

PINEVILLE COMMUNITY HOSPITAL ASSOCIATION, INC.
Notice of Privacy Practices
Effective: February 1, 2003

This notice describes how 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 the Public Relations Department at 606-337-3051, Extension 4281.

WHO WILL FOLLOW THE NOTICE

This notice describes the hospital's practices and the practices of:

- any health care professional authorized to enter information into your hospital chart
- all departments and units within the hospital, including the Outpatient Pharmacy employees located on the ground floor of the Doctors Office Building
- any member of a volunteer group that we allow to help you while you are in the hospital
- all employees, medical staff and other hospital personnel, and students affiliated with the hospital
- all employees of the Total Care Clinic and the Pineville Community Hospital Home Health Agency located in downtown Pineville, Kentucky. The employees of the Total Care Clinic and the Home Health Agency may share medical information with the hospital for purposes of treatment, payment, or hospital operations as 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, the Home Health Agency, and the Total Care Clinic. 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 above, whether made by the hospital, the Home Health Agency, the Total Care Clinic, or your personal doctor. Your personal doctor may have different policies or notices regarding his/her's use and disclosure of your medical information created in the doctor's office or clinic. The doctors, including on call doctors that are covering for your doctors in his/her absences and doctors that your doctor wants to consult and review your case, nursing staff, and other department staff such as X-ray, Physical Therapy, Dietary, etc. may have access to your entire medical record. The information in your medical record is necessary for us to plan your care and treat you appropriately. We will take reasonable steps to ensure that no information in your record is used inappropriately and is used by only those with a need to know in order to plan and direct your care.

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 your 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. 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.

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, medical students, or other hospital personnel who are involved in taking care of you. 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.

For 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 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, the Total Care Clinic or Home Health Agency 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 hospital individuals to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other employees of the hospital, the Total Care Clinic, and The Home Health Agency for review and learning purposes. 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 individuals are. We periodically have auditors to come in and review our treatment and billing practices to ensure that we are adequately providing services and correctly billing for these services.

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.

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 or services that may be of interest to you.

Hospital Directory. We may include certain limited information about you in the hospital directory while you are an individual at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, 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 priest or rabbi, 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. If you do not wish to be visited by a member of the clergy, you must tell the employees taking care of you.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. 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.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all individuals who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with individuals' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process and any information that could identify you specifically will have been removed. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for individuals with specific medical needs, so long as the medical information they review does not leave the hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

Marketing: Occasionally the hospital will publish brochures such as for patient education, a hospital newsletter, patient satisfaction surveys, etc. We sometimes use photographs of actual patients in the hospital brochures and newsletter. As a patient, you do not have to have your photograph taken and placed in these brochures or newsletter. If you do not wish to participate simply tell the hospital staff. The hospital staff will ask your authorization before obtaining any photographs of you and will indicate the purpose for obtaining the photographs. Patient satisfaction surveys are sent out to our patients to ensure that each patient receives care that meets his/her expectations and to identify any areas that we may need to improve on. You do not have to complete the survey if you do not want to. But, your input as to how we can better serve our patients would be much appreciated.

Fundraising: The hospital, Total Care Clinic, and Home Health Agency conducts fund raising activities only after approval from the Hospital Legal Compliance Officer. Whenever the hospital is involved in fundraising activities, we will comply with all registration, record keeping, and reporting requirements according to law. Information about you will be limited to demographic information and dates that you received services from the hospital. All funds received are used for the benefit of this facility only.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law. There are State laws that protect individuals with mental health conditions, including alcohol and drug treatment, those with HIV infection and/or AIDS, and other sexually transmittable diseases. We will abide by state laws in regards to these particular conditions.

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.

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 any 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 for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. 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 report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- 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 government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required by or authorized by law.

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 civil rights 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 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 medical information if asked to do so by a law enforcement official:

- In response to a court order, 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, Total Care Clinic, and Home Health Agency
- In emergency circumstances to report a crime; the location of the crime or victims, or the identity, description of location of the person who committed the crime.

Coroners, Medical Examiners and Funereal 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 individuals 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.

Protective Services for the President and Others. 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 Access. 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, or information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceedings. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to JoAnn Carnes, Director of Medical Records. In accordance to the provision of House Bill 250, you are entitled to receive the first copy of your information at no cost or authorize the free copy to be provided to another requesting entity. After receiving the free copy, additional copies will be billed according to policy. A copying fee, not to exceed one dollar per page, may be charged by the health care provider for furnishing a second copy of your record upon request either by you or your attorney or your authorized representative. We will act upon your request no later than 30 days after receipt of the request. We may extend the time for acting upon your request by an additional 30 days provided that we provide you with a written statement detailing the reasons for the delay and the date on which your request will be acted upon by us.

We may deny your request to inspect a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another

licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. 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 for as long as the information is kept by or for the hospital, Total Care Clinic, and Home Health Agency. We will act upon your request within 60 days of your request for an amendment to the information. If for some reason we cannot respond to your request within 60 days, we can extend the time frame to respond to your request by an additional 30 days. To request an amendment, your request must be made in writing and submitted to JoAnn Carnes, Director of Medical Records. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, 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 the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request for an amendment, we will provide you with a written statement of the denial. You can file a disagreement if we deny your request to amend your protected health information. Your disagreement needs to be in writing and forwarded to the Public Relations Department of the hospital, or you may send your disagreement to the Department for Health and Human Services. If you do not submit your disagreement in writing, you still can request the institution to include your request for an amendment and denial for any future disclosures of your protected health information that is the subject of the amendment.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. We will act on your request no later than 60 days after receiving the request. If we are unable to honor your request within the 60 days, we may extend the time frame for responding to your request by an additional 30 days.

To request this list or accounting of disclosures, you must submit your request in writing to JoAnn Carnes, Director of Medical Records. Your request must state a time period which may not be longer than seven years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of 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. 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 with emergency treatment.

To request restrictions, you must make your request in writing or verbally to JoAnn Carnes, Director of Medical Records. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. If you choose to withdraw your request for restrictions, you may do so in writing or by verbally conveying your request.

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 work or by mail.

To request confidential communications, you must make your request in writing to JoAnn Carnes, Director of Medical Records. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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 request a paper or Fax Copy of this notice, please contact the Public Relations Department at 606-337-3051, Extension 4281. Or you may request a copy in writing by sending your request to the Public Relations Department of the hospital at 850 Riverview Avenue Pineville, Kentucky 40977

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 the hospital, Total Care Clinic, and Home Health Agency. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register for treatment or health care services as an inpatient or outpatient, we will offer you 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 hospital or with the Kentucky State Department of Health and Human Services. To file a complaint with the hospital, or to obtain more information on filing a complaint with the State Department of Health and Human Services, contact the Public Relations Representative at 606-337-3051, Extension 4281. All complaints must be submitted in writing.

You will not suffer any retaliation for submitting a complaint.

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 disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care that we provided to you.