your medical information with a family member, friend, or other person if, using professional judgment, we conclude that you do not object. Only the information that is relevant to your care or payment for your care will be disclosed.

### **Research:**

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 internal approval process.

### **As Required By Law:**

We will disclose medical information about you when required to do so by federal, state or local law.

### **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, as necessary to facilitate organ or tissue donation and transplantation.

#### **Military:**

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.

#### **Workers Compensation:**

Under Federal or State law, we may be required to provide copies of your medical information in connection with a workers' compensation claim to your employer, to you or your dependents, to certain state agencies or to others involved in your claim for compensation.

#### **Public Health Risks (Health and Safety to you and/or others):**

We may disclose medical information about you for public health activities. We may use and disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person or when we are legally required to do so. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- 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
- 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 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 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.

### **Law Enforcement:**

To the extent permitted by law, we may release medical information if asked to do so by a law enforcement official. We may release medical information when we are legally permitted to do so:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at one of our facilities; and
- 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.

### **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 for intelligences, counter-intelligence, and other national security activities authorized by law.

### **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.

### **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; or (3) for the safety and security of the correctional institution.

### **Other uses of Medical Information:**

Most uses and disclosures of psychotherapy notes, uses and disclosures of medical information for marketing purposes and certain disclosures that constitute a sale of your medical information will require your written permission. Additionally, 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 disclosure we have already made with your permission, and that we are required to retain our records of the care that we provide to you.

### **Your Rights Regarding Medical Information About You**

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

- To inspect and obtain a copy of medical information that may be used to make decision about your care. Usually, this includes medical, laboratory and billing records, but may not include all psychotherapy notes.
- Request in writing to inspect and copy medical information that may be used to make decisions about you. 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 another licensed health care professional chosen by us 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.

### **Right to Amend:**

If you feel that medical information we have about you is incorrect or incomplete, you have the right to request in writing that we amend the information by providing the reason for the amendment. You have the right to request an amendment for as long as the information is kept by or for us.

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:

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

If we deny your request for an amendment, we will do so in writing and you have the right to file a statement of disagreement.

**Right to an Accounting of Disclosures:**

You have the right to request in writing an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you to others, excepting disclosures relating to treatment, payment, health care operations, when specifically authorized by you and a limited number of special circumstances involving national security, correctional institutions and law enforcement.

Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, or; 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.

**Right to Receive Notice of Breaches:**

You have the right to receive notifications of breaches of your unsecured medical information.

**Right to Request Restrictions, in General:**

You have the right to request in writing 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 performed.

- 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. 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 Restrictions to a Health Plan:**

You have the right to request in writing a restriction or limitation on the medical information we disclose about you to a health plan for purposes of payment or health care operations if you, or someone on your behalf, has paid for the health care item or services out of pocket in full.

- If you, or someone on your behalf, have paid for the health care item or service out of pocket in full, we are required to agree to your request if the disclosure of the health plan related to payment or health care operations.

In your request, you must tell us (1) the name of the health plans that is not to receive the disclosure; (2) what health care item or service you wish to restrict from disclosure; (3) the location in which the health care item or service was provided to you; and (4) the date the health care item or service was provided to you.

**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. Please advise the registration representative how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

**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 by requesting a copy from the registration representative.

**Changes to the 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 our facilities and this Notice will be available on the Grafton City Hospital website. The Notice will contain on the first page, under the title in the middle of the page, the effective date. In addition, each time you register at or are admitted as a patient, you have the right to request a copy of the current Notice in effect.

**Questions about this Notice or Complaints:**

If you have questions about this Notice or if you believe your privacy rights have been violated, you may contact the Risk Manager/Privacy Officer/Compliance Officer at 302-365-7156. While we will make every effort to resolve any complaints, please know that you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.