

# 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.**

Effective Date: March 18, 2008

## **WHO WILL FOLLOW THIS NOTICE?**

This notice describes the patient information use and disclosure practices of Davis Health System and its affiliate covered entities listed below (“health system”):

- ◆ Davis Memorial Hospital, Broadus Hospital, Mansfield Place, Tucker Community Care, Buckhannon Medical Care, DirectCare, Clinicare, Cancer Care Center, Davis HomePlus, Davis Sleep Solutions, Women’s Health Care, Health Center Pharmacy, Davis Hearing Care and Central WV MedCorp. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare operations purposes described in this notice.
- ◆ All departments and units of the hospital and health system facilities.
- ◆ All employees, staff and other health system personnel.
- ◆ Any member of a volunteer group we allow to help you while you are in our facilities.
- ◆ Any health care professional authorized to enter information into your hospital or health system medical record.

## **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We will make every reasonable effort to protect this information. We create and maintain a record of the care and services you receive at our facilities. We need this record to provide you with treatment, to obtain payment for services, for administrative purposes, and to comply with certain legal requirements. This notice applies to the records of your care generated by the health system, whether made by health system personnel or your personal doctor. Your personal doctor or other health professional may have similar policies or practices regarding the use and disclosure of medical information created by the doctor or in their office or clinic. To receive a copy of your doctor’s notice of privacy practices please contact his or her office.

## **We are required by law to:**

- ◆ Make sure that medical information that identifies you is kept private.
- ◆ Give you this notice of our legal responsibilities and privacy practices with respect to medical information about you.
- ◆ Follow the terms of the Notice of Privacy Practices 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 give out (disclose) medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. 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.

### **Treatment**

We may use medical information about you to provide you with medical treatment or other health related services. We may disclose medical information about you to physicians, nurses, physician assistants, technicians, medical students, or other healthcare personnel who are involved in taking care of you at our facilities. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the physician may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We also may disclose medical information about you to another hospital, healthcare facility, physician or other health care provider who will be involved in your follow-up or continued medical care after you leave our facilities.

## **Payment**

We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from your insurance company or a third party. For example, we may need to give your insurance company information about the treatment and services you received at our facility and your diagnoses so your insurance company will pay us for the services.

## **Health Care Operations**

We may use and disclose medical information about you for operations of our facilities. These uses and disclosures are necessary to run our facilities 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. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.

## **Treatment Alternatives and Health-Related Benefits and Services**

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. We may also use medical information to tell you about health-related benefits or services that may be of interest to you.

## **Appointment Reminders**

We may use or disclose information to remind you of appointments you have scheduled at our facilities or to remind you to schedule a follow-up or annual appointment.

## **Hospital Directory**

If you are a patient at one of our facilities, we may include certain limited information about you in the facility directory while you are a patient at the facility. This information may include your name, location in the facility, your general condition (e.g., good, fair, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a preacher, or minister, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. You have the right to restrict or prohibit us from including such information in the facility directory. If you want to limit or restrict your information in the facility directory, please notify the registration clerk at the time of admission.

## **Individuals Involved in Your Care or Payment for Your Care**

Under certain circumstances we may release medical information about you to a family member, other relative or a close personal friend who is involved in your care or payment related to your care. In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location in the event of a disaster. You have the right to object to or restrict these disclosures. If there is a family member or close personal friend that you do not want information released to or discussed with, please notify your primary care nurse or health care provider at the time of admission.

## **As Required By Law**

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

## **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.

## **Fundraising Activities**

We may use and disclose information about you for fundraising purposes. We may disclose certain demographic information and dates of service to the DHS Foundation or trusted business associate in order to raise money for DHS and its affiliates. The money raised would be used to expand and improve services and programs we provide to the community. If you choose not to be contacted about fundraising efforts, you may opt out of any future

telephones calls or mailings by making your request to DHS Foundation by mail at PO Box 1188, Elkins, WV 26241, by phone at (304) 637-3767 or by email at [foundation@davishealthsystem.org](mailto:foundation@davishealthsystem.org)

## SPECIAL SITUATIONS

- ◆ **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- ◆ **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 personnel to the appropriate foreign military authority.
- ◆ **Workers' Compensation.** We may release medical information about you to comply with laws relating to Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ◆ **Public Health Activities.** 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 notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - To notify the appropriate authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- ◆ **Food and Drug Administration (FDA).** We may disclose medical information as required for FDA regulated products or activities. This may include activities related to product recalls, adverse event reporting, or other FDA activities.
- ◆ **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 applicable 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 court order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process, 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 certain limited medical information if asked to do so by a law enforcement official:
  - In response to a court order, a court ordered 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 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 at the hospital; and
  - 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.
- ◆ **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or 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 of the hospital 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. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons 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 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

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

- ◆ **Right to Inspect and Receive a Copy.** You have the right to inspect and receive a copy of medical information that is included in the designated record set that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include logs and worksheets and other information not used to make decisions about your care. To inspect or receive a copy of your medical information, you must submit your request in writing to the Health Information Department or medical receptionist at the facility from which you wish to receive records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- ◆ **Right to Request an Amendment.** 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 of those medical records included in the designated record set for as long as the information is kept by the health system. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. Your request should include the reason you believe the information should be amended. 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 included in the designated record set;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- ◆ **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures made of your health information. This accounting of disclosures will not include the following types of disclosures:
  - To carry out treatment, payment or health care operations;
  - Incident to a use or disclosure otherwise permitted by law;
  - Pursuant to an authorization signed by you, or disclosure made to you;
  - From the facility directory;
  - For national security or intelligence purposes;
  - Information that has been de-identified or has had the direct patient identifying information removed; or
  - As otherwise provided under applicable law.

To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge

you a reasonable, cost based fee, for providing the list. 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.

- ◆ **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.

*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. To request restrictions, your request must be submitted in writing, at the time of service, to our Privacy Officer.

- ◆ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home or by mail. To request confidential communications, your request must be submitted in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests.
- ◆ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice please ask the registration clerk or medical receptionist.

### **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 facility. The notice will contain, on the first page, the effective date. In addition, each time you register or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, you may request 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 health system or with the Secretary of the Department of Health and Human Services. To file a complaint with the health system, contact our Privacy Officer at (304) 637-3656 or email at [privacyofficer@davishealthsystem.org](mailto:privacyofficer@davishealthsystem.org). You will not be penalized for filing a complaint.

### **OTHER USES OR DISCLOSURES 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 (authorization). If you provide us authorization to use or disclose medical information about you, you may take back (revoke) that authorization, in writing, at any time. If you revoke your authorization, 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 authorization, and that we are required to keep our records of the care that we provided to you.

### **QUESTIONS?**

For questions about this notice or for further information about the privacy practices of Davis Health System, contact our Privacy Officer at (304) 637-3656 or email at [privacyofficer@davishealthsystem.org](mailto:privacyofficer@davishealthsystem.org)