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Owner [Angela Schmitter: HIM](#)
Area [HIPAA Privacy Policies](#)
References [Department of Health and Human Services, HIPAA](#)

Sample Notice of Privacy Practices

Policy Statement:

1. We are committed to protecting the confidentiality of your medical information, and are required by law to do so. This notice describes how we may use your medical information within Scotland County Hospital and how we may disclose it to others outside Scotland County Hospital. This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have questions. Please note that incarcerated patients do not have the right to notice under this section.
2. This Notice of Privacy Practices applies to all Scotland County Hospital facilities, and all Scotland County Hospital personnel, volunteers, students, and trainees. The Notice also applies to Scotland County Hospital physicians, physician assistants, therapists, emergency service providers, medical transportation companies, medical equipment suppliers, and other health care providers not employed by Scotland County Hospital, unless these other health care providers give you their own Notice that describes how they will protect your medical information. Scotland County Hospital may share your medical information with these other health care providers for their treatment, payment, and health care operations. This arrangement is only for sharing information and not for any other purpose.

Purpose:

The Notice of Privacy Practices describes how medical information about a patient may be used and disclosed and how the patient can get access to this information.

HOW WE USE AND DISCLOSE YOUR MEDICAL INFORMATION

Treatment:

1. We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and other healthcare facilities involved in your care. For example, we will allow your physician to have access to your medical record to assist in your treatment and for follow-up care.
2. We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment options or alternatives, or to tell you about health-related services available to you.
3. Certain uses and disclosures of your medical information require a patient authorization (i.e., PHI for marketing purposes and the sale of PHI require an authorization). Other uses and disclosures not described in the notice will be made only with the individual's authorization.

Payment:

We may use and disclose your medical information to get paid for the medical services and supplies we provide to you. For example, your health plan or Health Insurance Company may ask to see parts of your medical record before they will pay us for your treatment.

Hospital Operations:

We may use and disclose your medical information if it is necessary to improve the quality of care we provide to patients. We may use your medical information to conduct quality improvement activities, to obtain audit, accounting or legal services, or to conduct business management and planning. For example, we may look at your medical record to evaluate whether Scotland County Hospital personnel, your doctors, or other health care professionals did a good job.

Family Members and Others Involved in Your Care:

We may disclose your medical information to a family member or friend who is involved in your medical care, or to someone who helps to pay for your care. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want Scotland County Hospital to disclose your medical information to family members or others who will visit you, please inform the registration staff and mark the appropriate box on the form provided during registration.

Patient Directory:

1. In order to assist family members and other visitors in locating you while you are an inpatient, we maintain a patient directory. This directory includes your name, room number, your general condition (such as fair, stable, or critical). We will disclose this information to someone who

asks for you by name. The patient directory also includes your religious affiliation (if any). We will disclose this information only to clergy members. Scotland County Hospital behavioral health facilities do not maintain a patient directory.

2. If you do not want to be included in the patient directory, or your religious affiliation information given to the clergy, please inform the registration staff and mark the appropriate box on the form provided during registration.

Research:

We may use or disclose your medical information for research projects, such as studying the effectiveness of a treatment you received. These research projects must go through a special process that protects the confidentiality of your medical information.

Required by Law:

Federal, state, or local laws sometimes require us to disclose patients' medical information. For instance, we are required to report child abuse or neglect, vulnerable adults, and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to Worker's Compensation Programs for work-related injuries.

Public Health:

We also may report certain medical information for public health purposes. For instance, we are required to report births, deaths, and communicable diseases to the state government. We also may need to report patient problems with medications or medical products to the FDA, or may notify patients of recalls of products they are using.

Public Safety:

We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, and to report criminal conduct within Scotland County Hospital. We also may disclose your medical information to law enforcement officials and others to prevent a serious threat of health or safety.

Health Oversight Activities:

We may disclose medical information to a government agency that oversees Scotland County Hospital or its personnel, such as the State Department of Health Services, the federal agencies that oversee Medicare, the Board of Medical Examiners or the Board of Nursing. These agencies need medical information to monitor Scotland County Hospital's compliance with state and federal laws.

Coroners, Medical Examiners, and Funeral Directors:

We may disclose information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

Military, Veterans, National Security and Other Government Purposes:

If you are a member of the armed forces, we may release your medical information as required by military command authorities or to the Department of Veterans Affairs. Scotland County Hospital may also disclose medical information to Scotland County Hospital federal officials for intelligence and national security purposes or for presidential protective services.

Organ and Tissue Donation:

We may disclose medical information to organizations that handle organ, eye or tissue donation or transplantation.

Judicial Proceedings:

Scotland County Hospital may disclose medical information if ordered to do so by a court or if a subpoena or search warrant is served. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information.

Information with Additional Protection:

Certain types of medical information have additional protection under state and federal law. For instance, medical information about communicable disease and HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For those types of information, Scotland County Hospital is required to get your permission before disclosing that information to others in many circumstances.

Communications

Scotland County Hospital intends to send treatment communications to patients and has received financial remuneration in exchange for making the communication. If you would like to opt out of receiving such communications, please notify the Medical Records Department in writing.

Scotland County Hospital intends to contact patients to raise funds for the entity. If you would like to opt out of receiving such communications, please notify the Medical Records Department in writing.

Fundraising

Scotland County Hospital may contact the individual to raise funds for the covered entity and the individual has a right to opt out of receiving such communications

Restrictions on disclosure of PHI to health plan

Scotland County Hospital must abide by a request to restrict disclosure of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which the individual has paid out of pocket in full.

Other Uses and Disclosures:

If Scotland County Hospital wishes to use or disclose your medical information for a purpose that is not discussed in this notice, Scotland County Hospital will seek your permission. If you give your permission to Scotland County Hospital, you may take back that permission any time, unless we have already relied on your permission to use or disclose information. If you would ever like to revoke your permission,

please notify the Medical Records Department in writing.

WHAT ARE YOUR RIGHTS?

Right to Request Your Medical Information:

You have the right to look at your own medical information and to get a copy of that information. Please note that exceptions may apply as provided by law. (The law requires us to keep the original record.) This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your medical information, call or write to the Medical Records Department (contact information at the end of this notice). If you request a copy of your information, we will charge you for our costs to copy the information. We will tell you in advance what this copying will cost. You can look at your record at no cost. You are allowed to ask for a copy of the electronic medical record in electronic form.

Right to Request Amendment of Medical Information You Believe is Erroneous or Incomplete:

If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To ask us to amend your medical information, submit a written request to the Medical Records Department.

Right to Get a List of Certain Disclosures of Your Medical Information:

You have the right to request a list of many of the disclosures we make of your medical information. If you would like to receive such a list, submit a written request to the Medical Records Department. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what this list will cost.

Right to Request Restrictions on How Scotland County Hospital Will Use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations:

You have the right to ask us NOT to make uses or disclosures of your medical information to treat you, to seek payment for care, or to operate the system. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, write to the Compliance / Privacy Officer and describe your request in detail. When you pay out of pocket in full, you can instruct Scotland County Hospital to refrain from sharing information about your treatment with your health plan. If you are a Medicare beneficiary, you may request a restriction on the disclosure of PHI to Medicare for a covered service and pay out of pocket for the service.

Right to Request Confidential Communications:

You have the right to ask us to communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, please discuss this with your caregiver, or submit a written request to the Compliance/Privacy Officer. You can also ask to speak with your health care providers in private outside the presence of other patients – just ask them.

CHANGES TO THIS NOTICE:

From time to time, we may change our practices concerning how we use or disclose patient medical information, or how we will implement patient rights concerning their information. We reserve the right to change this notice and to make the provisions in our new Notice effective for all medical information we maintain. If we change these practices, we will publish a revised Notice of Privacy Practices. You can get a copy of our current Notice of Privacy Practices at any time at any Scotland County Hospital Facility or by requesting one from the Compliance / Privacy Officer.

DO YOU HAVE CONCERNS OR COMPLAINTS?

1. Please tell us about any problems or concerns you have with your Privacy Rights or how Scotland County Hospital uses or discloses your medical information. If you have a concern, please contact the Compliance / Privacy Officer.
2. If for some reason Scotland County Hospital cannot resolve your concern, you may also file a complaint with the federal government.
 - A. Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102
3. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

DO YOU HAVE QUESTIONS?

Scotland County Hospital is required by law to give you this notice and to follow the terms of the notice that is currently in effect. If you have any questions about this notice, or have further questions about how Scotland County Hospital may use and disclose your medical information, please contact the Compliance / Privacy Officer.

Address for the Privacy Officer:

450 E Sigler Avenue
Memphis, MO 63555

Phone number for the Privacy Officer:

660-465-8511

Address for the Medical Records Department:

450 E Sigler Avenue
Memphis, MO 63555

Phone number for the Medical Records Department:

660-465-8511

Responsibilities:

All individuals identified in the scope of this policy are responsible for meeting the requirements of this policy.

The Scotland County Hospital Privacy Officer is responsible for maintaining this policy and communicating this policy to members of the workforce.

Retention:

Every policy and procedure revision/replacement will be maintained for a minimum of six years from the date of its creation or when it was last in effect, whichever is later. Other Scotland County Hospital requirements may stipulate a longer retention. Log-in audit information and logs relevant to security incidents must be retained for six years.

Compliance:

Failure to comply with this or any other security policy will result in disciplinary actions as per the Sanction Policy. Legal actions also may be taken for violations of applicable regulations and standards such as the HIPAA Privacy Rule and others.

Scope:

This policy applies to all Scotland County Hospital workforce members including, but not limited to full-time employees, part-time employees, trainees, volunteers, contractors, and temporary workers.

Form(s):

None

References:

1. HIPAA Final Privacy Rule, 45 CFR Part 164.520, Department of Health and Human Services, <http://www.hhs.gov/ocr/privacy/hipaa/administration/privacyrule/privrulepd.pdf>, August 14, 2002.
2. Omnibus HIPAA Final Rulemaking, <http://www.hhs.gov/ocr/privacy/hipaa/administrative/omnibus/index.html>
3. HIPAA Final Privacy Rule, 45 CFR Part 164.514(h), Department of Health and Human Services, <http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/> August 14, 2002.
4. American Reinvestment and Recovery Act of 2009 (ARRA)/(HITECH). http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf. *(The HITECH Act begins at H.R. 1-112 through 1-165 (pp. 112 through 165 in the document). The security and privacy provisions are found at Subtitle D Privacy, beginning H.R. 1-144 (p. 144)).*
5. Health Information Privacy, Security, and Your EHR

<http://www.healthit.gov/providers-professionals/ehr-privacy-security>

6. Achieve Meaningful Use: Protect Electronic Health Information

<http://www.healthit.gov/providers-professionals/achieve-meaningful-use/core-measures/protect-electronic-health-information>

<http://www.healthit.gov/providers-professionals/achieve-meaningful-use/core-measures-2/protect-electronic-health-information>

Approval Signatures

Step Description	Approver	Date
CEO/Board	Dr Randy Tobler: CEO	11/24/2020
QI & Safety	Terri Schmitt: Director of Quality & Human Resources	11/23/2020
P&P Committee	Jasetia Buckallew	11/10/2020
Originating Authority	Angela Schmitter: HIM	11/10/2020