

PROVIDENCE HOSPITAL
6801 Airport Boulevard, Mobile AL 36608,
251/633-1000

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 READ CAREFULLY.**

WHO THIS NOTICE APPLIES TO

This Notice describes Providence Hospital's practices and those of:

- ◆ Any health care professional authorized to enter information into or consult your medical record.
- ◆ All departments and units of Providence Hospital.
- ◆ Any member of a volunteer group we allow to help you.
- ◆ All employees, staff and other personnel.
- ◆ The Medical Staff of Providence Hospital and all individual members thereof.
- ◆ Emergency Medicine Associates, P.C.
- ◆ Radiology Associates of Mobile, PA.
- ◆ Mobile Pathology Group, PA.
- ◆ Anesthesia Solutions of Mobile, Inc.

All of these entities, sites and locations follow the terms of this Notice are acting as an Organized Healthcare Arrangement for purposes of HIPAA. In addition, these entities, sites and locations may share health information with each other for treatment, payment or healthcare operations purposes described in this Notice.

OUR RESPONSIBILITIES

Providence Hospital takes the privacy of your health information seriously. We are required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practices with respect to your information. We are required to abide by the terms of this Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we use and disclose your health information. For each category we explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- ◆ **For Treatment.** We may use health information about you to provide you with treatment, health care or other related services. We may disclose your health information to doctors, nurses, aides, technicians or other employees who are involved in taking care of you. Additionally, we may use or disclose your health information to manage or coordinate your treatment, health care or other related services. For example, a doctor treating you for a broken leg would need to know if you have another illness that may slow your healing process. We may also share this information with other people that may help with your medical care after you leave the hospital, such as family members, clergy, other hospitals, doctors, nursing homes, hospices, home health companies or DME companies. In some cases, the sharing of your PHI with other health care providers, health plans and hospitals may be done electronically through an electronic health information exchange ("HIE") operated by Providence Hospital or a business associate. By using electronic, we may be able to make your PHI available to those who care for you in a more timely and effective manner, and thus help to improve the coordination of your care. Contact the Privacy Officer at (855) 619-7608.
- ◆ **For Payment.** We may use and disclose your health information to bill and collect for the treatment and services we provide to you. We may send your health information to an insurance company or other third party for the payment purposes including to a collection service. For example, a bill may be sent to you and/or your insurance company. The bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. Your insurance company may also want to review your medical record before paying your bill. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to find out if your plan will cover the treatment
- ◆ **For Health Care Operations.** We may use and disclose your health information for health care operations. These uses and disclosures are necessary to run Providence Hospital, to make sure you receive competent, quality health care, and to maintain and improve the quality of health care we provide. We may also provide your health information to various governmental or accreditation entities to maintain our license and accreditation. For example, we may use medical information to review our treatment and services and to measure how well our staff cared for you. We may also combine information about many hospital patients to decide what other types of services the hospital should offer or what services are no longer needed. We may share your information for learning purposes. We may also combine information with other hospitals to find areas where we can improve the care given.

- ◆ **As Required By Law** We will disclose your health information when required to do so by federal, state or local law.
- ◆ **For Public Health Purposes**. We may disclose your health information for public health activities. While there may be others, public health activities generally include the following:
 - Preventing or controlling disease, injury, or disability;
 - Reporting births and deaths;
 - Reporting defective medical devices or problems with medications;
 - Notifying people of recalls of products, they may be using; and
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- ◆ **About Victims of Abuse**. We may disclose your health information to notify the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- ◆ **Health Oversight Activities**. We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws.
- ◆ **Judicial Purposes**. We may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request, in which you were given an opportunity to object to the request, or to obtain an order protecting the information requested.
- ◆ **Law Enforcement**. We may release health information if asked to do so by a law enforcement official, if such disclosure is:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - Required by law;
 - 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 criminal conduct at Providence Hospital; or
 - 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.
- ◆ **Coroners, Medical Examiners and Funeral Directors**. In certain circumstances, we may disclose health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about individuals to funeral directors as necessary to carry out their duties.
- ◆ **Organ and Tissue Donation**. We may disclose your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- ◆ **Research**. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all individuals who received one medication to those who received another. All research projects, however, are subject to a special approval process. This process includes evaluating a proposed research project and its use of health information, trying to balance the research needs with your need for privacy of your health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. Additionally, when it is necessary for research purposes and so long as the health information does not leave Providence Hospital, we may disclose your health information to researchers preparing to conduct a research project, for example, to help the researchers look for individuals with specific health needs. Lastly, if certain criteria are met, we may disclose your health information to researchers after your death when it is necessary for research purposes.

- ◆ **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat or to law enforcement authorities in particular circumstances.
- ◆ **Military and Veterans.** If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- ◆ **National Security and Intelligence Activities.** We may release your health information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.
- ◆ **Protective Services for the President and Others.** We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations.
- ◆ **Custodial Situations.** If you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to us, we may disclose your health information to a correctional institution or law enforcement official.
- ◆ **Workers' Compensation.** We may disclose your health information as authorized by and to the extent necessary to comply with workers' compensation laws or laws relating to similar programs.
- ◆ **Treatment Alternatives, Appointment Reminders and Health-Related Benefits.** We may use and disclose your health information to tell you about or recommend possible treatment alternatives or health-related benefits or services that may be of interest to you. Additionally, we may use and disclose your health information to provide appointment reminders. If you do not wish us to contact you about treatment alternatives, health-related benefits or appointment reminders, you must notify us in writing, and state which of those activities you wish to be excluded from.
- ◆ **Fundraising Activities.** We may use your health information to contact you in an effort to raise money for Providence Hospital and its operations. We may disclose health information to a foundation related to Providence Hospital so that the foundation may contact you to raise money for Providence Hospital. In these cases, we would release only contact information, such as your name, address and phone number and the dates you were here. If you do not want us to contact you for fundraising efforts, you must notify in writing the person listed on the last page of this Notice.
- ◆ **Facility Directory.** We may include certain limited information about you in our directory. This information may include your name, location in the Hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or minister, even if they do not ask for you by name. If you do not wish to be included in the facility directory, please notify us at the time of admission.
- ◆ **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a family member, other relative, or any other person identified by you who is involved in your health care. We may also give information to someone who helps pay for your care. We may also tell your family, friends, personal representative or other person responsible for your health care your condition and that you are at the Hospital.
- ◆ **Third Parties.** We may disclose your health information to third parties with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement by them to safeguard your information.
- ◆ **Immunization Records.** We may disclose immunization records to a school where you are or will be a student, if the school is required by law to have proof of immunization for admissions purposes. We will first obtain your verbal or written permission to make a disclosure.
- ◆ **Health Information Exchange.** We may participate in a health information exchange organization ("HIE") that permits computer-based transfer of health information directly between healthcare providers at different locations and institutions to facilitate your care and treatment. If you do not want your information to be shared in this way, you can opt out by providing written notification to the person listed on the last page of this notice.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization.

SPECIAL RESTRICTIONS UNDER STATE AND OTHER FEDERAL LAWS

We will also comply with all other applicable state and federal laws. For example, under state law, there may be more limits on when HIV and AIDS information may be disclosed. Under other federal law, there may be more limits on when drug and alcohol abuse treatment information may be disclosed.

DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

An authorization is special written permission from you that grants authority to Providence Hospital to use or disclose your health information.

- ◆ We must obtain your authorization to use or disclose psychotherapy notes. Psychotherapy notes may only be used for limited purposes, such as by the treating professional. Disclosures are permitted only as required by law, for certain health oversight activities, or to avert serious threat to health or safety.
- ◆ We must obtain your authorization to use or disclose health information for marketing purposes, except for face-to-face communications made by us to you or a promotional gift of nominal value by us to you.
- ◆ We must obtain your authorization to use or disclose that constitute the sale of medical information.
- ◆ If you provide us an authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered in your written authorization. You understand that we are unable to take back any disclosure we have already made under the authorization, and that we are required to retain our records of the care we provide to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding health information we maintain about you:

- ◆ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care.

In most cases, 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. We must agree to your request if you have paid for the care out-of-pocket, in-full and you are asking us not to submit information about your care to your health plan.

To request restrictions, you must make your request in writing to Health Information Management. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- ◆ **Right to Request Confidential Communications.** You have the right to request that we communicate with your responsible party about your health care in an alternative way or at a certain location.

To request confidential communications, you must make your request in writing to Health Information Management. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ◆ **Right to Access.** In most cases, you have the right to access your health information by requesting to inspect and/or obtain a copy of your health information, with limited exceptions.

To inspect and copy health information that may be used to make decisions about you, you can submit your request in writing to Health Information Management. You may also request the copy be provided on paper (hard copy) or in an electronic format. We will also transmit a copy of your health information to another person designated by you in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- ◆ **Right to Request Amendments.** You have the right to ask us to amend your health and/or billing information for as long as the information is kept by us.

To request an amendment, your request must be made in writing and submitted to Health Information Management. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request, you may appeal the denial.

- ◆ **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that we have made of your health information.

To request this list of disclosures, you must submit your request in writing to Health Information Management. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve-month period will be free. For additional lists, during such twelve-month period, we may charge you for the costs of providing the lists. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- ◆ **Right to Notification of a Breach.** We must notify you if your unsecured protected health information has been the subject of a breach.
- ◆ **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. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice at our web site at www.providencehospital.org <<http://www.providencehospital.org>>. To obtain a paper copy of this Notice, contact the Privacy Officer, P. O. Box 850429, Mobile, AL 36685.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice is also available to you upon request. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, if we revise the Notice, we will offer you a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Providence Hospital by contacting the Privacy Officer, 6801 Airport Boulevard, Mobile, AL 36608, or by contacting the Office for Civil Rights, (OCR) U.S. Department of Health and Human Services, Region IV, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, Georgia 30303-8909, 404-562-7886. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

If you have any questions about this Notice, please contact:
HIPAA Privacy Officer
6801 Airport Boulevard
Mobile, AL 36608

When sending your request in writing, please send to:

Providence Hospital
Attn: Health Information Management/Release of Information
P.O. Box 850429
Mobile, AL 36685