

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.

If you have any questions about this notice, please contact our Privacy Officer at (601) 553-6109.

WHO WILL FOLLOW THIS NOTICE:

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments and units of the hospital and clinics.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees and other hospital personnel.
- Members of Anderson's Organized Health Care Arrangement (Medical Staff)
- Anderson Regional Medical Center includes the following entities: Anderson North, Anderson Physician Alliance, Anderson South and its subsidiary Rural Health Clinics, Riverbirch, Air Park, Butler, Enterprise and Children's Clinic.
- This entity will follow the terms of this notice. In addition, this entity may share medical information with Anderson for treatment, payment, or hospital operation purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor or other practitioners involved in your care. Your personal doctor may have different policies or notices regarding the doctor's use and disclosures of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. 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 medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, clergy, or others who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as long term care facilities or others we or your physician uses to provide services that are part of your care.
- **For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you or we may send you a patient satisfaction survey. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. Unless you object, we will post your name on the outside of your door for patient safety purposes.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.
- **Business Associates.** There are some services provided in our organization through contracts with business associates. Examples include physician services in the Emergency Department and Radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health related

benefits, services, or medical education classes that may be of interest to you.

- **Fundraising Activities.** We may use information about you to contact you in efforts to raise money for the hospital and its operations. If we use or disclose your protected health information for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.
- **Hospital Directory.** Unless you object, we will include your name, location in the hospital, your condition described in general terms and your religious affiliation in our directory of individuals. The directory information, except for your religious affiliation, will be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, even if they do not ask for you by name, unless you object.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a care giver who may be a friend or family member. We may also give information to someone who helps pay for your care.
- **Notification.** Unless you object, we may disclose your medical information to notify a family member, a personal representative or another person responsible for your care of your location, general condition or death.
- **Research.** We may use or disclose your medical information for certain research purposes if an Institutional Review Board has altered or waived individual authorization, the review is preparatory to research or the research is on only decedent's information.
- **Registries.** We may submit data to State and National Data Registries for operational purposes.
- **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **Organ and Tissue Donation.** If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.
- **Military.** 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 personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.
- **Health Oversight Activities.** We may use or disclose your medical information for public health activities, including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings. We may notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Abuse or Neglect.** We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.

- **Public Safety.** We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety to another person or to the public.
- **Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.
- **Legal Proceedings.** We may disclose your medical information in the course of certain judicial or administrative proceedings.
- **Law Enforcement.** We may disclose your medical information for law enforcement purposes or other specialized governmental functions.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release medical information to a coroner or medical examiner. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **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; (3) for the safety and security of the correctional institution.
- **Disaster Relief.** We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

AUTHORIZATIONS: Most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute the sale of PHI require your written authorization. We will not use or disclose your medical information for any other purpose not described in this notice without your written authorization except as otherwise permitted or required by law. Once given, you may revoke your authorization in writing at any time except to the extent that Anderson has taken an action in reliance on the use or disclosure as indicated in the authorization. To request a Revocation of Authorization form, you may contact:

Anderson Regional Medical Center
2124 14th Street * Meridian, MS 39301
601/553-6109

Director of Health Information Management / Privacy Officer

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:

You have the following rights with respect to your medical information:

- **You may ask us to restrict certain uses and disclosure of your medical information. We are not required to agree to your request, but if we do, we will honor it. If you have paid for a health care item or service in full, out of pocket, we must honor your request to restrict information from being disclosed to a health plan for purposes of payment or operations. To request a restriction, you must make the request in writing to the Health Information Management Department.**
- **You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you on a specific telephone number. Your request must be in writing.**

- Generally, you may inspect and copy your medical information. This right is subject to certain specific exceptions, and you may be charged a reasonable fee for any copies of your medical information.
- If your protected health information 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. We will make every effort to provide access to your protected health information in the form or format you request, if it is readily producible in such form or format. If not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you not want this form or format, a readable hard copy form.
- You may ask us to amend your medical information. We may deny your request for certain specific reasons. If we deny your request, we will provide you with a written explanation for the denial and information regarding further rights you may have at that point.
- You have the right to receive an accounting of the disclosures of your medical information made by Anderson during the last six years (or following April 14, 2003), except for disclosures for treatment, payment or healthcare operations, disclosures which you authorized and certain other specific disclosure types. The right to receive this information is subject certain exceptions, restrictions and limitations.
- You have the right to receive notice of a breach in the event that we (or one of our Business Associates) discover a breach of unsecured protected health information involving your medical information.
- You may request a paper copy of this Notice of Privacy Practices. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from any member of our Hospital personnel.

COMPLAINTS: You have the right to complain to us and/or to the United States Department of Health and Human Services if you believe that we have violated your privacy rights. If you choose to file a complaint, you will not be retaliated against in any way. To complain to us, please contact:

Anderson Regional Medical Center
2124 14th Street * Meridian, MS 39301
601/553-6109
Attention: Privacy Officer

THIS NOTICE IS EFFECTIVE AS OF APRIL 14, 2003.

REVISED: SEPTEMBER 23, 2013

REVISIONS OF NOTICE OF PRIVACY PRACTICES.

We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at Anderson and will make paper copies of the revised Notice of Privacy Practices available upon request.