

# Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

*This notice covers all integrated services provided to you by Granite State Express Care and any member of its medical staff together as an organized health care arrangement pursuant to the Federal Privacy Rule. It applies to medical and payment records for all services provided to you, regardless of whether specific services are provided by Hospital employees, providers under contract to the Hospital, or independent members of our medical staff.*

*If your physician is an independent member of the medical staff, he/she may have different policies or notices regarding their use and disclosure of your health information created and used in the physician's office.*

## **Understanding Your Health Information**

Each time you visit a clinic, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination of test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- A basis for planning your care and treatment
- A means of communication among the many health professionals who contribute to your care
- A legal document describing the care you received
- A means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

*Understanding what is in your record and how your health information is used helps you to:*

- Ensure the accuracy of your health record;
- Better understand who, what, when, where and why others may access your health information;
- Make more informed decisions when authorizing disclosure to others.

### **Our Pledge Regarding Your Health Information:**

We understand that information about your health, the medical services we provide to you, and the payment for those services, is personal and private. The Privacy Rule refers to these records as “Protected Health Information.” We are committed to safeguarding the privacy of your protected health information. Individuals will be notified promptly if a breach of unsecured PHI occurs, and corrective action will be taken.

### **How We May Use and Disclose Your Health Information.**

The following describes various ways in which we may use and disclose your health information. We will ask for your written consent before releasing records relating to mental health or substance abuse treatment, HIV/AIDS testing, or genetic testing. Not every use or disclosure in a category is listed. However, the various ways we are permitted to use and disclose information will fall within one of these categories:

- **For Treatment:** We may use and disclose medical information about you to provide you with medical treatment or services. Examples of uses of your health information for **treatment** purposes are as follows:
  - A nurse obtains information about you and records it in a health record.
  - During the course of your treatment, the physician determines he/she will need to consult with another specialist in the area. He/she will share the information with such specialist and obtain his/her input.
  
- **For Payment:** We may use and disclose health information about you so that the treatment services you receive at the hospital may be billed and a payment may be collected from you or an insurance company. An example of use of your health information for **payment** purposes is as follows:
  - We submit requests for payment to your health insurance company. The insurance company requests information from us regarding your medical care. We will provide information to them about you and the care given.
  
- **For Healthcare Operations:** We may use and disclose your health information for clinic operations. These uses and disclosures are necessary to run the clinic and make sure that all of our patients receive quality care. For example, we may use medical information to review the quality of our care and services and to evaluate the performance of the staff in caring for you. We may “de-identify” your health information (i.e. remove information that identifies you) so others may use it to study health care and health care delivery without learning who the specific patients are. An example of use of your health information for **health care operations** is as follows:
  - We may use or disclose your health information for quality assessment, quality improvement, outcome evaluation, protocol and clinical guidelines development, training programs, credentialing, medical review, legal services and insurance.

- **Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include records retention and destruction services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to sign a contract pledging to safeguard your information.
- **Notification:** We may use or disclose information to notify a family member, personal representative, or another person responsible for your care, of your location and general condition.
- **Family or Friends Involved in Care:** We may ask if we may disclose any necessary health information to a family member, other relative, or close friend who may need to be involved in your care or the payment for your care.
- **As Required By Law:** We will use and disclose medical information about you when required to do so by federal, state or local law. Examples include reporting suspected child and/or elder abuse or neglect, or gunshot wounds or other injuries believed to have been caused by a criminal act.

### *Special Situations*

- **To Avert 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.
- **Military and Veterans:** If you are a member of the armed forces, we may be required to release medical information about you as required by military command authorities.
- **Coroners, Medical Examiners, and Funeral Directors:** Disclosure of protected health information to Coroners or Medical Examiners may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Research:** Under certain circumstances, we may use or disclose medical information about you for research purposes. 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. Any research use not specifically authorized by you in writing is subject to a special approval process designed to ensure that the confidentiality of your records is protected.
- **Worker's Compensation:** We may release medical information about you for worker's compensation or similar programs.
- **Public Health Reporting:** We may disclose health information about you for public health activities, such as: to prevent or control disease, injury or disability; to report births or deaths; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; or to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities such as audits, investigations, inspections and licensure.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also 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 health information if asked to do so by law enforcement officials:
  - in response to a court order, 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 certain limited circumstances, we are unable to obtain this person's agreement;
  - during the course of auto/boating/hunting/shooting accident investigations involving death or serious bodily injury;
  - about a death we believe may be the result of criminal conduct; or,
  - in emergency circumstances, to report a suspected crime.
  
- **National Security and Intelligence Activity:** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
  
- **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 the institution 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.

### **Other Uses and Disclosures Require Your Authorization**

Other uses and disclosures of your protected health information beyond those described above will be made only with your written authorization. If you authorize us to use or disclose health information about you, 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 by your written authorization. We are unable to retract any disclosures we made prior to your revocation, and we are required to retain our record of services we provided to you.

### **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosure of your information as provided by 45 CFR 164.522. 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.
- Obtain a paper copy of this notice upon request as provided by CFR 164.520.
- Inspect and obtain a copy of your health record as provided in 45 CFR 164.524, subject to certain restrictions specified in the Privacy Rule.
- Request an amendment of your health record as provided in 45 CFR 164.528. You must provide a reason that supports your request. 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 medical information kept by or for us;
- Is not information that you would be permitted to inspect and copy; or
- Is accurate and complete.
- Obtain an accounting of disclosures of your protected health information for six years prior to the date on which the accounting is requested, except for disclosures made for purposes of treatment, payment, health care operations, or disclosures authorized in writing by you, as provided in 45 CFR 164.528.
- Request that we communicate with you by alternative means or at alternative locations as provided by 45 CFR 164.522(b). We will make every effort to accommodate **reasonable** requests. Your request must be specific about how or where you wish to be contacted.

To exercise any of these rights, submit your request in writing to the Administrator, Granite State Express Care, 120 Washington Street, Rochester, NH 03867-5504.

### **Our Responsibilities**

This organization is required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you; and
- Abide by the terms of this notice while it is in effect.

We reserve the right to change our practices and this notice and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice.

### **Questions or Complaints**

If you have questions and would like additional information, you may contact the Administrator at 330-7040.

*If you believe your privacy rights have been violated, you can file a written complaint with the Director of Medical Records for Granite State Express Care or with the Office of Civil Rights, Department of Health and Human Services, Washington, DC 20201. There will be no retaliation for filing a complaint.*