

Wayne County Hospital Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Our Pledge Regarding Your Health Information

We are committed to the protection of patient health information in accordance with applicable law and accreditation standards regarding patient privacy. The health information about you is personal. A record of the care and services you receive is needed to provide you with quality care and to comply with legal requirements.

The law requires us to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of this Notice that are currently in effect.

* Protected Health Information (PHI) is any individually identifiable health information, whether oral, written, electronic, magnetic or recorded in any form that is created or received by the Wayne County Hospital as a health care provider. PHI is individually identifiable under HIPAA if it includes the name, address, zip code, geographical codes, date of birth, other elements of dates, telephone or fax numbers, email address, social security number, insurance information, medical record number, member or account number, certificate/license numbers, voice or finger prints, photos or any other unique identifying numbers, characteristics or codes of you, your relatives, employers, or household members.

When releasing your PHI, Wayne County Hospital will follow a "Minimum Necessary" standard, whereby we will make reasonable efforts to limit the use and disclosure of your PHI in order to accomplish the intended purpose or job.

Uses and disclosures of health information not covered by this Notice or the laws that apply to the Wayne County Hospital will be made only with your authorization.

IN CERTAIN CIRCUMSTANCES WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR WRITTEN CONSENT

- **For Treatment:** We will use health information about you to provide you with medical treatment or services. We will disclose PHI about you to doctors, residents, nurses, technicians, students in health care training programs, or other personnel who are involved in taking care of you. Different departments of the Wayne County Hospital may share health information about you in order to coordinate the services you need, such as prescriptions, lab work and x-rays. We may disclose health information about you to people outside the Wayne County Hospital who provide your medical care.
- **For Payment:** We will use and disclose your PHI to send bills and collect payment from you, your insurance company, or other payers, such as Medicare, for the care, treatment, and other related services you receive. We may provide your name, address and insurance information to other health care providers related to your care. We may

tell your health insurer about a treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment. For billing information, contact the Patient Financial Services department.

- **For Health Care Operations:** We may use and disclose PHI about you for the purpose of our business operations. These business uses and disclosures are necessary to make sure that our patients receive quality care and cost effective services. We may use or disclose your PHI to an outside company that assists us in operating our hospital or clinic. For example, when your doctor dictates a summary of the visit with you, an outside company types up the document for our medical records. These outside companies are called "business associates", who have contracted with us to keep any PHI received from us confidential in the same way we do.
- **Family Members and Friends:** We may disclose PHI about you to a family member, relative, or another person identified by you who is involved in your health care or payment for your health care. If you are not present or are incapacitated or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances.
- **Appointments:** We may use and disclose PHI to contact you for appointment reminders and to communicate necessary information about your appointment.
- **Hospital Directory:** When you are admitted to the hospital, or are admitted as an outpatient for surgery, Wayne County Hospital may list certain information about you, such as your name, your location in the hospital, and your religious affiliation, in a hospital directory. The hospitals can disclose this information, except for your religious affiliation, to people who ask for you by name. Your religious affiliation may be given to members of the clergy even if they do not ask for you by name. You may request that no information contained in the directory be disclosed. To restrict use of information listed in the directory, please inform the admitting staff or your nurse. They will assist you in this request. In emergency circumstances, if you are unable to communicate your preference, you will be listed in the directory.
- **Fundraising Activities:** We may use PHI, such as your name, address, phone number and the dates you received services, to contact you to raise money for Wayne County Hospital. We may share this information with a foundation associated with the Wayne County Hospital to work on its behalf. If you do not want the Wayne County Hospital Affiliates to contact you for our fundraising, you must notify us in writing. Please contact the Privacy Officer or designee to help you with this request.
- **Future Communications:** We may use your name, address, and phone number to contact you to provide you general PHI, information about new programs or other services we offer or newsletters.
- **Public Health and Government Functions:** We will disclose your PHI in certain circumstances to:
 - Control or prevent a communicable disease, injury or disability, to report births and deaths, and for public health oversight activities or interventions.
 - The Food and Drug Administration (FDA), to report adverse events or

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product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law.

- To a state or federal government agency to facilitate their functions
- **Required or Permitted by Law:** We will disclose your PHI when required to do so by federal, state, or local law. We are permitted, and required in some cases, to release your PHI in certain circumstances to:
 - Report suspected elder or child abuse to law enforcement or other governmental agencies responsible to investigate or prosecute abuse.
 - Respond to a valid court order.
 - The Department of Health Services (DHS), the Department of Children and Families (DCF), a protection or advocacy agency, law enforcement authorities investigating abuse, neglect, physical injury, death, and suspicious wounds, burns, or gunshot wounds.
 - Your court appointed guardian or agent you have appointed under a health care power of attorney.
 - A prisoner's health care provider.
 - A medical examiner, coroner, and funeral director regarding a death.
 - Law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying or locating suspects or other persons.
- **Organ, Eye and Tissue Donation:** We will disclose PHI to organizations that obtain, bank or transplant organs or tissues.
- **Research:** Wayne County Hospital may use and share your health information for certain kinds of research. Whether or not your health information is used in a research project, your care and treatment will not be affected.
- **Workers' Compensation:** We will disclose your health information that is reasonably related to a worker's compensation illness or injury following written request by your employer, worker's compensation insurer, or the Department of Workforce Development or its representative.

OUR PROTECTED HEALTH INFORMATION RIGHTS

Right to Request Restrictions: You have the right to request certain restrictions of our use or disclosure of PHI for treatment, payment or health care operations. You also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care or the payment for your care. We are not required to agree to your request in most cases. If the Wayne County Hospital agrees to the restriction, it will comply with your request unless the information is needed to provide you emergency treatment. A request for restriction should be made in writing.

Right to Inspect and Copy: You have the right to inspect and receive a copy of PHI about you that may be used to make decisions about your health. For copies of your PHI, requests must go to the Health Information/ Medical Records Department.

Right to Amend: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the

information, for as long as the Wayne County Hospital maintains the information. Requests for amending your PHI should be made to the Health Information Management/Medical Records Department. The Wayne County Hospital that maintains the information will respond to your request within 60 days after you submit the written amendment request form. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to a List of Disclosures: You have the right to request a list of instances in which we or our business associates disclosed your PHI for purposes other than treatment, payment, health care operations, disclosures authorized by you or made to you, and certain other activities. To request this list of disclosures, you must submit your request in writing to the designated Health Information Management/Medical Records Department.

Right to Request Alternate Means of Communication: You have the right to request that we communicate with you about your health information in a certain way or at a certain location. We will accommodate all reasonable requests. You must make any such request in writing submitted to the Privacy Officer or designee.

Right to Revoke Authorization: If you authorize the Wayne County Hospital to use or disclose your PHI, you may revoke that authorization, in writing, at any time. We are unable to take back any disclosures we have already made with your permission. To revoke an authorization you must contact the designated Health Information Management/Medical Record Department.

Right to Complain: If you believe your privacy rights have been violated, you may file a complaint with the privacy officer at Wayne County Hospital or with the Secretary of the Department of Health and Human Services ocrcomplaint@hhs.gov. To file a complaint with Wayne County Hospital, you must put your complaint in writing and address it to the designated Privacy Officer or delegate. This person will assist you in filing your complaint and the necessary paper work. Filing a complaint will not affect your care and treatment:

Attn: Privacy Officer, 166 Hospital Street, Monticello, KY

Important Notice: We reserve the right to revise or change this Notice and to make the new notice provisions effective for all PHI that Wayne County Hospital maintains. Each time you register for health care services at a site covered by this Notice, the most current copy of this notice will be available for you. You have a right to obtain a paper copy of this Notice upon request.

Questions:

If you have any questions about this Notice, please contact the Privacy Officer at Wayne County Hospital 606-340-3207

Effective Date: April 14th, 2003

Revised: 3/1/12

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