



NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003
Revision Date: September 23, 2013

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 the Barlow Respiratory Hospital Privacy Officer.

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. 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 the hospital, whether made by hospital personnel or your personal doctor.

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 your medical information.

We are required by law to:

- Keep your medical information, also known as "protected health information" or "PHI" private;
- Give you this Notice of our legal duties and privacy practices with respect to your PHI;
- Follow the terms of the Notice that are currently in effect and
- Inform you promptly if a breach occurs that may have compromised the privacy or security of your information.

WHO WILL FOLLOW THIS NOTICE

This Notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.

- All employees, staff and other hospital personnel.
- All practitioners, such as physicians and/or dentists, who have been granted clinical privileges at this hospital.

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

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose your PHI. 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 your PHI will fall within one of the categories.

For Treatment – We may use your PHI to provide you with medical treatment or services. We may disclose your PHI 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 an infection may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals or nourishment. Different departments of the hospital also may share your PHI in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose your PHI to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, home health agencies, or others providing services that are part of your care.

For Payment – We may use and disclose your PHI 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 third party. For example, we may need to give your health plan information about treatment you received at the hospital so your health plan will provide reimbursement for your care. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.

For Health Care Operations – We may use and disclose your PHI for the operation of our hospital. These uses and disclosures are necessary to appropriately meet the needs of all of our patients. For example, we may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI from many hospital patients to decide what additional services the hospital 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 hospital personnel for review and learning purposes. We may also combine the PHI we have with PHI 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 PHI so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders – We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.

Treatment Alternatives – We may use and disclose your PHI 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 your PHI to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities – We may use your PHI to contact you in an effort to raise money for the hospital and its operations. We may disclose your PHI to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We only would release contact information, such as your name, address and 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 Barlow Foundation office in writing.

Hospital Directory – We may include your PHI to a limited extent in the hospital directory while you are a patient at the hospital, provided that you agree to this. This limited information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This directory information, except for your religious affiliation, may be released to people who ask for you by name, so that family and friends can visit you in the hospital and generally know how you are doing. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. You may decline the inclusion of your PHI in the hospital directory by completing the Hospital Directory and Religious Affiliation Opt-Out Form (see attached) and returning it to a Barlow Respiratory Hospital staff member.

Individuals Involved in Your Care or Payment for Your Care – We may disclose your PHI to a friend or family member who is involved in your medical care or payment related to your health care, provided that you agree to this disclosure, or we give you an opportunity to object to this disclosure. However, if you are not available or are unable to agree, we will use our judgment to decide whether this disclosure is in your best interests.

Disaster Relief Purposes – We may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. We will give you the opportunity to agree to this disclosure or object to this disclosure, unless we decide that we need to disclose your PHI in order to respond to the emergency circumstances.

Research – Under certain circumstances, we may disclose your PHI for research purposes. All research projects, however, are subject to a special approval process before any PHI is disclosed to the researchers who will be required to safeguard the PHI they receive.

As Required By Law – We will disclose your PHI when required to do so by federal, state, and local law.

To Avert a Serious Threat to Health or Safety – We may use and disclose your PHI 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.

SPECIAL SITUATIONS

Organ and Tissue Donation – We may release your PHI 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 an active member or a veteran of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation – We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks – We may disclose your PHI for public health activities, such as those aimed at preventing or controlling disease, preventing injury or disability, and reporting the abuse or neglect of children, elders, and dependent adults.

Health Oversight Activities – We may disclose your PHI 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 law.

Lawsuits and Disputes – If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

Law Enforcement – We may release your PHI if asked to do so by a law enforcement official:

- 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;
- 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 your PHI 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 your PHI to funeral directors as necessary to carry out their duties.

Specialized Government Functions – We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

We may disclose your PHI 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 your PHI 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 and Disclosures – Other uses and disclosures of your PHI 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 your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your PHI for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. 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

RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding the PHI we maintain about you:

Right to Inspect and Copy – You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the Director of Health Information Management. 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 your PHI, you may request that the denial be reviewed. With the exception of a few circumstances that are not subject to review, another licensed 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.

Right to Amend – If you feel that PHI 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.

To request an amendment, your request must be made in writing and submitted to the Director of Health Information Management. 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 PHI 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 PHI kept by or for the hospital;
- Is not part of the PHI which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right to an Accounting of Disclosure – You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your PHI other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the Director of Health Information Management. You must include the time period requested which may not be longer than six years and may not include dates before April 14, 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.

Right to Request Restrictions – You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on your PHI that we disclose to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure you had.

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.

To request restrictions, you must make your request in writing to the Director of Health Information Management. 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.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Right to Request Confidential Communications – You have the right to request that we communicate with you about PHI in a certain way or at a certain location. For example, you can ask that we only contact you at home or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer. 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 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, www.barlowhospital.org.

To obtain additional paper copies of this Notice, please contact Barlow’s Privacy Officer.

CHANGES TO THIS 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 the hospital. The Notice will contain on the first page, in the top right-hand corner, the effective date. If we change our Notice, you may obtain a copy of the revised Notice by visiting our website at www.barlowhospital.org, or on request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with Barlow Respiratory Hospital’s Privacy Officer. You may also send a written complaint to the Office of Civil Rights, U.S. Department of Health and Human Services within 180 days of an alleged violation of your rights. If you wish to do so, kindly contact Barlow Respiratory Hospital’s Privacy Officer for the address.

You will not be penalized for filing a complaint about our privacy practices. You will not be required to waive this right as a condition of treatment.