

## REVISED NOTICE OF PRIVACY PRACTICES

ORIGINAL DATE: JANUARY 1, 2003

REVISED: JANUARY 16, 2014

REVISED: NOVEMBER 27, 2017

**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 dial toll-free:

1-877-872-8254



Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains a description of your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. It is usually maintained in an electronic format. This notice applies to all of the records of your care generated by Charleston Hospital, Inc., d/b/a Saint Francis Hospital (Saint Francis), Thomas Memorial Hospital (Thomas) and physicians associated with Thomas Health Physician Partners (Physician Partners). This notice describes the privacy practices of:

- **Any health care professional who is treating you and has access to Protected Health Information (PHI) at one of the above entities**
- **All departments of the above name entities**
- **Any volunteer**
- **All employees, staff, independent contractors, vendors, and workforce members at Thomas Health.**

### **OUR RESPONSIBILITIES**

Healthcare organizations are required by law to maintain the privacy of your health information, provide you with a description of our privacy practices with respect to medical information upon request, abide by the terms of this notice, and communicate changes to the notice to you. You may request a copy of the Revised Notice of Privacy Practices at your next visit to our system or via the website at [www.thomashealth.org](http://www.thomashealth.org). It is posted at registration areas of all facilities.

### **USES AND DISCLOSURES**

How we may use and disclose Medical Information about you. The following categories describe examples of the way we use and disclose your “Protected Health Information” (PHI). This may also apply to electronic record systems, including participation in a Health Information Exchange (HIE).

### **HEALTH INFORMATION EXCHANGE**

We participate in one or more electronic Health Information Exchanges (HIE’s). An electronic HIE is not a complete record of your health history. It is simply a way for healthcare providers to access your health

information to provide you the best care possible and allow doctors to have access to life saving information in the event of a medical emergency. Healthcare providers and insurance companies that participate with HIE's will be able to see your records when treating you or paying for your healthcare. An HIE protects your records through use of encoding of records, passwords and tracking of who sees your records. If you do not want to participate in an HIE, you must request and complete an opt-out form in accordance with instructions on the form, which can be provided by your healthcare provider. Even if you opt out, electronic exchanges, such as the WVHIN, will keep personal information on the Master Patient Index to permanently record your opt-out decision.

### **PATIENT PORTAL TO THE ELECTRONIC HEALTH RECORD**

Certain portions of the your medical record may be made available electronically through a patient portal, known as the Thomas Health Patient Portal Exchange. If you wish to obtain a complete copy of your medical record, you may request a copy from the Medical Records Department. In order to access records through the patient portal, you (or your designated representative) must provide a written and signed authorization. Patient PHI will be stored on the electronic health record regardless of whether you access the patient portal.

### **FOR TREATMENT**

We may use medical information about you to provide you with treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, volunteers or other hospital personnel and business associates who are involved in taking care of you at the hospital. 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. Different departments of the hospital also may share medical information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals and x-rays.

We may also provide your physician or subsequent healthcare provider outside our organization with copies of various reports that should assist him or her in treating you once you are discharged from the hospital. We may share this medical information about you through an HIE.

### **FOR PAYMENT**

We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third-party payor. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for your payment.

We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

### **FOR HEALTHCARE OPERATIONS**

Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve.

We may disclose information to doctors, nurses and other students for educational purposes, and we may combine medical information we have with that of other hospitals to see where we can make improvements. We may remove information that identifies you from this set of medical information to protect your privacy.

We may also use and disclose medical information: for conducting training programs or reviewing competence of healthcare professionals; for accreditation purposes, or as required by law.

### **BUSINESS ASSOCIATES**

There are some services provided in our organization through contracts with business associates. Examples include 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 associate so that they can perform the job we have asked them to do and bill you or your third-party payor for the services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

### **DIRECTORY**

We may include certain limited information about you in the hospital directory while you are a patient at the hospital. The information may include your name, general condition and location in the hospital. This information may be provided to members of the clergy and to other people who ask for you by name unless you request not to be included in the directory. You will be given the opportunity to “opt out” of being included in the hospital directory. Phone calls and visitors will not be directed to patients who elect not to be included in the directory. Mail and flowers will not be delivered and will be returned to the sender or florist. Behavioral Health and Substance Abuse Treatment patients will not be included in the Facility Directory.

### **DATA BREACH NOTIFICATIONS**

We may disclose health information to provide legally required notices of unauthorized access or disclosure of your health information. We will notify you if your unsecured PHI is breached.

### **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE**

We may release medical information about you to a friend, designated representative or family member who is involved in your medical care or who helps pay for your care. 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.

### **MINORS**

We may disclose medical information of children, who are considered to be minors, to their parents or legal guardians unless such disclosure is prohibited by law.

### **APPOINTMENT REMINDERS**

We may use and disclose PHI in an effort to contact you as a reminder that you have an appointment for medical treatment.

### **TREATMENT ALTERNATIVES, HEALTH BENEFITS & SERVICES**

We may use and disclose PHI to tell you about, and suggest different ways of treatment, tell you about health

related benefits and to offer services relating to your treatment that you may not be interested in.

### **GENETIC INFORMATION**

You have the right to be assured that your own personal medical information, as defined as Genetic Information, will not be used or disclosed to health plans for underwriting purposes. This excludes long term care plans.

### **RESEARCH**

We may disclose information to researchers when an authorized institutional review board has reviewed and approved the research proposal and established protocols to ensure the privacy of your health information. Even without special approval, we may allow authorized researchers to view your PHI to prepare for research and create research proposals.

### **FUTURE COMMUNICATIONS**

We may communicate to you via newsletters, mail-outs or other means regarding: treatment options, health-related information, disease-management programs, wellness programs, or other community-based initiatives or activities our facility is participating in.

### **FUNDRAISING**

We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **ORGANIZED HEALTHCARE ARRANGEMENTS**

This facility, its affiliated organizations and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and healthcare operations by members of this arrangement. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

### **OTHER PERMITTED OR REQUIRED DISCLOSURES**

As permitted or required by federal, state or local law, we may also use and disclose health information to the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Correctional Institutions
- Workers' Compensation Agents
- Organ and Tissue Donation Organizations
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others
- Secretary of the Department of Health & Human Services to comply with requirements of the Health Insurance Portability and Accountability Act of 1996 and subsequent regulations.
- Prescription Drug Database

### **LAW ENFORCEMENT/LEGAL PROCEEDINGS**

We may disclose health information for law enforcement purposes as required by law or in response to valid subpoena.

### **INCIDENTAL USE**

Reasonable effort will be made to limit incidental disclosures of your PHI. For example, a hospital visitor may overhear a provider's confidential



conversation with another patient, or may glimpse at another patient's information on a sign-in sheet or nursing station whiteboard.

## **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is in the physical property of the healthcare practitioner or facility that compiled it, you have the Right to:

### **Inspect and Copy**

You have the right to inspect and copy 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. If you request a copy of your records, there may be a reasonable cost-based fee for the costs of copying, mailing, and other supplies and resources associated with your request.

### **Right to an Electronic Copy of Electronic Medical Records**

You may also request an electronic copy of your records to be given to you or transmitted to another individual or entity in electronic form. We will make every reasonable effort to provide the information requested in the form and format requested by you. A reasonable, cost-based fee may be charged for the labor and resources associated with transmitting the electronic record in the format requested.

### **Amend**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us in writing to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. We may deny your request for an amendment, and if this occurs, you will be notified of the reason for the denial and how you can disagree with the denial.

### **An Accounting of Disclosures**

You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your medical information for purposes other than treatment, payment or healthcare operations.

### **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 healthcare 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 of your care, like a family member, friend or insurance company. 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. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

### **Out-of-Pocket Payments**

If you make payment in full at the time of, or prior to, receiving an item or service from us, you have the right to request that your medical information with respect to that item or service not be disclosed to your Health Plan. We will honor your request as long as financial obligations are met.

### **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. The facility will grant requests for confidential communications at alternative locations and/ or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

### **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 access to this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our

website, [www.thomashealth.org](http://www.thomashealth.org).

To exercise any of your rights, please submit your request in writing to:

**Privacy Officer-Saint Francis Hospital**  
**333 Laidley Street**  
**Charleston, WV 25301**

**Privacy Officer-Thomas Memorial Hospital**  
**4605 MacCorkle Ave., S.W.**  
**South Charleston, WV 25309**

**Privacy Officer-TH Physician Partners**  
**400 Division Street, Suite 2**  
**South Charleston, WV 25309**

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and the revised or changed notice will be effective for information we already have about you, as well as any information we receive in the future. The current notice will be posted in the hospital and include the effective date. In addition, each time you register at or are admitted to the hospital for treatment or healthcare services as an inpatient or outpatient, a copy of the current notice in effect will be made available to you.

#### **PRIVACY COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the appropriate entity by calling toll-free at 1-877-872-8254. All complaints must then be submitted in writing. You will not be penalized in any way for filing a complaint.

To file a complaint with the U.S. Department of Health and Human Services, you may call, mail, fax or email the complaint and may find out more information by visiting the website of the Office of Civil Rights at [www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html).

You may also mail a written request complaint to:

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

#### **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. Understand that we are unable to take back any disclosures we may have already made with your permission and that we are required to retain our records of the care that we provided to you. Applicable Federal and State guidelines will be followed for patients receiving Behavioral Health Services and Substance Abuse Treatment Services.

