

HARDIN HMC MEDICAL CENTER

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 CAREFULLY.

We may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. We will provide you with any revised Notice of Privacy Practices upon your request to our business office. A revised copy will be sent to you in the mail or presented to you at the time of your next appointment.

1. Uses and Disclosures of Protected Health Information

Hardin Medical Center will use or disclose your protected health information as described in this Section 1. Your protected health information may be used and disclosed by your physician, the Hardin Medical Center staff and others outside the facility that are involved in your care and treatment for the purpose of providing health care service to you. Your protected health information may also be used and disclosed to obtain payment for your health care bills and to support the operation of Hardin Medical Center:

Following are examples of the types of uses and disclosures of your protected health information that the hospital is permitted to make. These examples are not meant to be exclusive, but to describe the types of uses and disclosures that may be made by our office.

• **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related service. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission or other Hardin Medical Center treatment.

Health Care Operations: We may use or disclose, as needed your protected health information in order to support the business activities of Hardin Medical Center. These activities include, but are not limited to quality assessment activities, employee review activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to nursing students that attend to patients at Hardin Medical Center. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. Further, Hardin Medical Center may use and disclose your protected health information to contact you as a reminder that you have an appointment with us, and may use and disclose protected health information to tell you about health-related benefits and services that may be of interest to you. For example, Hardin Medical Center may contact you about a new patient service center in your area or about new testing services available at Hardin Medical Center based on services ordered by your physician. Finally, Hardin Medical Center may contact you for fundraising purposes. If you are contacted for fundraising purposes, you have the right to opt out of receiving any further communications from Hardin Medical Center regarding fund raising activities.

We will share your protected health information with third party "business associates" that perform various activities for the Hardin Medical Center. Whenever an arrangement between the facility and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

2. Uses and Disclosures of Protected Health Information Based Upon 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 below. You may revoke this authorization, at any time, in writing, except to the extent that Hardin Medical Center has taken an action in reliance on the use or disclosure indicated in the authorization.

Facility Directories: Unless you object, we will use and disclose in our facility directory your name and location at which you are receiving care. This information will be disclosed to people that ask for you by name.

Others Involved in Your HealthCare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

3. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

Your protected health information may be provided in the following situations without your authorization. These situations include:

De-identified Information and Limited Data Set - Hardin Medical Center may use and disclose protected health information that has been "de-identified" by removing certain identifiers making it unlikely that you could be identified. Hardin Medical Center also may disclose limited health information, contained in a "limited data set" as that term is defined in the privacy regulations. The limited data set does not contain any information that can directly identify you. For example, a limited data set may include your city, county, and zip code, but not your name or street address.

Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified as required by law of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorization by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information are government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent

such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and as otherwise required by law, (2) limited information requests for identification and location purposes, (3) limited information pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the facility, and (6) medical emergency (not on the facility's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of your eligibility of benefits, or (3) to a foreign military authority to assure the proper execution of military missions; (4) to authorized federal officials to conduct intelligence, counter-intelligence or other national security activities, including for the provision of protective services to the President or to other legally authorized.

Workers' Compensation: We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Other Uses and Disclosures of PHI: For most purposes not described above, including most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that would constitute a sale of PHI, Hardin Medical Center will ask for your written authorization before using or disclosing your protected health information. As set forth above, if you sign an authorization form, you may revoke it, in writing, at any time, except to the extent that action has been taken in reliance on the authorization.

4. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

—**You have the right to inspect and copy your protected health information.** 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 protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the facility use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. Please contact our Privacy Contact if you have questions about access to your medical record.

—**You have the right 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 purpose of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Hardin Medical Center will consider your request for restriction, but is not required to agree to it unless the requested restriction involves a disclosure (not required by law) to a health plan for purposes of carrying out payment or health care operations purposes (not for treatment), as long as the protected health information pertains solely to a healthcare item or service for which you have paid in full out-of-pocket. For all other requests for restriction, if Hardin Medical Center believes it is in your best interest to permit use or disclosure of your protected health information, your protected health information will not be restricted.

If the facility does agree to requested restrictions, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by calling our Privacy Contact.

—**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the reason for the request. Please make this request in writing to our Privacy Contact.

—**You may have the right to have this facility amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact if you have questions about amending your medical record.

—**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we have made to you, for a facility directory, to family members or friends involved in your care, and any disclosures for which we have received an authorization. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. Information Breach Notification Hardin Medical Center is required to provide patient notification if it discovers a breach of unsecured (PHI) Protected Health Information, unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm.

—**You have the right to obtain a paper copy of this notice from us.** Upon request, we will furnish a per copy of this request, even if you have agreed to accept this notice electronically.

5. Privacy Contact Tina Music, Compliance Officer
Hardin Medical Center, 935 Wayne Road, Savannah, TN 38372
Telephone: 731-926-8130 or E-mail: tmusic@hardinmedical.com

6. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may request information about the complaint process by notifying our Privacy Contact.