



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Effective: September 23, 2013

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!

OUR RESPONSIBILITIES TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

We are required by law to provide you with this notice about the hospital's privacy practices that explains how, when, and why we use and disclose your protected health information. With some exceptions, we may not use or disclose any more than the minimum necessary protected health information to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the protected health information we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in the hospital's main reception area. You can also request a copy of this notice from the Health Information Management Department.

HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED

WE USE HEALTH INFORMATION ABOUT YOU FOR TREATMENT PURPOSES, TO OBTAIN PAYMENT FOR TREATMENT, AND FOR HEALTHCARE OPERATIONS SUCH AS EVALUATING THE QUALITY OF CARE THAT YOU RECEIVE.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean.

For Treatment: We may use medical information about you to provide your referring physician with information needed for your treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. Different departments of our hospital also may share medical information about you in order to coordinate the different exams you may need. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care, such as family members or others we use to provide services.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive may be filed to and payment may be collected from you, an insurance company or a third party. For example, we may need to file your health plan information about exams done so your health plan will pay us or reimburse you. We may also tell your health plan about the exam or exams you are going to have done in order to obtain prior approval or to determine whether your plan will cover the study ordered by your physician.

Individuals Involved in your Care of Payment for your Care: We may release medical information about you to a friend or family member who is involved in your medical care. We may also send information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research project and established protocols to ensure the privacy of your health information. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. We may also disclose medical information about you to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital.

As Required By Law: We will disclose medical information about you when required to do so by federal, state, or local law.

To Advert a Serious Threat to Health or Safety: We may use and disclose medical information about you when 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 the threat.

SPECIAL SITUATIONS

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military authority.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. The release of such information is controlled by state and/or federal law.

Public Health Risks: We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report vulnerable adult abuse;
- To report reactions to medications or problems with products;
- To report a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- To notify the appropriate government authority if we believe a patient has been the victim of domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure, these activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, court order subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under a 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 involving our hospital;
- 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.

Medical Examiners and Funeral Directors: We may release medical information to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized person or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for this practice to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other disclosure will be made only with your consent, authorization, or opportunity to deny unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing, fundraising, or selling purposes. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Inspect and Copy: You have the right to inspect and obtain either a paper or electronic copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request to the Health Information Department. If you request a copy of the information, we will charge you one dollar (\$1.00) per page for the first five (5) pages and twenty-five cents (\$0.25) for each additional page, except that the minimum charge will be five dollars (\$5.00).

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility.

To request an amendment, your request must be in writing and submitted to the Compliance Officer. 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 information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Rights to an Accounting of Disclosures: You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Management Department. Your request must state a time period, which may not be longer than six years and may not include dates before March 2005. Your request should indicate in what form you want the list (for example, on paper or electronically, i.e. on disk or by e-mail). This first list you request within a 12-month period will be free. For additional list, we will charge you one dollar (\$1.00) per page for the first five (5) pages and twenty-five cents (\$0.25) for each additional page, except that the minimum charge will be five dollars (\$5.00). 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.

Rights to a Breach Notification: You have the right to be notified of any breach of your unsecured healthcare information.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. However, we must agree to a request to restrict the disclosure of your protected health information to a health plan if you request the restriction in writing and in advance of any the services being provided and if you have paid Arkansas Surgical Hospital in full for the services out-of-pocket in advance. If we do agree, we will comply unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the Health Information Management Department. In your request restrictions, 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, for example, disclosures to your spouse.

You have the right to request that your protected health information not be disclosed to your health plan for which services have been paid in full out of pocket.

Right to a Copy of this Notice: You have the right to a copy of this notice. You may ask us to give you a copy of this notice at any time.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical 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 our office. The notice will contain on the first page, top center, the effective date. In addition, each time you are in our office for health care services, 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 the hospital or with Center for Improvement in Healthcare Quality (CIHQ) directly at 866-324-5080 or via mail at P.O. Box 3620 McKinney, Texas 75070. To file a complaint with the hospital, contact the hospital's Privacy Officer at (501) 748-8157. All complaints must be sent in writing to:

Arkansas Surgical Hospital
Attention: Privacy Officer
5201 NorthShore Drive
North Little Rock, Arkansas 72118

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.