

Greenwood Leflore Hospital 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.

Effective: June 2013

For more information about this notice, please contact:

Greenwood Leflore Hospital
Attn: Privacy Officer
1401 River Road
Greenwood, MS 38930
Telephone: 1-800-656-2339

Our Responsibilities

Greenwood Leflore Hospital (“GLH”) takes the privacy of your protected health information (“PHI”) seriously. We are required by law to maintain the privacy of your PHI and to provide you with this Notice of Privacy Practices (“Notice”). This Notice is provided to tell you about our duties and practices with respect to your information. We are required to abide by the terms of this Notice.

How We May Use and Disclose Your Health Information

We will use and disclose your medical information as part of rendering patient care for treatment, payment or health care operations purposes. For example, your medical information may be used by the doctor or nurse treating you, by the business office to process your payment for the services rendered and by administrative personnel reviewing the quality of the care you receive.

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

Uses and Disclosures That Do Not Require Your Permission

For Treatment: We may use PHI about you to provide you with treatment, health care or other related services. We may disclose your PHI to doctors, nurses, aids, technicians or other employees who are involved in taking care of you. Additionally, we may use or disclose your PHI to manage or coordinate your treatment, health care or other related services. For example, we may provide lab and x-ray test results to referring hospitals, physicians, or nursing homes.

For Payment: We may use and disclose your PHI, as needed, to bill and collect for the treatment and services we provide to you. We may send your PHI to an insurance company or other third party for payment purposes, including to a collection service. For example, we may provide test

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results, procedures notes, surgeries to your insurance carrier in order to process your healthcare claims. We may also provide your information to another provider or other entity for their payment purposes.

For Health Care Operations: We may use and disclose your PHI, as necessary, for health care operations. These uses and disclosures are necessary to run GLH, to make sure you receive competent, quality health care, and to maintain and improve the quality of health care we provide. We may also give your PHI to other entities covered by privacy laws for some of their health care operations, as long as the other entity also has a relationship with you. We may also provide your PHI to various governmental or accreditation entities to maintain our license and accreditation. Some examples of health care operations are quality assurance processes, reporting to the Healthcare Facilities Accreditation Program, and to the State Department of Health.

Other Purposes for Which We are Permitted or Required to Use or Disclose Your Health Information Without Your Consent or Authorization

Health Oversight Reasons: We may disclose your medical information to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and government agencies that ensure compliance with civil rights laws. For example, we may be required by law to disclose your medical information to the Secretary of the Department of Health and Human Services (“DHHS”) or his/her designee, in the case of a compliance review to determine whether we are complying with federal laws.

Suspected Abuse or Neglect: If we believe that a person is a victim of child or adult abuse or neglect, we are required by law to report certain information to public authorities.

About Victims of Abuse: We may disclose your PHI to notify the appropriate government authority if we believe an individual has been the victim of abuse or neglect.

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

For Public Health Purposes: We may disclose your PHI for public health activities. While there may be others, public health activities generally include the following:

- Preventing or controlling disease, injury or disability;
- Reporting births and deaths;
- Reporting defective medical devices or problems with medications;
- Notifying people of recalls of products they may be using;
- Notifying an employer for evaluation of a work-related illness or injury if health care is provided at employer’s request;

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- Notifying a school for proof of immunization if the school is required by law to have such proof prior to admission, but only if we receive an agreement from the parent in the case of a minor;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Legal Proceedings: We may disclose your PHI in response to a court or administrative order. In certain circumstances, we may also disclose your PHI in response to a subpoena, discovery request, or other lawful process but only if we receive satisfactory assurances that you have been notified of the request or that an effort was made to secure a protective order.

Law Enforcement: We may release PHI if asked to do so by a law enforcement official, if such disclosure is:

- Required by law;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person (in this situation, we will disclose only limited information, including your contact information, date and place of birth, social security number, blood type, type of injury, date and time of treatment and death, if applicable, and a description of your physical characteristics);
- 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;
- About criminal conduct at GLH; or
- 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.

Inmates: If you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to us, we may disclose your PHI to a 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 other inmates; (3) for the health and safety of the officer or other persons responsible for transporting or transferring inmates; (4) for law enforcement on the premises of the correctional institution; or (5) for the safety, security, and good order of the correctional institution.

Coroners, Medical Examiners and Funeral Directors: In certain circumstances, we may disclose 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 PHI about individuals to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation: We may disclose 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.

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Research: Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all individuals who received one medication to those who received another. All research projects, however, are subject to a special approval process. This process includes evaluating a proposed research project, its use of PHI, and trying to balance the research needs with your need for privacy of your PHI. Before we use or disclose PHI for research, the project will have been approved through this research approval process. Additionally, when it is necessary for research purposes and so long as the PHI does not leave GLH, we may disclose your PHI to researchers preparing to conduct a research project, for example, to help the researchers look for individuals with specific health needs. Lastly, if certain criteria are met, we may disclose your PHI to researchers after your death when it is necessary for research purposes.

To Avert a Serious Threat to Health or Safety: We may use and disclose your PHI when we believe it is 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 or lessen the threat or to law enforcement authorities in particular circumstances.

Emergencies or Disaster Relief: We may disclose your information in the event of an emergency or for coordinating disaster relief efforts. We will use our will use our professional judgment to determine whether disclosing limited PHI is in your best interest under the circumstances.

Workers' Compensation: We may disclose your PHI as authorized by and to the extent necessary to comply with workers' compensation laws or laws relating to similar programs.

Appointment Reminders, Treatment Alternatives, Services, Products, and Health-Related Benefits: We may use and disclose your PHI to provide appointment reminders. Additionally, we may use and disclose your PHI to tell you about or recommend possible treatment alternatives or health-related benefits or services that may be of interest to you, products or services related to your treatment, case management or care coordination, or alternative treatments, therapies, providers or settings of care for you. We may occasionally tell you about another company's products or services, but will use or disclose your PHI for such communications only if they occur in person with you. We may also use and disclose your PHI to give you a promotional gift from us that is of minimal value. We must obtain an authorization from you for any other use or disclosure of PHI for marketing purposes or when we are paid in exchange for disclosure of your PHI.

If you do not wish us to contact you about treatment alternatives, health-related benefits or appointment reminders, you must notify us in writing.

Business Associates: We may use or disclose your PHI to an outside company that assists us in operating our health system. They perform various services for us. This includes, but is not limited to, auditing, accreditation, legal services, and consulting services. These outside companies are called "business associates" and they contract with us to keep any PHI received from us confidential in the same way we do. These companies may create or receive PHI on our behalf.

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Military and Veterans: If you are a member of the armed forces, we may use and disclose PHI about you as required by the appropriate military command authorities.

National Security and Intelligence Activities: We may disclose PHI medical information about you to authorized federal officials for lawful intelligence, counter-intelligence, and other national security activities.

Protective Services for the President and Others: We may disclose PHI to authorized federal officials for the protective services of the President or other authorized persons or foreign heads for the conduct of authorized investigations.

Uses and Releases to Which You Have the Opportunity to Object

Fundraising Activities: We may use your PHI to contact you in an effort to raise money for GLH and its operations. We may disclose PHI to a foundation related to GLH so that the foundation may contact you to raise money for GLH. In these cases, we would release only certain information, such as your name, address, phone number, the dates you received treatment or services at the hospital, the department of the services provided, your treating physician, information regarding the outcome of the services provided to you, and your health insurance status. If you do not want us to contact you for fundraising efforts, you can notify, in writing, the person listed on the last page of this Notice. All fundraising communications from GLH or a related foundation will provide an opportunity for you to elect not to receive any further such communications.

Hospital Directory: If you are an inpatient, we may include certain limited information about you in our directory. 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 wish to be included in the facility directory, you will be given an opportunity to object at the time of admission. If you are unable to object, for example if you are incapacitated or in an emergency circumstance and cannot express a preference, we will list minimal information in the hospital directory until you or someone acting on your behalf tells us otherwise.

Family Members, Friends and Other Individuals Involved in Your Care or Payment for Your Care: Unless you object or we are otherwise restricted by law, we may disclose relevant health information about your location, your general condition, or in the event of your death, if it is needed to notify or assist in notifying a family member, your authorized personal representative or another person responsible for your care. If you are available and able to agree or object prior to our disclosing this information due to emergency or your incapacity, we will provide you the opportunity to object or otherwise obtain your agreement prior to disclosing this information. If you are unable or unavailable to agree or object, our health professionals will use their best judgment to determine if disclosing the information to your family member or others involved in your care is in your best interest. If they decide that disclosure is in your best interest, they will

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disclose only the health information that is relevant and necessary to that person's involvement in your care. In the event you are deceased, we may disclose your PHI to the above mentioned individuals who were involved in your care prior to your death, so long that the information is relevant to that individual's involvement, unless doing so is inconsistent with any prior expressed preference on your part.

Shared Medical Record/Health Information Exchanges: We maintain PHI about our patients in shared electronic medical records that allow GLH to share PHI. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide you care. For example, if you are admitted on an emergency basis to another hospital that participates in the health information exchange, the exchange will allow us to make your PHI available electronically to those who need it to treat you.

Other Uses and Releases that Require Your Prior Written Permission

Disclosures of Medical Information of Minors: Under State law, we cannot disclose the medical information of minors to non-custodial parents if a court order or decree is in place that prohibits the noncustodial parent from receiving such information. However, we must have documentation of the court order prior to denying the non-custodial parent such access.

Disclosures of Records Containing Drug or Alcohol Abuse Information: Because of federal law, we will not release your medical information if it contains information about drug or alcohol abuse without your written permission except in very limited situations.

Disclosures of Mental Health Records: If your records contain information regarding your mental health, we are restricted in the ways that we can use and disclose them. We can disclose such records without written permission only as required or permitted by law. Most uses and disclosures of psychotherapy notes require written authorization by you, unless we are disclosing the notes for very limited and specific treatment, payment or health care operations, including use by the originator of the notes, use or disclosure for our training programs, and use or disclosure in order for the hospital to defend itself in a legal action.

Disclosures for Marketing Purposes: Unless the use or disclosure is made face to face or through a promotional gift of nominal value, we may use or disclose your PHI for marketing purposes (including subsidized treatment communications) only with your written authorization.

Disclosures for the Sale of PHI: Uses and disclosures that constitute a sale of PHI may be made only with your written authorization.

Other Uses of Health Information

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide GLH with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we have used or disclosed in reliance on

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the authorization. If you revoke your permission (where your permission is required), we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are required to retain our records of the care that we have provided to you. To revoke an authorization, you or your authorized representative may contact the Privacy Officer at the address and telephone number listed on the last page of this document.

Your Rights Regarding Your Health Information

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

The Right to Access to Your Own Health Information: You have the right to inspect and copy most of your PHI for as long as we maintain it as required by law. All requests for access must be made in writing. We may charge you a nominal fee for each page copied and postage if applicable. You also have the right to ask for a summary of this information. If you request a summary, we may charge you a nominal fee. Please contact the GLH Health Information/Medical Records Department with any questions or requests.

The Right to Request Restrictions: You have the right to request certain restrictions of our use or disclosure of your PHI. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care. You may also ask us not to disclose your PHI to certain family members or friends who may be involved in your care or for other notification purposes described in this Notice, or how you would like us to communicate with you regarding upcoming appointments, treatment alternatives and the like by contacting you at a telephone number or address other than at home.

GLH must agree to restrict disclosure of PHI about an individual to a health plan if the purpose of the disclosure is to carry out payment or health care operations and the PHI pertains solely to a service for which the individual, or a person other than the health plan, has paid GLH for out of pocket and in full, unless we are otherwise required by law to make the disclosure. Otherwise, we are not required to comply with your request. For example, if a patient pays for a service completely out of pocket and asks GLH not to tell his/her insurance company about it, we will abide by this request. A request for restriction should be made in writing. To request a restriction you must contact the Privacy Officer at the address provided on the last page of this document. We reserve the right to terminate any previously agreed-to restrictions (other than a restriction we are required to agree to by law). We will inform you of the termination of the agreed-to restriction and such termination will only be effective with respect to PHI created after we inform you of the termination.

To request restrictions, you must make your request in writing to the Privacy Officer at 1401 River Road, Greenwood, MS 38930. 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.

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The Right to Request Confidential Communications: You have the right to request that we communicate with you or your responsible party about your health care in an alternative way or at a certain location. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided on the final page of this document. 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.

The Right to Inspect and Copy: You have the right to inspect and copy PHI that may be used to make decisions about your care. A copy may be made available to you in either paper or electronic format. Depending on the circumstances, you may have the right to request a second review if our Privacy Officer denies your request to access your PHI. To inspect and copy PHI that may be used to make decisions about you, you can submit your request in writing to the Privacy Officer at the address listed on the final page of this document. 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 are required to give you access in the form and format requested if it is readily reproducible in that format, or if not, in another format as we both agree is acceptable..

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information for one of those reasons, we will provide you with a letter explaining why we are denying access. In many cases, you may request that the denial be reviewed. Another licensed health care professional chosen by us 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.

The Right to Amend: You have the right to ask us to amend your health and/or billing information for as long as the information is kept by us. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at 1401 River Road, Greenwood, MS 38930. 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 information 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 us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may respond to your statement in writing and provide you with a copy.

The Right to an Accounting of Disclosures: You have the right to request a list of certain disclosures that we have made of your PHI. To request this list of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve-month period will be

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free. For additional lists, during such twelve-month period, we may charge you a nominal fee 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. This list will not include all disclosures. For questions concerning your right to this list of disclosures, please contact the Privacy Officer at the address and telephone number listed on the final page of this document.

The Right to Receive Notice of a Breach: You have the right to receive written notice in the event we learn of any unauthorized acquisition, use, or disclosure of your PHI that was not otherwise properly secured as required by HIPAA. We will notify you of the breach as soon as possible, but no later than sixty (60) days after the breach has been discovered.

The Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice.

Changes to This Notice

We reserve the right to change the terms of this notice and our privacy practices at any time. Any changes will apply to the health information we already have. When we make changes to our privacy practices, we will post an updated notice in the places where you may get treatment from GLH. We will post a copy of the current Notice in a clear and prominent location to which you have access. A paper copy of this Notice is also available to you upon request.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with GLH or with the Secretary of the Department of Health and Human Service (DHHS) Office for Civil Rights (OCR).

To file a complaint with us either in writing or by telephone as follows:

Greenwood Leflore Hospital
Attn: Privacy Officer
1401 River Road
Greenwood, MS 38930
Telephone: 1-800-656-2339

You will not be penalized or otherwise retaliated against for filing a complaint.