

HARDIN COUNTY REGIONAL HEALTH CENTER, INC.
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.

A federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices. We know that this Notice is long. The HIPAA Privacy Rule requires us to address many specific things in this Notice.

I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

In this Notice, we describe the ways that we may use and disclose health information about our patients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is a reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or "PHI." This Notice describes your rights as our patient and our obligations regarding the use and disclosure of PHI.

We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests for alternate communication

As permitted by the HIPAA Privacy Rule, we reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also provide you with a copy of the revised Notice upon your request made to our Privacy Official.

You will be asked to sign a form to show that you received this Notice. Even if you do not sign this form, we will still provide you with treatment.

II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The following describe the different ways we may use and disclose PHI for treatment, payment, or health care operations without your consent or authorization.

Treatment: PHI used for treatment purposes includes verbal, written and electronically recorded data. Your PHI may be used and disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures may be shared with other consulting providers. We may also use or disclose your condition to family or caregiver who are involved in your medical care. A separate authorization is required for psychotherapy notes.

Payment: We may use and disclose PHI about you so treatment and services you receive at our facility may be billed to and payment may be collected from you, an insurance company or third party. For example, we may need to give your health information about a service you received so your health plan pays us. We may also tell them about a proposed treatment to obtain a prior approval, or to determine whether your plan will pay for the treatment or service.

Health Care Operations: We may use and disclose PHI in performing our business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider and vendor performance, licensing, training programs and business planning. Some examples include responding to an inquiry from you or in connection with fraud or abuse, handling appeals or grievances, claim audits and other administrative and other business management activities. PHI may be transmitted via a health information exchange to other locations, health information organizations and insurance carriers.

Appointment & Other Reminders: We may contact you via phone or e-mail as a reminder that you have an appointment for treatment or medical care at our office. We may contact you to remind you about important functions related to your health such as flu shots, blood tests, etc. Please notify us if you do not wish to be contacted for appointment reminders

OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

Individuals Involved in Your Care or Payment of Your Care: We may disclose PHI to those identified by you that is directly relevant to the person's involvement in your care or payment for your care. We can use our best judgment in releasing PHI if you are not present and may notify such persons of your location, general condition or death. We may use our judgment and experience to make decisions about your interest allowing a person to act on your behalf to pick up filled prescriptions, supplies, x-rays, etc.

Appointment & Health Reminders: We may disclose medical information to provide appointment reminders (e.g. contacting you a the phone number you have provided to us and leaving messages as you indicate such as an appointment reminder) and to notify you of the need for important health related services (i.e., flu shot, lab tests, PAP test, etc.)

Required By Law: We may use and disclose PHI as required by law to include reporting a crime, responding to a court order, grand jury subpoena, warrant, discovery request or other legal process, or complying with health oversight activities, such as audits, investigations, and inspections, necessary to ensure compliance with government regulations and civil rights laws.

Public Health Activities: 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.

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

Abuse, Neglect, or Domestic Violence: We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

Practice Marketing & Fundraising: We will contact you to receive your authorization for any marketing, & fundraising. You have the option to opt out of receiving these materials. We will not sell your data without authorization.

Business Associates: There are some services provided in our organization through contacts with business associated. Some examples are electronic medical record, billing, patient satisfaction etc.

Health Oversight Activities: We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities, and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Lawsuits and Other Legal Proceedings: We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Communication: Upon completion of a communication preferences form, we may disclose PHI based on your wishes.

Law Enforcement: We may disclose PHI to law enforcement officials where the disclosure is about a suspected crime victim and to alert law enforcement of a death that we suspect was the result of criminal conduct; as required by law, in response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process; to identify or locate a suspect, fugitive, material witness, or missing person; about a crime or suspected crime committed at our office; or in response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death. In addition, we may disclose PHI to funeral directors, so that they may carry out their jobs.

Organ and Tissue Donation: If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye, or tissue donation and transplantation.

Research: We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes, except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

To Avert a Serious Threat to Health or Safety: We may use and disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat. This may include cases of abuse, neglect, or domestic violence.

Disaster Relief: Unless you object, we may disclose health information to an organization assisting in a disaster relief effort.

Specialized Government Functions: We may disclose PHI for military, veteran's affairs or national security and intelligence activities.

Workers' Compensation: We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

Inmates: If you are an inmate of a correctional institution, we may disclose your PHI to the correctional institution or to a law enforcement official to provide health care to you and for your safety and the health and safety of others and the safety and security of the correctional institution.

Disclosures Required by HIPAA Privacy Rule: We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you (these requests are described in Section III of this Notice). You have the right to restrict access to insurance or health plans if services we provided are paid out-of-pocket in full.

Incidental Disclosures: We may use or disclose PHI incident to a use or disclosure permitted by the HIPAA Privacy Rule so long as we have reasonably safeguarded against such incidental uses and disclosures and have limited them to the minimum necessary information.

Limited Data Set Disclosures: We may use or disclose a limited data set (PHI that has certain identifying information removed) for the purposes of research, public health, or health care operations. This information may only be disclosed for research, public health, and health care operations purposes. The person receiving the information must sign an agreement to protect the information.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

Psychotherapy Notes, Marketing & Sale of PHI: Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI require patient authorization

Other: All other uses and disclosures of PHI not noted in this Notice, will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may later revoke your authorization at any time, except to the extent we have taken action based on the authorization.

III. BREACH

Upon any breach of unsecured protected health information we will notify affected patients and others in keeping with the regulation.

IV. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Although your health record is the physical property of Hardin County Regional Health Center, under federal law, you have the following rights regarding PHI about you:

Right to Request Restrictions

Right to Receive Confidential Communications

Right to Inspect, Receive and Copy PHI (electronically or paper)

Right to Restrict Disclosures to Insurance or Health Plans (if service is paid out of pocket in full)

Right to a Paper Copy of this Notice

Right to Request an Amendment to PHI

Right to Receive an Accounting of Disclosures

V. FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filing a complaint.

If you have any questions about this Notice, please contact our Privacy Official at:

Privacy Official Lora Vanderburgh

Address P O Box 655, Savannah, TN 38372

Telephone (731) 925-2300 or Email: lora.vanderburgh@lifespanhealth.com

This notice was published and first became effective on April 14, 2003. Date of last revision was 07/28/2022.