

Pickens County Medical Center

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.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pickens County Health Care Authority (PCHCA) is required by law to maintain the privacy of health information that identifies you, called protected health information (PHI), to provide you with notice of PCHCA's privacy practices regarding PHI, and to follow the terms of our notice that is currently in effect.

As part of your health care team, Pickens County Health Care Authority (PCHCA), facilities Pickens County Medical Center (PCMC), Medical Center Home Health, Carrollton Primary Care and Reform Primary Care originate and maintain numerous medical, billing, and other related records containing protected health information about you. You provide PCHCA with your personal information and medical information. Personal information includes your name, address, phone number, Social Security number, and driver's license number. Medical information includes your medical history, insurance coverage, or information from other doctors, nurses or medical providers. This document describes how this information may be used and disclosed by PCHCA, as well as your rights and the facilities' duties with respect to such information. You should also know that PCHCA shares some of your information with its medical staff and some physician groups in order to provide treatment, payment and health care operations. These doctors work at PCHCA, but are not usually employed by PCHCA. This notice also describes their practices, with appropriate modification specific to that facility, as well. They are:

- Pickens County Medical Center Medical Staff

Facility Responsibilities

PCHCA is required by statute and regulation to maintain the privacy of your health information and to provide you with a notice as to PCHCA's legal duties and privacy practices with respect to your protected health information. PCHCA is also required to abide by the terms of this notice, which may be revised from time to time. While other healthcare providers may also be required to follow the privacy laws, this notice only describes the privacy practices of the Pickens County Health Care Authority, and only relates to services provided in PCHCA facilities.

We are required to abide by the terms of the notice currently in effect. PCHCA reserves the right to change the terms of this notice and to make any revisions to the notice effective for all your health information that PCHCA maintains. Should PCHCA change the terms of this notice, it will post a copy of the revised notice at locations within PCHCA accessible to the public. You may also request a copy of the revised notice at any time.

COMPLAINTS/COMMENTS/FOR MORE INFORMATION

If you have questions or comments regarding PCHCA's Notice of Privacy Practices, or have a

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complaint about our use or disclosure of your PHI or our privacy practices, please contact: Dedra Criswell, Privacy Officer at 205-367-2493 or send a written request to HIPAA Privacy Officer Dedra Criswell, Pickens county Medical Center, 241 Robert K. Wilson Drive P. O. Box 478, Carrollton, Alabama 35447. You may also e-mail the PCHCA Privacy Officer: dcriswell@pcmc.dchsystem.com. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services (email: ocrmail@hhs.gov). PCHA will not take retaliatory action against you for filing a complaint about our privacy practices.

Your Health Information Rights Under HIPAA

- You have the right to obtain a copy of this notice in paper form upon request by contacting us at 205-367-2493. You may also obtain a copy of this notice at any registration area.
- You have the right to request limits on uses and disclosures of your PHI. You have the right to request that we limit: 1) how we use and disclose your PHI for treatment, payment, and health care operations activities; or 2) our disclosure of PHI to individuals involved in your care or payment for your care. PCHCA will consider your request but is not required to accept it, except for requests to limit disclosures to your health plan for purposes of payment or health care operations when you have paid for your treatment out-of-pocket and in full. If we agree to a restriction on other types of disclosures, we will state the agreed restrictions in writing and will abide by them, except in emergency situations when the disclosure is for purposes of treatment.
- You generally have the right to access and receive a copy of PHI that may be used to make decisions about your care or payment for your care. For PHI for which you have a right of access, you have the right to access and receive your PHI in an electronic format if it is readily producible in such format, and to direct PCHCA to transmit a copy to an entity or person you designate, provided such designation is clear, conspicuous, and specific. A nominal processing fee as allowed per State law is charged for copies of PHI. If we deny your request you have the right to have a physician, chosen by PCHCA, review your request. We will abide with the outcome of the review.
- You have the right to ask us to amend your personal information, if you believe it is incorrect or incomplete. You must make the request in writing, telling us what information you want changed and why it should be changed. We are not necessarily required to make the changes you request. For example, we are not required to change information we did not create or information that is correct. If we do not make the change you request, we will tell you why. If we do make the changes, we will make a reasonable effort to inform others to whom we gave the information or who you tell us received the information.
- You have a right to receive an accounting of disclosures we make of your personal information. This list will not include certain disclosures of PHI, such as (but not limited to)

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those made based on your written authorization or those made prior to the date on which PCHCA was required to comply. If you request an accounting of disclosures of PHI that were made for purposes other than treatment, payment, or health care operations, the list will include disclosures made in the past six years, unless you request a shorter period of disclosures. If you request an accounting of disclosures of PHI that were made for purposes of treatment, payment or health care operations, the list will include only those disclosures made in the past three years for which an accounting is required by law, unless you request a shorter period of disclosures. If you ask for more than one accounting in any 12-month period, we may charge you a reasonable fee.

- You have the right to request confidential communications containing your protected health information by alternative means or at alternative locations to protect your confidentiality. For example, you may ask to be contacted only at home or through the mail at a post office box. PCHCA will accommodate reasonable requests.
- You have the right to notification if PCHCA discovers a breach of unsecured PHI unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm.

How to Exercise Your Rights

To exercise any of your rights described in this notice, you must send a written request to: Pickens County Medical Center, Attn: Dedra Criswell, Privacy Officer, P.O. Box 478, Carrollton, Alabama 35447.

Uses and Disclosures of Your Information

PCHCA is permitted under HIPAA to use or disclose your health information in situations that do not require your prior written authorization. The list below is not all-inclusive but does represent the majority of situations in which PCHCA may use or disclose your PHI without written consent from you. Any use or disclosure of your information other than the uses listed would be made only with your authorization (approval). If you do authorize a use or disclosure, you can revoke (take back) that authorization later. Your revocation does not affect any use or disclosure already made before your revocation was received by PCHCA.

- **Treatment:** PCHCA may use or disclose PHI for treatment purposes, including disclosure to physicians, nurses, medical students and other health care professionals who provide you with health care services and/or are involved in the coordination of your care, such as providing your physician with your laboratory results. PCHCA may also disclose your health information outside the facility to whoever may be involved in your medical care after you leave PCHCA, such as a family member, friend, and/or sitter.

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- **Payment:** PCHCA may release health information about you for the purposes of determining coverage, billing, claims management, medical data processing, and reimbursement. Your health information may be released to an insurance company, third-party payor or other entity or their authorized representatives involved in the payment of your medical bill.
- **Health Care Operations:** PCHCA may use and disclose your health information during routine health care operations, including but not limited to, quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of PCHCA. We may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.
- **Family and Friends:** Unless you object, PCHCA may disclose PHI to a person who is involved in your care or helps pay for your care, such as a family member or close friend. We also may notify your family about your location or general condition. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
- **Disaster Relief:** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster.
- **Minors:** As allowed by federal and state law, we may disclose the PHI of minors to their parents or legal guardians.
- **Facility Directory:** PCHCA will use your name, location within PCMC, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy—such as a pastor, priest, or rabbi—and, with the exception for religious affiliation, to other people who ask for you by name. You have the right to opt out of the facility directory listing.
- **Appointment Reminders and Other Services:** PCHCA may use and disclose PHI to contact you as a reminder that you have an appointment with us and may use and disclose PHI to tell you about other PCHCA service lines that may be of interest to you.
- **Business Associates:** PCHCA may disclose certain health information about you to our business associates. A business associate is an individual or entity under contract with PCHCA to perform or assist PCHCA in a function or activity which necessitates a disclosure of health information. Examples of business associates include, but are not limited to, consultants, accountants, lawyers, medical transcriptionists and third-party billing companies. PCHCA requires the business associate to protect the confidentiality of your health information.
- **Regulatory Agencies:** PCHCA may disclose your health information to a health oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government and other health oversight agencies to monitor the health care system, government programs and compliance with civil rights.

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- **Law Enforcement/Litigation:** PCHCA may disclose your health information for law enforcement purposes as required by law, including in response to a subpoena, court order, warrant, or summons.
- **Serious Threat to Health or Safety:** Consistent with applicable federal and state laws, we may use and disclose health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Public Health:** As required by law, PCHCA may disclose your health information to the Centers for Disease Control and Prevention, state and local departments of public health or other legal authorities charged with preventing or controlling disease, injury or disability.
- **Abuse, Neglect, Violence:** As required by law, PCHCA will disclose your health information to the appropriate authorities in instances of suspected abuse or neglect.
- **Workers' Compensation:** PCHCA may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Research:** We may disclose your health information to researchers when the research has been approved by an institutional review board that has reviewed the research purpose and established protocols to ensure the privacy of your health information. When your authorization is required, we will verify that the researchers have obtained your consent to participate in the study before disclosing any of your health information.
- **Fundraising:** We may use certain information to contact you for financial support of PCMC Foundation charitable programs. The funds raised will be used to expand and improve the services and programs we provide the community. An opportunity to opt-out of future contact for fundraising purposes will be included with any fundraising contact made by the representatives of the PCMC Foundation.
- **Required By Law:** PCHCA will disclose medical information about you when required to do so by international, federal, state, or local law.
- **Specialized Government Functions:** PCHCA may use and disclose PHI when authorized by law with regard to certain military and veteran activity.
- **Food and Drug Administration:** We may disclose to the FDA health information relative to adverse events with respect to food supplements, products, and product defects or post-marketing surveillance to enable product recalls, repairs, or replacement.
- **Inmates or Individuals in Custody:** 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.
- **National Security and Intelligence Activities:** We may release your health information to authorized federal officials for lawful intelligence, counter-intelligence, and other national security activities as authorized by law.
- **Coroner, Medical Examiner, Funeral Directors:** PCHCA may disclose PHI to a coroner, medical examiner, or funeral director for the purpose of identifying a deceased person, determining, cause of death, or for performing some other duty authorized by law.
- **Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to an organ procurement organization or entity engaged in the

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procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Other Uses and Disclosures

Any other use or disclosure of your health information will be made only with your written authorization. Specifically, most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of protected health information require your written authorization. You may revoke your authorization in writing at any time by sending it to the contact person listed earlier in this notice. Revocation of your authorization will be valid immediately upon receipt except to the extent that action has already been taken in reliance on your authorization.

Effective Date

This notice is effective as of September 1, 2013.