



1. **Purpose:** This notice describes the Company's practices and how the Company shares your information with others for treatment, payment, and health care operations purposes. This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully. If you have any questions, please contact the Privacy Officer.

2. **Who will follow this notice:**
 - a. Any health care professional authorized to enter information into your facility chart. All of our providers are also governed by the Privacy Practices of the facilities where they provide care.

 - b. All departments of the Company.

 - c. All employees, staff, agents and other Company personnel.

 - d. Health care providers and their authorized representatives that are members of the Company's organized health care arrangement. These health care providers and their authorized representatives will be operationally and/or clinically integrated with the Company, or will otherwise be permitted by law to receive your information. For example, to the extent permitted by law and in accordance with our guidelines, the Company will share your medical information with providers who are members of the medical staff of the facility where care is provided, even if the provider is not employed or otherwise associated with the Company.

3. **Our pledge regarding medical information:** We understand that medical information about you and your health care is personal. We are committed to protecting medical information about you.

A note about medical records: A record is created of the care and services you receive from our providers. This record is needed to provide the necessary care and to comply with legal requirements. While this record may be prepared by our providers, the Company does not maintain medical records. **The medical records of our patients are maintained by the facility where care was rendered.** Please refer to the Notice of Privacy Practices of the facility where care was rendered or where care will be rendered for information regarding your medical record.

The Company does, however, make use of your medical record and health information in several ways. This notice will tell about the ways in which our Company may use and disclose medical information about you. Also described are your rights and certain obligations we have regarding the use and disclosure of

medical information.

The law requires the Company to

- a. Make sure that medical information that identifies you is kept private;
- b. Inform you of our legal duties and privacy practices with respect to medical information about you; and
- c. Follow the terms of the notice that is currently in effect: This notice is effective as of July 1, 2013.

4. How the Company may use and disclose your medical information:

Except with respect to Highly Confidential Information (described below), we are permitted to use your health information for the following purposes:

- a. **Treatment:** Your medical information may be used to provide you with medical treatment or services. This medical information may be disclosed to physicians, nurses, technicians, and others involved in your care, including employees, volunteers, students and interns. This includes using and disclosing your information to treat your illness or injury, or to contact you to give you information about treatment options or other health-related benefits and services that may benefit you.

For example: A physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The physician may need to tell the dietitian about the diabetes so appropriate meals can be arranged. The Company may also disclose medical information about you to people outside the facility where care was received who may be involved in your medical care after you leave the facility, such as family members, home health agencies, and others who provide services that are part of your care.

- b. **Payment:** Your medical information may be used and disclosed so that the treatment and services received may be billed and payment may be collected from you, your insurance Company, and/or a third party. Please note that we will comply with your request not to disclose your health information to your insurance company if the information relates solely to a health care item or service for which you have paid out of pocket and in full to us. This restriction does not apply to the use or disclosure of your health information for your medical treatment.

For example: To the extent insurance will be responsible for reimbursing the Company for your care, the health plan or insurance company may need information about care you received from our provider so they can provide payment for that care. Information may also be given to someone who helps pay for your care. Your health plan or insurance company may also need

information about a treatment you are going to receive to obtain prior approval or to determine whether they will cover treatment.

- c. **Health care operations:** Your medical information may be used and disclosed for purposes of furthering day-to-day Company operations. These uses and disclosures are necessary to run the Company and to monitor the quality of care our patients receive.

For example: Subject to any limitations described in this notice, your medical information may be

- i. Reviewed to evaluate the treatment and services performed by our providers in caring for you.
 - ii. Combined with that of other patients at the facility where care was received to decide what additional services the Company should offer, what services are not needed, and whether certain new treatments are effective.
 - iii. Disclosed to physicians, nurses, technicians, and other agents of the health care facility where care was received for review and learning purposes.
 - iv. Disclosed to health care students, interns, and residents.
 - v. Combined with information from other facilities where we provide services to compare how we are doing and see where we can improve the care and services offered. Information that identifies you in this set of medical information may be removed so others may use it to study health care and health care delivery without knowing your name.
- d. **Clergy members:** While you are a patient in the facility, upon written consent, information about you may be disclosed to your specified clergy. This information may include your name, location in the facility, admission date, and room number.
 - e. **Private accreditation organizations:** Your medical information may be used to fulfill this Company's obligations in support of the facility in which care was rendered to meet the guidelines of private facility accreditation organizations such as the Joint Commission.
 - f. **Individuals involved in your care:** With your permission, your medical information may be released to a family member, guardian, or other individuals involved in your care. They may also be told about your condition unless you have requested additional restrictions. In addition, your medical information may be disclosed to an entity assisting in a

disaster relief effort so your family can be notified about your condition, status, and location.

- g. As required by law:** Your medical information will be disclosed when this Company is required to do so by federal, state, or local authorities, laws, rules and/or regulations.
- h. Lawsuits and disputes:** If you are involved in a lawsuit or a dispute, your medical information will be disclosed in response to a court or administration order, subpoena, discovery request, or other lawful process by someone else involved in the dispute when we are legally required to respond.
- i. Law enforcement:** Your medical information will be released if requested by a law enforcement official
 - i.** In response to a court order, subpoena, warrant, summons, or similar process;
 - ii.** To identify or locate a suspect, fugitive, material witness, or missing person;
 - iii.** About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - iv.** About a death we believe may be the result of criminal conduct;
 - v.** 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.
- j. National security and intelligence activities:** Your medical information will be released to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- k. Protective services for the president and other:** Your medical information may be disclosed to authorized federal officials so that they may provide protection to the President, or other authorized persons or foreign heads of state or conduct special investigations.
- l. To alert a serious threat to health or safety:** Your medical information may be used and disclosed when necessary to prevent a serious threat to your health and safety and that of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- m. Health oversight activities:** Your medical information may be disclosed to a health oversight facility 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.

SPECIAL SITUATIONS

- n. Organ and tissue donation:** If you are an organ or tissue donor, your medical information may be released to organizations that handle organ procurement or organ, eye and tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- o. Medical devices:** Your social security number and other required information will be released in accordance with federal laws and regulations to the manufacturer of any medical device(s) that you have implanted or explanted during care provided by our physicians and to the Food and Drug Administration, if applicable. This information may be used to locate you should there be a need with regard to such medical device(s).
- p. Military and veterans:** If you are a member of the armed forces, your medical information may be released as required by military command authorities. If you are a member of the foreign military personnel, your medication information may be released to the appropriate foreign military authority.
- q. Workers' compensation:** If you seek treatment for a work-related illness or injury, we must provide full information in accordance with state-specific laws regarding workers' compensation claims. Once state-specific requirements are met and an appropriate written request is received, only the records pertaining to the work-related illness or injury may be disclosed.
- r. Public health risk:** Your medical information may be used and disclosed for public health activities. These activities generally include the following:
 - i.** To prevent or control disease, injury or disability;
 - ii.** To report births and deaths;
 - iii.** To report child abuse and neglect;
 - iv.** To report reactions to medications or problems with products;
 - v.** To notify people of recalls of products they may be using;
 - vi.** 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; and
 - vii.** 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.

s. **Coroners, medical examiners, and funeral directors:** Your medical information may be released 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 facility to funeral directors as necessary to carry out their duties.

t. **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 for the following reasons:

i. For the institution to provide you with health care;

ii. To protect the health and safety of you and others;

iii. For the safety and security of the correctional institution.

5. **Highly confidential information:** Federal and State law require special privacy protection for certain highly confidential information about you, including your health information that is maintained in psychotherapy notes. Similarly, Federal and/or State law provide greater protections for the following types of information than HIPAA, in which case we will comply with the law that provides your information with the greatest protection and you with the greatest privacy rights: (1) mental health and developmental disabilities; (2) alcohol and drug abuse prevention, treatment, and referral; (3) HIV/AIDS testing, diagnosis, or treatment; (4) communicable diseases; (5) genetic testing; (6) child abuse and neglect; (7) domestic or elder abuse; and/or (8) sexual assault. In order for your highly confidential information to be disclosed for a purpose other than those permitted by law, your written authorization is required.

6. **Your written authorization:** We will first obtain your written authorization before using or disclosing your protected health information for any purpose not described above. If you provide the Company permission to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your medical information for the reasons covered in your written authorization. However, we are unable to retract disclosures already made with your permission.

7. **Additional information concerning this notice:**

a. **Changes to this notice:** We reserve the right to change this notice and make the revised notice effective for medical information we already have about you as well as any information we receive in the future. The Company will post a current copy of the notice with the effective date. In addition, we will provide you a copy of the current notice in effect when requested.

b. Complaints: You will not be penalized for filing a complaint. If you believe your privacy rights have been violated, you may file a complaint with the Company or with the Secretary of the Department of Health and Human Services. To file a complaint, submit your complaint to the Privacy Officer in writing. The Company's Privacy Officer can provide you with contact information for the Secretary of the Department of Health and Human Services as well as the State agency or agencies authorized to accept your complaints.

8. Your rights regarding your medical information: You have the following rights regarding medical information the Company maintains about you:

****All requests concerning medical records must be submitted in writing to the Medical Records Department of the facility where care was received. The Company does not maintain patient records.**

a. Right to request access to your health information: You have the right to inspect and copy medical information that may be used to make decisions about your care. Upon written request, such access will be granted by the facility maintaining your health information in accordance with their medical record policies and applicable law.

Please refer to the Notice of Privacy Practices of the facility where care was rendered for more information regarding this right.

b. Right to amend: If you feel that medical information documented about you is incorrect or incomplete, you have the right to request an amendment to information kept by or for the facility. The Company has a maximum of 60 days to act on your request.

If you are requesting to amend information in your medical record, please refer to the Notice of Privacy Practices of the facility where care was rendered for more information regarding this right.

If you are requesting to amend information in your billing record, you must submit a written request to the Company. You must also provide a reason that supports your request.

Your request for an amendment may be denied if

- i.** Your request is not in writing or does not include a reason to support the request;
- ii.** The medical or billing information is not part of the medical or billing information kept by or for the Company;
- iii.** The medical or billing information is not part of the information you would be permitted to inspect and copy; or

iv. The medical or billing information is accurate and complete.

- c. **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 your medical information for the purposes other than treatment, payment and health care operations. Except where individual state laws are more stringent, the Company has a maximum of 60 days to act on your request.

To request this list or accounting of disclosures

- i. You must submit your request in writing.
- ii. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.
- iii. 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.

- d. **Right to request restrictions:** You have a 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.

To request restrictions, you must make your request in writing. In your request, you must tell us

- i. What information you want to limit;
- ii. Whether you want to limit our use, disclosure, or both; and
- iii. To whom you want the limits to apply.

You also have a right to request that a health care item or service not be disclosed to your health plan for payment purposes or health care operations. We are required to honor your request if the health care item or service is paid out of pocket and in full. This restriction does not apply to use or disclosure of your health information related to your medical treatment.

- e. **Right to request confidential communication:** 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. 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.

- f. **Right to be notified of breach:** We will notify you if we discover a breach of your unsecured protected health information.
- g. **Right to a paper copy of this notice:** You have the right to a copy of this notice. You may ask us to give you a copy at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.