

## JOINT NOTICE OF OUR HEALTH INFORMATION PRACTICES

*THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

Jennings American Legion Hospital and all of the physicians that practice at Jennings American Legion Hospital have agreed that they will follow the same practices regarding your health information received while providing healthcare at Jennings American Legion Hospital. This notice explains how these healthcare providers will use your protected health information at this location.

### *WHO WILL FOLLOW THIS NOTICE?*

- 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.

**Understanding Your Health Record/Information;** each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. It may also contain correspondence and other administrative documents. All of this information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the nation.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

**Your Health Information Rights:** Although your health record is the physical property of your healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- *To request a restriction of your protected health information.* This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operation. Your request must state the specific restriction requested and to whom you want the restriction to apply. You may request a restriction by signing our restriction form.
- Jennings American Legion Hospital is not required to agree to restriction that you may request. If Jennings American Legion Hospital believes it is in your best interest to permit use and disclosure of your protected health information, we will tell you so and why. If Jennings American Legion Hospital agree to the requested restriction, we will not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment or is required by law.
- *Inspect and obtain a copy of your health record.* This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the designated record set. A designated record set contains medical and billing records and any other records that Jennings American Legion Hospital uses for making decision making. There is a charge for a copy of your medical information. Jennings American Legion Hospital may deny access to health information if we determine that the release of information could be harmful to the physical, mental or emotional health of a patient or could endanger a patient.
- To have Jennings American Legion Hospital to amend your health record. If you believe that the protected health information about you is incorrect or incomplete, you may request an amendment on the form provided by Jennings American Legion Hospital, which requires certain specific information. Jennings American Legion Hospital is not required to accept the amendment.
- To receive an accounting of disclosures we have made, if any, of your protected health information. You may request a list of the disclosures of your protected health information that have been made to persons or entities.
- To request communications of your health information through reasonable alternative means or at alternative locations. We will accommodate reasonable requests, but we will ask that you give us information as to how payment will be handled or specification of an alternative address or other method of contact. We will not require an explanation from you as to the basis for the request. Please make this request at the time of registration.

- To be notified of any breach of unsecured protected health information. You will be notified of any unsecured breach of protected health information. Unsecured breach of protected health information is data that is not encrypted or destroyed. A breach is defined as the following: impermissible use/disclosure of protected health information, and compromises privacy and security.

**Our Responsibilities: Jennings American Legion Hospital is committed:**

- To maintain the privacy of your health information.
- To provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- To abide by the terms of this notice.
- To notify you if we are unable to agree to a requested restriction.
- To accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not use or disclose your health information without your consent or authorization except as provided by law or described in this notice.

We reserve the right to change our practices and to make any new provisions effective for all protected health information we maintain. Should our information practices change, we will make the new version available to you upon request.

**Permitted and Required Uses and Disclosures That May Be Made without your authorization:**

***Pursuant to law and the consent form which you have signed.***

We will use your health information for treatment. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

We will use your health information for payment. For example, a bill may be sent to your or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. In the event that payment is not made, we may also provide limited information to collection agencies, attorneys, credit reporting agencies and other organizations as necessary to collect for services rendered.

We will use your health information for regular health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, collection agencies, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Health oversight activities: We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

Judicial and administrative proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.

Deceased person information: We may disclose your health information to coroners, medical examiners and funeral directors.

Public safety: We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Specialized government functions: We may disclose your health information for military activities, national security, protective services and medical suitability determinations.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the

procurement, banking, or transplantation of organs for the purpose of tissue donation and transplantation.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose certain health information for law enforcement purposes as required by law or in response to a valid subpoena.

Change of ownership: In the event that this organization is sold or merged with another organization, your health information will become the property of the new owner.

Other disclosures: Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one of more patients, workers or the public.

### **Uses and Disclosures that May be made unless you Object:**

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Fundraising: Jennings American Legion Hospital and Foundation may use a limited amount of your protected health information to contact you for fundraising to support Jennings American Legion Hospital and its operations. The limited information used and disclosed could include your name, address, phone number, and the dates you received treatment or services. You may contact our Privacy Officer to request that you not be contacted for Jennings American Legion Hospital's fundraising efforts or to request that these materials not be sent to you.

Marketing: Jennings American Legion Hospital may use a limited amount of your protective health information for marketing purposes. You may contact our Privacy Officer to request that you not be contacted and future marketing material not be sent to you.

**Uses and Disclosures Requiring Your Written Authorization:**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke your authorization at any time in writing. Of course, we are unable to take back any disclosures that have already been made with your authorization.

You may obtain a paper copy of the Notice from use even if you have agreed to accept this Notice electronically. Paper copies of this Notice may be obtained from the registration or admissions desk.

**For More Information or to Report a Problem:** If you have questions and would like additional information, you may contact the Director of Health Information Management at (337) 616-7366. If you believe your privacy rights have been violated, you can file a complaint with the hospital's Privacy Officer at (337) 616-7039 or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint

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