



Bowling Green

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel, agents of the hospital, or your personal doctor. Your personal doctor may have different policies or 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 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.

Our Responsibilities

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

How We May Use and Disclose Medical Information About You

The following categories describe examples of the way we use and disclose medical information:

For Treatment

- We may use medical information about you to provide you 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 leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the hospital also may share medical information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays. We also may disclose medical information about you to people outside the hospital, such as family members, clergy or others we use to provide services that are part of your care.

We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this hospital.

- **For Payment**

We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it. If your account is sent for collection, non-medical contact and credit information from that account will be made available to combine with and update non-medical accounts you may have that are with the same collection agency.

- **For Health Care Operations**

Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine medical information we have with that of other hospitals to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

How We Will Contact You

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave discreet messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, please inform the Registration staff during the registration process or contact the Health Information Management Department. Your request must state how or where you can be contacted. We will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

We may also use and disclose your medical information in accordance with federal and state laws for the following purposes:

- **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 contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

- **Fundraising Activities**

We may use certain information (name, address, telephone number, dates of services, age, and gender) to contact you in the future to raise money for the hospital and its operations. We may

disclose this information to The Commonwealth Health Foundation for this purpose. The money raised will be used to expand and improve the services and programs we provide the community. If you do not want the hospital to contact you for fundraising efforts, please request the Opt-out Form from the Registration staff during the registration process or contact the HIPAA Compliance Coordinator in writing.

- **Hospital Directory**

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 priest or minister, even if they do not ask for you by name. If you do not want to be included in our hospital directory, please request the Opt-out Form from the Registration staff or contact the HIPAA Compliance Coordinator.

- **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. 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. If there is a family member, other relative or friend that you do not want us to disclose medical information about you to, please request the Opt-out Form from the Registration Staff during the registration process.

- **Research**

Under certain circumstances, we may use or disclose medical information about you for research purposes. Before we disclose medical information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information. We may, however, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave The Medical Center during that person's review of the information.

- **As Required By Law**

We will disclose medical information about you when required to do so 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. Any disclosure, however, would only be to someone able to help prevent the threat.

- **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 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 disclose medical information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

- **Public Health Activities**

We may disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or, one that is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of United States Food and Drug Administration regulated product or activity.

- **Victims of Abuse, Neglect or Domestic Violence**

We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.

- **Health Oversight Activities**

We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigation, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

- **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, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Disclosures for Law Enforcement Purposes**

We may disclose medical information about you to law enforcement officials for law enforcement purposes.

- **Coroners, Medical Examiners and Funeral Directors**

We may disclose your medical information to a coroner, medical examiner or funeral director.

- **We may also use and disclose health information for the following:**

- National Security and Intelligence Activities
- Protective Services for the President
- Security Clearance

- **Inmates: Persons in Custody**

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.

- **Business Associates**

There are some services provided in our organization through contracts 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 associate so that they can perform the job we have 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.

- **Affiliated Covered Entity**

Protected health information will be made available to hospital personnel at local CHC affiliated facilities as necessary to carry out treatment, payment and health care operations. Caregivers at other CHC facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time. Please contact the CHC HIPAA Compliance Coordinator for further information on the specific sites included in this affiliated covered entity.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the following rights:

- **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. 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 health care professional chosen by the hospital 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. You must submit your request in writing to the Health Information Management Department. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or others supplies associated with your request.

- **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. We may deny your request for an amendment and, if this occurs, you will be notified of the reason for the denial. To request an amendment, your request must be made in writing to the Health Information Management Department.

- **Right to an Accounting of Disclosures**

You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your medical information for purposes other than treatment, payment or health care operations. To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Management Department. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003.

- **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. To request restrictions, your request must be made to the Registration staff or send your request in writing to the Health Information Management Department.

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.

- **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 may ask that we contact you at work or by U.S. Mail. The facility will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location. To request confidential communications, your request must be made to the Registration staff.

- **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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, which is www.CommonwealthRegionalSpecialtyHospital.org.

- **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the hospital and include the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer 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 Commonwealth Health Corporation HIPAA Compliance Coordinator at the below address or with the Secretary of the Department of Health and Human Services, Washington, D.C. All complaints should be submitted in writing.

- To file a complaint with us, contact:

Neil Shields
Vice President of Corporate Compliance and HIPAA Privacy Officer
Commonwealth Health Corporation
800 Park Street
Bowling Green, KY 42101
(270) 745-1851

- To file a complaint with the United States Secretary of Health and Human Services, send your complaint in care of:

Region IV, Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center
61 Forsyth Street, SW, Suite 3B70
Atlanta, GA 30303-8909
Voice Phone (404) 562-7886. Fax (404) 562-7881. TDD (404) 331-2867.

You will not be penalized in any way 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 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.
- If you have any additional questions or comments about this Notice of Privacy Practices, please contact Neil Shields, HIPAA Privacy Officer at (270) 745-1851.

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