



## **SALINE MEMORIAL HOSPITAL**

### **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.**

At Saline Memorial Hospital, we are committed to ensuring your privacy. We are a covered entity pursuant to the Health Insurance Portability and Accountability Act (HIPAA). As a covered entity, the Hospital creates protected health information (PHI) and received your PHI from other health care providers. You have the right to adequate notice of the uses and disclosures of your PHI that may be created by the Hospital. Hospital must inform you of your rights with regard to PHI and of the Hospital's legal duties with regard to PHI.

We are required by law to maintain the privacy of your PHI. PHI is information that individually identifies you and concerns:

- ▶ your past, present, or future physical or mental health condition;
- ▶ the provision of health care to you; or,
- ▶ the past, present, or future payment for your health care.

We will only share your PHI in manners described within this Notice. We do not sell your PHI for marketing purposes unless you expressly provide permission to do so.

#### **USES AND DISCLOSURES**

We may use and disclose your PHI for each of the following purposes without your written authorization:

1. **TREATMENT.** We may use or disclose your PHI to provide you treatment. For example, we may provide your PHI to your family physician so he will have the necessary information to treat or diagnose you.
2. **PAYMENT.** We may use or disclose your PHI to secure payment from you, your insurance company, or any other third party. For example, a bill may be sent to your insurance company that identifies you, your diagnosis, procedures and supplies used.
3. **HEALTH CARE OPERATIONS.** We may use or disclose your PHI for the operation of the Hospital. For example, your PHI may be utilized by the quality improvement team to continually improve the quality and effectiveness of the services provided by Hospital.
4. **DIRECTORY.** We may use your name and location in our facility for directory purposes. The information may be provided to people who ask for you by name. We may also use your name on a name plate next to or on your door or in nursing station logs in order to identify your room unless you notify us that you object.
5. **APPOINTMENT REMINDERS.** We may use or disclose your PHI to contact you to remind you to a medical appointment or to contact you regarding alternative treatment options.
6. **BUSINESS ASSOCIATES.** We may disclose your PHI to our business associates who perform functions on our behalf or provide us with services. All of our business associates are obligated to protect the privacy and ensure the security of your PHI.
7. **DATA BREACH NOTIFICATION PURPOSES.** We may disclose your PHI to legally required notices of unauthorized access to or disclosure of your PHI.
8. **HEALTH OVERSIGHT ACTIVITIES.** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspection, licensure, and similar activities that are necessary for the government to monitor government programs and compliance with federal and state laws.
9. **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.** We may use or disclose your PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. Disclosure will be limited to someone who would be able to help prevent the threat.
10. **ABUSE, NEGLECT, OR DOMESTIC VIOLENCE.** We may disclose your PHI to the appropriate law enforcement or government authority if we believe you are the victim of abuse, neglect, or domestic violence.
11. **WORKERS' COMPENSATION.** We may disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.



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12. **SPECIALIZED GOVERNMENT FUNCTIONS.** We may disclose your PHI: (1) if you are a member of the armed forces, as required by military command authorities; (2) if you are an inmate or in custody, to a correctional institution or law enforcement official; (3) in response to a request from law enforcement, under certain conditions; (4) for national security reasons authorized by law; or (5) to authorized federal officials to protect the President, other authorized persons or foreign heads of state.
13. **LAWSUITS AND DISPUTES.** We may disclose your PHI in response to a court or administrative order, a subpoena, a discovery request, or other legal process, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may use or disclose your PHI to defend ourselves in the event of a lawsuit.
14. **ORGAN AND TISSUE DONATION.** We may disclose your PHI to organ or tissue procurement organizations or other entities engaged in the procurement, banking or transplantation or organs for the purpose of tissue donation and transplant if you are an organ or tissue donor.
15. **CORONER.** We may disclose your PHI to coroners to carry out their duties consistent with applicable law.
16. **AS REQUIRED BY LAW.** We will disclose your PHI as required by federal, state, or local law.
17. **PERSONAL REPRESENTATIVE.** We may disclose your PHI to a person legally authorized to act on your behalf under applicable law or persons you designate to receive PHI.

#### **USES AND DISCLOSURE FROM WHICH YOU MAY OPT OUT**

We may use or disclose certain PHI to our Foundation for the purpose of raising funds for our benefit. You may elect not to receive any fundraising communications.

#### **USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

Except as described in this Notice, we will not use or disclose your PHI without your written authorization. Specifically, we may use or disclose your PHI for each of the following purposes with your written authorization:

1. **PSYCHOTHERAPY NOTES.** We must obtain your authorization for use or disclosure of psychotherapy notes related to you except for our own training programs in which students, trainees or practitioners in mental health learn under supervision to improve their skills in group, joint, family, or individual counseling; or to defend ourselves in a lawsuit proceeding brought by you.
2. **MARKETING.** We must obtain your authorization for any use or disclosure of PHI for marketings except for face-to-face communications made by us to you or situations where we provide you a promotional gift of nominal value. If we receive payment in exchange for marketing, we are required to inform you when we obtain your authorization.
3. **SALE OF PHI.** We must obtain your authorization for any disclosure of PHI which is a sale of your PHI.

Any authorization by you to disclose PHI must include: a description of the PHI to be used or disclosed; your name; the names of the entities to which we can disclose PHI; a description of the purpose of the PHI; an expiration date, and your signature.

If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose your PHI under that authorization, except to the extent we have already taken action in reliance of your written authorization.

#### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights, subject to certain limitations, regarding your PHI:

1. **RIGHT TO INSPECT AND COPY.** You have the right to inspect and copy your PHI in our possession. Usually, this will include medical and billing records. We may have up to thirty (30) days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. We will inform you of any copying costs at the time of your request and you may choose to withdraw or modify your request before the costs are incurred.



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2. **RIGHT TO A SUMMARY OR EXPLANATION.** We can provide you with a summary explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
3. **RIGHT TO AN ELECTRONIC COPY OF ELECTRONIC MEDICAL RECORDS.** If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. Your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
4. **RIGHT TO GET NOTICE OF A BREACH.** You have the right to be notified in the event there is a breach of your unsecured PHI that poses a significant risk of financial, reputational, or other harm to you.
5. **RIGHT TO REQUEST AMENDMENTS.** You may request your PHI be amended if you believe the PHI is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by us. A request for amendment must be in writing to the Privacy Officer at the address provided at the end of this Notice and it must tell us the reason for your request. 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.
6. **RIGHT TO AN ACCOUNTING OF DISCLOSURES.** You have the right to request for a list of the disclosures we made of your PHI. The right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. It excludes disclosures we may have made to you, for a resident directory, to your personal representatives or family involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Your request must specify a time period, which may not be longer than six (6) years from the date of your request for an accounting. Additionally, limitations are different for electronic health records. The first accounting of disclosures you request within any twelve (12) month period will be free. For additional requests within the same period, we may charge you the reasonable costs to provide the accounting. We will tell what the costs are, and you choose to withdraw or modify your request before the costs are incurred.
7. **RIGHT TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES.** You have the right to request a restriction or limitation of disclosure of your PHI. In general, we are not required to agree to any restrictions you request. To request a restriction on who may have access to your PHI, you must submit a written request to the Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply. If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. If you pay for the full amount of your treatment or product out-of-pocket, we will honor requests to restrict disclosures to health plans or insurers for payment or health care operation purposes unless required by law or used for treatment purposes.
8. **RIGHT TO ALTERNATIVE COMMUNICATIONS.** You may request we contact you about your PHI only in writing or at a different address than your residence. We will accommodate reasonable requests. To make a request, you must submit your request in writing to the Privacy Officer.
9. **RIGHT TO A PAPER COPY OF THIS NOTICE.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. To get a paper copy of the Notice, contact our Privacy Officer by phone or mail.

#### **FOR MORE INFORMATION OR TO REPORT A PROBLEM**

For more information or to report a problem with regard to your PHI, you may contact our Privacy Officer at 501-776-6741 or [privacyofficer@salinememorial.org](mailto:privacyofficer@salinememorial.org). If you believe your privacy or security rights have been violated, you may file a complaint with the Privacy Officer or the Secretary of the Department of Health and Human Services, Office of Civil Rights. To file a complaint with the Secretary, mail it to:

Secretary of the U.S. Department of Health and Human Services  
200 Independence Ave. S.W.  
Washington, D.C. 20201  
202-619-0257

#### **REVISIONS TO NOTICE**

We reserve the right to revise or change the terms of this Notice. The revisions or changes will apply to your PHI we already possess and any PHI we receive in the future. We will post a copy of the current Notice in the lobby. If we change our Notice, you may obtain a copy of the revised notice by visiting our website at [www.salinememorial.org](http://www.salinememorial.org), or upon request may receive a hard copy.

Effective Date: April 14, 2003

Revision Date: July 15, 2013



NS0063



**SALINE MEMORIAL HOSPITAL  
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

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PURPOSE: This form is used to obtain acknowledgement of receipt of our Notice of Privacy Practices or to document our good faith effort to obtain that acknowledgement.

**\*\*\*You May Refuse to Sign This Acknowledgement\*\*\***

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I, \_\_\_\_\_, have received/read a copy of Saline Memorial Hospital's  
Notice of Privacy Practices.

(THIS FORM WILL BE SIGNED ELECTRONICALLY WHEN YOU ARRIVE AT  
REGISTRATION)

\_\_\_\_\_  
Patient/Guardian Signature

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**For Office Use Only**

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We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify): \_\_\_\_\_