

NOTICE OF PRIVACY PRACTICES

PMC IS COMMITTED TO PROTECTING THE CONFIDENTIALITY OF YOUR HEALTH INFORMATION.

WE ARE REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF YOUR PROTECTED HEALTH INFORMATION (COMMONLY CALLED PHI OR HEALTH INFORMATION), INCLUDING PHI IN ELECTRONIC FORMAT. WE ARE ALSO REQUIRED TO NOTIFY YOU OF OUR LEGAL DUTIES AND PRIVACY PRACTICES REGARDING YOUR HEALTH INFORMATION AND ABIDE BY THE PRACTICES OF THIS NOTICE, UNLESS MORE STRINGENT LAWS OR REGULATIONS APPLY. THIS NOTICE APPLIES TO ALL PMC SERVICES AND PROGRAMS THAT PROVIDE HEALTH CARE TO YOU.

APPLICATION OF THIS NOTICE

THE INFORMATION PRIVACY PRACTICES DESCRIBED IN THIS NOTICE WILL BE FOLLOWED BY:

- ANY HEALTH-CARE PROFESSIONAL WHO TREATS YOU AT ANY OF OUR LOCATIONS.
- ALL FACILITIES, DEPARTMENTS AND UNITS, INCLUDING HOSPITALS, SURGICAL CENTERS, CLINICS AND OTHER AFFILIATES.
- ALL WORKFORCE MEMBERS SUCH AS EMPLOYEES, MEDICAL STAFF, TRAINEES, STUDENTS, VOLUNTEERS AND OTHER PERSONS UNDER OUR DIRECT CONTROL WHETHER OR NOT THEY ARE PAID BY US.
- OTHER HEALTH-CARE PROVIDERS THAT HAVE AGREED TO ABIDE BY THIS NOTICE OF PRIVACY PRACTICES.

THIS NOTICE PROVIDES DETAILED INFORMATION ABOUT HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITH OR WITHOUT AUTHORIZATION AS WELL AS MORE INFORMATION ABOUT YOUR SPECIFIC RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT WE MAY MAKE WITHOUT YOUR AUTHORIZATION

TO CONTACT YOU: YOUR INFORMATION MAY BE USED TO CONTACT YOU TO REMIND YOU ABOUT APPOINTMENTS, PROVIDE TEST RESULTS, INFORM YOU ABOUT TREATMENT OPTIONS OR ADVISE YOU ABOUT OTHER HEALTH-RELATED BENEFITS AND SERVICES.

TREATMENT: YOUR INFORMATION MAY BE SHARED WITH ANY HEALTHCARE PROVIDER WHO IS PROVIDING YOU WITH HEALTH-CARE SERVICES. THIS INCLUDES COORDINATING YOUR CARE WITH OTHER HEALTH-CARE PROVIDERS AND PROVIDING REFERRALS TO OTHER HEALTH-CARE PROVIDERS. EXAMPLES OF HEALTH-CARE PROVIDERS WHO MAY NEED YOUR INFORMATION TO TREAT YOU INCLUDE YOUR DOCTOR, PHARMACIST, NURSE, AND OTHER PROVIDERS SUCH AS PHYSICAL THERAPISTS, HOME HEALTH PROVIDERS AND X-RAY TECHNICIANS. WE MAY ALSO USE YOUR INFORMATION TO CONTACT YOU FOR APPOINTMENTS AND TO PROVIDE INFORMATION ABOUT HEALTH-RELATED PRODUCTS AND SERVICES THAT WE BELIEVE MAY BE HELPFUL TO YOU. WE MAY SHARE YOUR INFORMATION ELECTRONICALLY WITH YOUR HEALTH-CARE PROVIDERS IN ORDER TO MAKE SURE THEY HAVE YOUR INFORMATION AS QUICKLY AS POSSIBLE TO TREAT YOU.

WE MAY SHARE YOUR HEALTH INFORMATION WITH ANY FAMILY MEMBER OR FRIEND WHO IS INVOLVED IN ASSISTING WITH YOUR HEALTH CARE. WE WILL ONLY DO THIS IF YOU AGREE OR DO NOT OBJECT, AND WILL ONLY SHARE WITH THEM THE INFORMATION THEY NEED IN ORDER TO HELP YOU. IF YOU ARE UNABLE TO EITHER AGREE OR OBJECT TO SUCH A DISCLOSURE, WE MAY DISCLOSE YOUR HEALTH-CARE INFORMATION AS NECESSARY IF WE DETERMINE THAT IT IS IN YOUR BEST INTEREST BASED ON OUR PROFESSIONAL JUDGMENT. WE MAY DISCLOSE HEALTH INFORMATION TO A FAMILY MEMBER, RELATIVE, OR ANOTHER PERSON WHO WAS INVOLVED IN YOUR HEALTH CARE OR PAYMENT FOR HEALTH CARE WHEN YOU ARE DECEASED IF NOT INCONSISTENT WITH YOUR PRIOR EXPRESSED PREFERENCES.

PAYMENT: IN ORDER TO OBTAIN PAYMENT FOR YOUR HEALTH-CARE SERVICES, WE MAY HAVE TO PROVIDE YOUR HEALTH INFORMATION TO THE PARTY RESPONSIBLE FOR PAYING. THIS MAY INCLUDE MEDICARE, MEDICAID (STATE HEALTH PLAN) OR YOUR INSURANCE COMPANY. YOUR INSURANCE COMPANY OR HEALTH PLAN MAY NEED YOUR INFORMATION FOR ACTIVITIES SUCH AS DETERMINING YOUR ELIGIBILITY FOR COVERAGE, REVIEWING THE MEDICAL NECESSITY OF THE HEALTH-CARE SERVICES PROVIDED TO YOU OR PROVIDING APPROVAL FOR HOSPITAL SERVICES OR STAYS.

HEALTH-CARE OPERATIONS: YOUR HEALTH INFORMATION MAY BE USED IN ORDER TO SUPPORT OUR BUSINESS ACTIVITIES AND TO ASSURE THAT QUALITY HEALTH-CARE SERVICES ARE BEING PROVIDED. SOME OF THESE ACTIVITIES INCLUDE QUALITY ASSESSMENTS, PEER OR EMPLOYEE REVIEW, TRAINING OF MEDICAL PERSONNEL, LICENSURE AND ACCREDITATION, DATA AGGREGATION AND AUDITS BY REGULATORY AGENCIES.

WE MAY SHARE YOUR PHI WITH THIRD PARTIES WHO PERFORM SERVICES SUCH AS TRANSCRIPTION OR BILLING. IN THOSE CASES, WE HAVE WRITTEN AGREEMENTS WITH THE THIRD PARTIES THAT THEY WILL NOT USE OR DISCLOSE YOUR HEALTH INFORMATION EXCEPT IF PERMITTED BY LAW.

WE MAY ALSO USE YOUR INFORMATION (NAME, ADDRESS, DATE OF BIRTH, DEPARTMENT OF SERVICE, TREATING PHYSICIAN, DATES OF TREATMENT, OUTCOME) FOR OUR FUNDRAISING ACTIVITIES. YOU HAVE THE RIGHT TO OPT OUT OF RECEIVING SUCH COMMUNICATIONS. IF YOU DO NOT WANT TO RECEIVE THESE MATERIALS, PLEASE CONTACT OUR FOUNDATION OFFICE AND REQUEST THAT THESE MATERIALS NOT BE SENT TO YOU.

YOUR NAME AND LOCATION MAY BE INCLUDED IN OUR PATIENT DIRECTORY. YOU WILL BE GIVEN THE OPPORTUNITY TO HAVE YOUR NAME EXCLUDED FROM THE PATIENT DIRECTORY LISTING IF YOU WISH. IF IT IS INCLUDED, WE WILL ONLY SHARE VERY LIMITED INFORMATION ABOUT YOU, SUCH AS YOUR LOCATION IN A HOSPITAL AND GENERAL STATUS, WITH ANYONE WHO ASKS ABOUT YOU BY NAME.

This Notice of Privacy Practices (Notice) describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The Notice is being provided to you on behalf of Petersburg Medical Center (PMC)

SAFEGUARDING YOUR HEALTH

LEGAL PROCEEDINGS: WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION IN RESPONSE TO A COURT OR ADMINISTRATIVE ORDER IN AN ADMINISTRATIVE OR JUDICIAL PROCEEDING, OR IN RESPONSE TO A SUBPOENA, DISCOVERY REQUEST OR OTHER LEGAL PROCESS.

LAW ENFORCEMENT: WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR LAW ENFORCEMENT PURPOSES. EXAMPLES INCLUDE (1) RESPONDING TO LEGAL PROCESSES; (2) PROVIDING LIMITED INFORMATION TO IDENTIFY OR LOCATE A SUSPECT; (3) PROVIDING INFORMATION ABOUT CRIME VICTIMS; (4) REPORTING SUSPICION THAT DEATH HAS OCCURRED AS A RESULT OF CRIMINAL CONDUCT; (5) REPORTING A CRIME WHICH OCCURRED ON OUR PREMISES; AND (6) FOR MEDICAL EMERGENCIES, REPORTING WHERE IT APPEARS LIKELY A CRIME OCCURRED.

PREVENTING A SERIOUS THREAT: WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION IF WE BELIEVE IN GOOD FAITH THAT THE USE OR DISCLOSURE IS NECESSARY TO PREVENT OR LESSEN A SERIOUS AND IMMINENT THREAT TO THE HEALTH AND SAFETY OF A PERSON OR OF THE PUBLIC. DISCLOSURE MAY ONLY BE MADE TO A PERSON REASONABLY ABLE TO PREVENT OR LESSEN THE THREAT.

CORONERS, FUNERAL DIRECTORS AND ORGAN DONATION: WE MAY DISCLOSE YOUR HEALTH INFORMATION TO A CORONER OR MEDICAL EXAMINER FOR IDENTIFICATION PURPOSES, DETERMINING CAUSE OF DEATH OR OTHER LEGALLY REQUIRED DUTIES. WE MAY DISCLOSE YOUR HEALTH INFORMATION TO A FUNERAL DIRECTOR IN ORDER TO PERMIT HIM/HER TO PERFORM HIS/HER DUTIES. WE MAY DISCLOSE YOUR INFORMATION TO FACILITATE AN ORGAN, EYE OR TISSUE DONATION

INMATES/ARRESTEES: WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION TO A CORRECTIONAL INSTITUTION OR LAW ENFORCEMENT OFFICIAL IF YOU ARE AN INMATE OF A CORRECTIONAL FACILITY OR ARE IN CUSTODY AND THE INFORMATION IS NECESSARY TO TREAT YOU OR PROTECT THE HEALTH AND SAFETY OF YOU, OTHER INMATES, EMPLOYEES AT THE CORRECTIONAL FACILITY OR OTHERS.

WORKERS' COMPENSATION: WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION AS NECESSARY TO COMPLY WITH WORKERS' COMPENSATION LAWS AND OTHER SIMILAR LEGALLY ESTABLISHED PROGRAMS.

DISASTER RELIEF: WE MAY DISCLOSE HEALTH-CARE INFORMATION ABOUT YOU TO AN ENTITY ASSISTING IN A DISASTER RELIEF EFFORT SO THAT YOUR FAMILY AND FRIENDS CAN BE NOTIFIED ABOUT YOUR CONDITION, STATUS AND LOCATION.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT WE MAY MAKE WITH YOUR AUTHORIZATION

CERTAIN USES AND DISCLOSURES OF YOUR HEALTH INFORMATION, INCLUDING MARKETING, SALE OF HEALTH INFORMATION OR RELEASE OF PSYCHOTHERAPY NOTES, WILL BE MADE ONLY WITH YOUR WRITTEN AUTHORIZATION. YOU MAY REVOKE AN AUTHORIZATION IN WRITING AT ANY TIME, EXCEPT TO THE EXTENT THAT WE HAVE ALREADY TAKEN ACTION IN RELIANCE ON THE AUTHORIZATION.

USES AND DISCLOSURES NOT OTHERWISE DESCRIBED IN THIS NOTICE WILL BE MADE ONLY WITH YOUR WRITTEN AUTHORIZATION. FEDERAL AND STATE LAWS MAY PLACE ADDITIONAL LIMITATIONS ON THE DISCLOSURE OF YOUR HEALTH INFORMATION FOR DRUG OR ALCOHOL ABUSE TREATMENT PROGRAMS, SEXUALLY-TRANSMITTED DISEASES, OR MENTAL HEALTH TREATMENT PROGRAMS. WHEN REQUIRED BY LAW, WE WILL OBTAIN YOUR AUTHORIZATION BEFORE RELEASING THIS TYPE OF INFORMATION.

Health Information Exchange/CommonWell:

We may make your protected health information available electronically through an electronic format to other participating health care providers that request for information for their treatment and continuity of care purposes. Participation in an electronic HIE/CommonWell also allows us to send and view information about you for our treatment, payment and healthcare operations. You are permitted to request and review documentation regarding who has accessed your information through the electronic data exchange. You may also opt-out of the HIE/CommonWell at any time. PMC has information on how to request an opt-out, or you may find the information at www.pmcak.org.

YOUR RIGHTS

RIGHT TO REQUEST RESTRICTIONS: YOU HAVE THE RIGHT TO ASK US TO PLACE RESTRICTIONS ON THE WAY WE USE OR DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT OR HEALTH-CARE OPERATIONS. WE WILL CONSIDER YOUR REQUEST BUT ARE NOT REQUIRED TO AGREE TO THE RESTRICTION (EXCEPT AS DESCRIBED BELOW). IF WE AGREE TO A RESTRICTION, WE WILL NOT USE OR DISCLOSE YOUR HEALTH INFORMATION IN VIOLATION OF THAT RESTRICTION, UNLESS IT IS NEEDED FOR AN EMERGENCY. IF A RESTRICTION IS NO LONGER FEASIBLE, WE WILL NOTIFY YOU.

RIGHT TO RESTRICT DISCLOSURE TO HEALTH PLANS: YOU MAY REQUEST IN WRITING, AT THE TIME OF SERVICE, THAT WE NOT DISCLOSE INFORMATION TO HEALTH PLANS WHERE YOU HAVE PAID FOR ITEMS OR SERVICES OUT OF POCKET IN FULL. WE MUST AGREE NOT TO DISCLOSE THIS INFORMATION TO YOUR HEALTH PLAN IF CERTAIN CONDITIONS ARE MET.

CONFIDENTIAL COMMUNICATIONS: WE WILL ACCOMMODATE REASONABLE REQUESTS TO COMMUNICATE WITH YOU ABOUT YOUR HEALTH INFORMATION BY DIFFERENT METHODS OR ALTERNATIVE LOCATIONS. FOR EXAMPLE, IF YOU ARE COVERED ON A HEALTH PLAN BUT ARE NOT THE SUBSCRIBER, AND WOULD LIKE YOUR HEALTH INFORMATION SENT TO A DIFFERENT ADDRESS THAN THE SUBSCRIBER, WE CAN USUALLY DO THAT FOR YOU.

BREACH NOTIFICATION: YOU HAVE THE RIGHT TO RECEIVE NOTIFICATION OF BREACHES OF YOUR UNSECURED HEALTH INFORMATION AS REQUIRED BY LAW.

ACCESS TO YOUR HEALTH INFORMATION: YOU HAVE THE RIGHT TO RECEIVE A COPY OF YOUR HEALTH INFORMATION THAT WE MAINTAIN, WITH SOME LIMITED EXCEPTIONS. YOU MAY REQUEST ACCESS TO YOUR INFORMATION IN WRITING AND YOU MAY REQUEST A COPY OF YOUR INFORMATION IN ELECTRONIC FORMAT. WE RESERVE THE RIGHT TO CHARGE A REASONABLE FEE FOR THE COST OF PRODUCING AND PROVIDING YOUR HEALTH INFORMATION. YOU HAVE THE RIGHT TO REQUEST THAT YOUR HEALTH INFORMATION BE SENT TO ANY PERSON OR ENTITY, SUCH AS ANOTHER DOCTOR, CAREGIVER OR ONLINE PERSONAL HEALTH RECORD.

AMENDMENT OF YOUR HEALTH INFORMATION: YOU HAVE THE RIGHT TO ASK US TO AMEND ANY OF YOUR HEALTH INFORMATION. YOU NEED TO REQUEST THIS AMENDMENT IN WRITING AND SUBMIT IT TO THE FACILITY'S HEALTH INFORMATION MANAGEMENT DEPARTMENT. WE MAY DENY YOUR REQUEST IN CERTAIN SITUATIONS, SUCH AS WHEN THE HEALTH INFORMATION IN YOUR RECORDS WAS CREATED BY ANOTHER PROVIDER OR IF WE DETERMINE YOUR INFORMATION IS ACCURATE AND COMPLETE. ANY DENIALS WILL BE IN WRITING. YOU HAVE THE RIGHT TO APPEAL OUR DENIAL BY FILING A WRITTEN STATEMENT OF DISAGREEMENT.

ACCOUNTING OF CERTAIN DISCLOSURES: YOU HAVE A RIGHT TO A LISTING OF THE DISCLOSURES WE MAKE OF YOUR HEALTH INFORMATION, EXCEPT FOR THOSE DISCLOSURES MADE FOR TREATMENT, PAYMENT OR HEALTH-CARE OPERATIONS, OR THOSE DISCLOSURES MADE PURSUANT TO YOUR AUTHORIZATION. THE TYPE OF DISCLOSURES TYPICALLY CONTAINED IN A LISTING WOULD BE DISCLOSURES MADE FOR MANDATORY PUBLIC HEALTH PURPOSES, LAW ENFORCEMENT, LEGAL PROCEEDINGS, OR FOR OTHER REQUIRED REPORTING SUCH AS BIRTH AND DEATH CERTIFICATES. EXERCISING YOUR RIGHTS: TO EXERCISE ANY OF THE ABOVE RIGHTS OR IF YOU NEED TO SHARE YOUR HEALTH INFORMATION WITH SOMEONE FOR PURPOSES OTHER THAN THOSE LISTED HERE, CONTACT OUR HIPAA PRIVACY OFFICER at 907-772-5724.