

**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.**

JOINT NOTICE OF PRIVACY PRACTICES

*Harrison Memorial Hospital
Harrison Memorial Hospital Medical Staff
OPYS Physician Services
HMH Physician Group
St. Joseph Health Associates (Dr. Nezar Falluji)
Community Anesthesia of the Bluegrass P.L.L.C.
Kentucky Medical Imaging Associates P.L.L.C.
Harrison Memorial Pain Management, L.L.C.*

The listed organizations use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care you receive. Your health information is contained in a medical record that is the physical property of Harrison Memorial Hospital. We understand that medical information about your health is personal and we are committed to protecting your medication information. Please be assured that whenever your information is used or disclosed, the minimum amount of information needed to fulfill the request will be all that is provided. The practices described within this notice reflect the mandate set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

How We May Use or Disclose Your Health Information

For Treatment. We may use your health information to provide you with medical treatment or services. For example, information obtained by a nurse will be recorded in your record related to your treatment. Different departments may share information about you in order to coordinate your care/needs, such as prescriptions, lab work, x-ray, or anesthesia. We also may disclose medical information to people who may be involved in your care after you leave the hospital; such as family members, home health agencies and electronic health information exchange.

For Payment. We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to your insurance company, or employee health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations. We may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- evaluate the performance of our staff;
- assess the quality of care and outcomes in your cases and similar cases;
- learn how to improve our facilities and services; and
- determine how to continually improve the quality and effectiveness of the health care we provide.

We may combine medical information we have with medical information from other providers or organizations to compare how we are performing. We will remove identifiable information to the extent possible.

OTHER USES AND DISCLOSURES

Health Related Benefits/Appointments. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment of medical care. We may use or disclose medical information to tell you about health related benefits that may be of interest to you.

Individuals Involved In Your Care/Payment Of Care. We may provide medical information about you to family/friends. An example would be disclosure about your condition and location in the hospital if they specifically ask for you by name. We may give limited information to someone who helps pay for your care. We may also provide information about you to an entity assisting in a disaster relief effort so that your family can be notified of your condition, location and status.

As Required By Federal, State or Local Law. We may use and disclose information about you as required by law. For example, we may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence;
- to assist law enforcement officials in their law enforcement duties; and
- audits, inspections, and licensure.

Public Health. Your health information may be used or disclosed for public health activities. These include reports of births and deaths, reporting problems with products, or to notify a person who may have been exposed to a disease.

Deaths. Health Information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation. Your health information may be used or disclosed to KODA, which is an organ and eye bank, for the purpose of cadaveric organ, eye, or tissue donation.

Serious Threat to Health and Safety. Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Military. If you are a member of the armed forces we may release information required by command.

Fundraising Activities. We may use or disclose to the Harrison County Community Foundation and the Harrison Memorial Hospital Foundation information so that these foundations may contact you in their efforts to raise money for the hospital. We would release contact information, such as your name, address and phone number and the dates you received treatment at the hospital. If you **do not** want the hospital to contact you for fundraising efforts, you must notify Patti Insko, Privacy Officer at 859-235-3572.

Hospital Directory. We may include certain limited information about you in the hospital directory while you are an inpatient or observation patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This information will be released to people who ask for you by name. This also allows the delivery of flowers and cards. Your religious affiliation may be given to a member of the clergy, even if they don't ask for you by name. Clergy often visit patients identified only by religious affiliation.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;

- 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 a criminal conduct at the hospital; and
- 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.

Workers Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose information about you in response to a court or administrative order. We may also disclose medical information in response to a subpoena, discovery request or other lawful process but only when efforts have been made to tell you about the request. If you are in a lawsuit or dispute against Harrison Memorial Hospital we may share medical information to legal counsel.

Food and Drug Administration (FDA). We may disclose to the FDA your medical information for public health purposes related to quality, safety or effectiveness of a FDA regulated product or device.

Other uses. Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent we have taken action. This would include marketing and any sale of PHI.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the right to:

- **MEDICAL DISCUSSION:** You have the right to determine who is present when medical information is discussed with you.
- **INSPECT AND COPY:** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **RIGHT TO AMEND:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. The hospital or other provider has the right to deny the request. You have a right to challenge the refusal.
- **RIGHT TO AN ACCOUNTING DISCLOSURE:** You have the right to request an "accounting of disclosures." This accounting is a list of the disclosures we made of medical information about you. Your request must be in writing, state a time period which is no longer than six years and may not include dates prior to April 2003. The first list you request within a 12 month period is free.
- **RIGHT TO REQUEST RESTRICTIONS:** You have the right to request a restriction or limitation on the medical information we use or disclose about your treatment, payment or health care operations. **WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

- **RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. We also post a current copy on our website at www.harrisonmemhosp.com.
- **RIGHT TO RESTRICT RELEASE OF INFORMATION FOR CERTAIN SERVICES:** You have the right to restrict the disclosure of information regarding services for which you have paid in full or on an out of pocket basis. This information can be released only upon a written authorization.
- **RIGHT TO BREACH NOTIFICATION:** You have the right to be notified of any breach of your unsecured healthcare information.

OBLIGATIONS OF LISTED PROVIDERS

We are required to:

- maintain the privacy of protected health information;
- provide you with this notice of its legal duties and privacy practices with respect to your health information;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction on how your information is used or disclosed.

We reserve the right to change our information practices and to make the new provisions effective for all protected health information it maintains.

Harrison Memorial Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

LANGUAGE ASSISTANCE SERVICES ARE AVAILABLE TO YOU FREE OF CHARGE. PLEASE CALL 1-859-298-2500.

SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-859-298-2500.

CHINESE

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-859-298-2500。

Complaints

If you believe your privacy rights have been violated, you may contact Harrison Memorial Hospital or Region IV, Office of Civil Rights, U.S. Department of Health and Human Services, Atlanta, GA. You will not be retaliated against for filing a complaint.

Contact Information

If you have any questions, requests or complaints, please contact:

Patti Insko, RN, Privacy Officer
HARRISON MEMORIAL HOSPITAL
1210 KY Highway 36E
Cynthiana, KY 41031
Phone: 859-235-3572