



## **NOTICE OF PRIVACY PRACTICES**

**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.**

A federal regulation, known as the Health Insurance Portability and Accountability Act (HIPAA) – Privacy Rule, requires that we provide detailed notice in writing of our privacy practices. We realize that this Notice is long. The HIPAA Privacy Rule requires us to address many specific things in this Notice.

### **Our Commitment to Protecting Health Information**

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called “protected health information” or “PHI”.

This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

## **How We May Use and Disclose Protected Health Information.**

We use and disclose PHI for a number of different purposes. Each of those purposes is described below. The examples included with each category do not list every type of use or disclosure that may fall within that category.

**For Treatment:** We may use PHI to provide, coordinate, or manage your health care and related services by both us and other health care providers. We may disclose PHI to doctors, nurses, hospitals and other health facilities who become involved in your care. We may consult with other health care providers concerning you and as part of the consultation, share your PHI with them. For example, we may use and disclose PHI when you need a prescription, lab work, an x-ray, durable medical equipment, or other health care services. Similarly, we may refer you to another health care provider and as part of the referral, share PHI with that provider. For example, we may conclude you need to receive services from a physician with a particular specialty. When we refer you to that physician, we also will contact that physician's office and provide PHI to them so they have information they need to provide services for you.

**For Payment:** We may use and disclose PHI so we can bill and collect payment for the services we provide to you. This can include billing you, your insurance company, or a third party payer. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company, government program, such as Medicare or Medicaid, or other health care provider with information about your medical condition, health care you need to receive, and/or the cost of services to determine if you are covered by that insurance or program for payment activities. We may disclose limited billing information to consumer reporting agencies relating to collection of payments owed to us.

**For Health Care Operations:** We may use and disclose PHI for our own business activities which are referred to as health care operations. These are necessary for us to operate the Hot Springs Health Program and to maintain quality health care for our patients. We may use and disclose PHI in the following health care operations:

- Reviewing and improving quality, efficiency, and cost of care that we provide to our patients. For example, we may use PHI to develop ways to assist our staff in deciding how we can improve the medical treatment we provide.
- Reviewing and evaluating the skills, qualifications, and performance of our health care providers.
- Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing personnel) to help them with their skills.
- Cooperating with outside organizations that assess the quality of the care that we provide.
- Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty.
- Cooperating with various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.

- Assisting us in making plans for our organization’s future operations.
- Resolving grievances within our organization.
- Business planning and development, such as cost-management analyses.
- Business management and general administrative activities of our organization, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.
- Creating “de-identified” information that is not identifiable to any individual.

**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 place of work. At either location, we may leave messages for you on the answering machine, voice mail, or with who answers the phone. If you want to request that we communicate to you in a certain way or at a certain location, see “Right to Receive Confidential Communications” on page 7 of this Notice.

**Appointment Reminders:** We may use and disclose PHI to contact you to remind you of an appointment you have with us.

**Treatment Alternatives:** We may use and disclose PHI to contact you about treatment alternatives that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose PHI to your family member, close friend, or any other person identified by you if that information is directly relevant to the person’s involvement in your care or payment for your care. If you are present and able to consent or object (or if you are available in advance), then we may only use or disclose PHI if you do not object after you have been informed of your opportunity to object. If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests. For example, if you are being treated by us and are unable to communicate normally for some reason, we may find it is in your best interest to give your prescription or other medical supplies to the friend or relative who is accompanying you. We may also use and disclose PHI to notify such persons of your location, general condition, or death. We also may use professional judgment and our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, x-rays, or other things that contain PHI about you.

**Disaster Relief:** We may use or disclose PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

**Required by Law:** We may use or disclose PHI when we are required to do so by law. Any disclosure complies with the law and is limited to the requirements of the law.

**Public Health Activities:** We may use or disclose PHI for public health activities and purposes. This includes reporting PHI to a public health authority or other authorized person that is authorized by law to carry out certain activities related to public health, including the following

activities:

- To prevent or control disease, injury, or disability,
- To report disease, injury, birth, or death,
- To report child abuse or neglect,
- To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to quality, safety, or effectiveness of FDA-regulated products or activities,
- To locate and notify persons of recalls of products they may be using,
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease, or
- To report to your employer, under limited circumstances, information related primarily to workplace injuries or illness, or workplace medical surveillance.

**Victims of Abuse, Neglect or Domestic Violence:** We may disclose PHI to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims. We may disclose PHI if you are incapacitated, and certain other conditions are met, to law enforcement or other public official represents that the PHI is not intended to be used against you and that an immediate enforcement activity depends on the disclosure.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law, including audits, investigations, 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.

**Judicial and Administrative Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose PHI in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

**Disclosures for Law Enforcement Purposes:** We may disclose PHI to a law enforcement official for law enforcement purposes:

- a. As required by law.
- b. In response to a court, grand jury or administrative order, warrant, summons, or subpoena.
- c. To identify or locate a suspect, fugitive, material witness or missing person.
- d. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.

- e. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
- f. About crimes or suspected crimes that occur at our facility.
- g. To report a crime in emergency circumstances.

**Coroners and Medical Examiners:** We may disclose PHI to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

**Funeral Directors:** We may disclose PHI to funeral directors as necessary for them to carry out their duties.

**Organ, Eye or Tissue Donation:** To facilitate organ, eye or tissue donation and transplantation, we may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

**To Avert Serious Threat to Health or Safety:** We may use or disclose PHI if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

**Military:** If you are a member of the Armed Forces, we may use and disclose PHI for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.

**National Security and Intelligence:** We may disclose PHI to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President:** We may disclose PHI to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.

**Inmates; Persons in Custody:** We may disclose PHI to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or, (c) the safety, security and good order of the correctional institution.

**Disclosures required by HIPAA Privacy Rule:** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in

certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI (those requests are described under the section titled “Your Rights with Respect to Medical Information About You.)

**Workers Compensation:** We may disclose PHI 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.

**Other Uses and Disclosures:** Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying our Privacy Officer in writing, at the address listed at the end of this Notice. However, if you revoke such an authorization, it will not have any affect on actions we have taken prior to your revocation.

## **Your Rights With Respect to Protected Health Information About You.**

Under federal law, you have the following rights regarding PHI about you:

### **Right to Request Restrictions:**

You have the right to request additional restrictions on the PHI that we may use for treatment, payment, and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information; and (3) to whom you want those restrictions to apply.

**Right to Receive Confidential Communications:** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to our Privacy Officer. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate *reasonable* requests.

**Right to Inspect and Copy:** You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI, please contact our Privacy Officer. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used in meeting your request.

**Right to Amend:** You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our Privacy Officer. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

**Right to an Accounting of Disclosures:** You have the right to request an “accounting” of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years *other than* disclosures made: for treatment, payment, and health care operation; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative, or for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes) and disclosures made before April 14, 2003. If you wish to make such a request, please contact our Privacy Officer identified on the last page of this Notice. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing

additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

**Right to Copy of this Notice:** You have the right to obtain a paper copy of our Notice of Privacy Practices. You may request a copy of our Notice of Privacy Practices at any time.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, *[www.hotspringshealth-nc.org](http://www.hotspringshealth-nc.org)*.

To obtain a paper copy of this notice, contact our Privacy Officer at the address listed at the end of this Notice.

## Our Duties

**Generally:** We are required by law to maintain the privacy of PHI and to provide individuals with notice of our legal duties and privacy practices with respect to PHI.

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

**Our Right to Change Notice of Privacy Practices:** We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have. If and when this Notice is changed, we will post a copy at all our locations in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Officer.

**Availability of Notice of Privacy Practices:** A copy of our current Notice of Privacy Practices will be posted at the front desk of all medical centers, administration, and home care. A copy of the current notice also will be posted on our web site, *www.hotspringshealth-nc.org*. In addition, each time you are admitted to services at the Hot Springs Health Program, a copy of the current notice will be made available to you.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting to our Privacy Officer at the address listed at the end of this Notice.

**Effective Date of Notice:** The effective date of the notice will be stated on the first page of the notice.

**Complaints:** You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with us, contact our Privacy Officer at the address listed at the end of this Notice. All complaints should be submitted in writing.

We will not retaliate or take action against your for filing a complaint.

**Questions and Information:** If you have any questions or want more information concerning this Notice of Privacy Practices, please contact our Privacy Officer at the address listed below.

**Privacy Officer Contact Information:** You may contact our Privacy Officer at the following address and phone number:

Hot Springs Health Program  
Privacy Officer  
PO Box 69  
Marshall, NC 28753  
828-649-9566