

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, please contact our privacy office at the address or phone number at the bottom of this notice.

Our pledge to you.

We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by facility staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. We are required by law to:

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

Who will follow this notice?

King's Daughters Medical Center Ohio provides health care to our patients in partnership with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- Any health care professional who treats you at any of our locations.
- All departments and units of our organization, including our Family Care Centers and home health agency.
- All employees, staff or volunteers of our organization.
- Any business associate or partner with whom we share health information.

Changes to this Notice.

We may change our policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, exam rooms, and on our Web site at www.kdmcoho.com. You can receive a copy of the current notice at any time. The effective date is listed just below the title. You will be offered a copy of the current notice each time you register at our facility for treatment. You will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you.

• We may use and disclose medical information about you for **treatment** (such as sending medical information about you to a specialist as part of a referral); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and **to support our health care operations** (such as comparing patient data to improve treatment methods).

• We may use or disclose medical information about you without your prior authorization for several other reasons. These reasons include:

• **When required by law.** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

• **For public health activities.** We may disclose your protected health information for public health activities and purposes to:

- (i) a public health authority that is permitted by law to collect or receive the information for the purpose of preventing or controlling disease, injury or disability;
- (ii) a public health authority or other governmental authority that is authorized by law to receive reports of child abuse or neglect;

(iii) a person subject to the jurisdiction of the Food and Drug Administration (FDA), for public health purposes related to the quality, safety or effectiveness of FDA-regulated products or activities such as collecting or reporting adverse events, dangerous products, and defects or problems with FDA-regulated products;

(iv) a person who may be at risk of contracting or spreading a disease, if such disclosure is authorized by law; or

(v) your employer, for the purposes of conducting an evaluation of medical surveillance of the workplace or for the purposes of evaluating whether you have a work-related illness or injury.

• **When we believe you to be a victim of abuse or neglect.** We may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, if you do not agree to the disclosure, the disclosure will be made consistent with the requirements of applicable federal and state laws, and only if required or authorized by law.

• **For health oversight activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and entities subject to the civil rights laws.

• **For judicial and administrative proceedings.** We may use or disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in certain conditions in response to a subpoena, discovery request or other lawful process not accompanied by an order of a court or administrative tribunal.

• **For law enforcement purposes.** We may disclose your protected health information for a law enforcement purpose to a law enforcement official if certain conditions are met.

• **So that coroners, medical examiners, and funeral directors can carry out their duties.** We may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death, or performing other duties authorized by law. We may also disclose protected health information to funeral directors, consistent with applicable law, where such information is necessary to carry out the funeral directors' duties with respect to the deceased.

• **To facilitate organ, eye, or tissue donation and transplantation.** We may disclose protected health information to organ procurement organizations or other similar entities for the purpose of facilitating organ, eye, or tissue donation and transplantation.

• **For research purposes.** We may use or disclose your protected health information for research purposes, if certain conditions are met.

• **To avert a serious threat to health or safety.** We may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious threat to the health or safety of a person or the public; provided that, if a disclosure is made, it must be to a person(s) reasonably able to prevent or lessen the threat. We may also use or disclose protected health information if we believe that the use or disclosure is necessary for law enforcement authorities to identify or apprehend an individual who: (i) admits to participation in a violent crime that we reasonably believe caused serious physical harm to the victim, or (ii) appears to have escaped from a correctional institution or lawful custody.

• **For military activities.** We may use or disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary to assure proper execution of military missions, provided certain conditions are met. We may also use

or disclose protected health information of individuals who are foreign military personnel to their appropriate foreign military authority for activities deemed necessary to assure proper execution of military missions, provided certain conditions are met.

• **For national security and intelligence activities.** We may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act and implementing authority. We may also disclose protected health information to authorized federal officials for the protection of the President or other persons, or for certain federal investigations.

• **For the information of correctional institutions or other law enforcement custodians.** Should you be an inmate of a correctional institution or be in the lawful custody of a law enforcement official, we may disclose your protected health information to the institution or the official if necessary for your health, the health and safety of other inmates or law enforcement, and the safety of the institution at which you reside. An inmate does not have the right to the Notice of Privacy Practices.

• **For workers' compensation purposes.** We may disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or to other similar programs established by law.

• We also may contact you for **appointment reminders**, or to tell you about or recommend **possible treatment options, alternatives, health-related benefits or services** that may be of interest to you.

• We also may contact you to support our **fundraising efforts**.

• If you are admitted as a patient, unless you tell us otherwise, we will list in the **patient directory** your name, location in the hospital, your general condition (good, fair, etc.) and your religious affiliation, and will release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed only to a clergy member, and even if they do not ask for you by name. Being listed in the patient directory and other forms of releases may also be limited relative to state and federal law.

• We may disclose medical information about you to a **friend or family member who is involved in your medical care**, or to disaster relief authorities so that your family can be notified of your location and condition.

Other uses of medical information.

• In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use of disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your rights regarding medical information about you.

• In most cases, **you have the right to look at and to get a copy of your medical records and billing records that we maintain or that are maintained for us**, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing the copies (if we mail the copies to you), and providing a summary of your records, if you request a summary. If we deny your request to review or obtain a copy of your medical or billing records, you may submit a written request for a review of that decision.

• If you believe that information in your medical or billing records is incorrect or if important information is missing, **you have the right to request that we correct the records**, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the information maintained about you by or for us; or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.

• **You have the right to a list of those instances where we have disclosed medical information about you**, except in certain instances, such as: disclosures for treatment, payment, health care operations; disclosures made to you; disclosures incident to a use or disclosure permitted or required by the Federal Privacy Rule; disclosures specifically authorized by you; disclosures for our directory; disclosures to persons involved in your care or to disaster relief authorities; disclosures for national security and intelligence purposes; disclosures to correctional institutions or law enforcement officials; disclosures that are part of a limited data set; and disclosures occurring prior to April 14, 2003. You must submit a written request to obtain the list of those instances where we have disclosed medical information about you. The request must state the time period desired for the accounting, which must be less than a 6-year period from the date of the request and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

• If this notice was sent to you electronically, **you have the right to a paper copy of this notice upon request.**

• **You have the right to request that medical information about you be communicated to you in a confidential manner**, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

• **You may request, in writing, that we not use or disclose medical information about you** for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. **We will consider your request but we are not legally required to accept it.** We will inform you of our decision of your request.

All written requests or appeals should be submitted to our Privacy Officer listed at the bottom of this notice.

Complaints

• If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer, (listed below). In addition if you are not satisfied with the Privacy Officer's decision on your complaint you have the right to file an appeal with Sheryl Mahaney, Vice President, Chief Legal, Corporate Compliance & Regulatory Officer at King's Daughters Medical Center; Phone (606) 408-4402; Address King's Daughters Medical Center, 2201 Lexington Ave., Ashland, KY 41101. After your appeal has been received you will receive a written reply in approximately 10 days from the Vice President, Chief Legal, Corporate Compliance & Regulatory Officer.

• Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Chief Privacy Officer can provide you the address.

• Under no circumstances will you be penalized or retaliated against for filing a complaint.

PRIVACY OFFICER AND CONTACT

SCOTT A. HILL, MS, CPP, CHPA
Chief Privacy Officer
King's Daughters Medical Center
2201 Lexington Ave. | Ashland, KY 41101
Phone (606) 408-5233 | Fax (606) 408-4696
scott.hill@kdmcd.kdhs.us

KING'S
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MEDICAL CENTER
Ohio