

NOTICE OF PRIVACY PRACTICES

ROANE GENERAL HOSPITAL
200 HOSPITAL DRIVE
SPENCER, WV 25276
Privacy Officer: 304-927-6352



EFFECTIVE: April 14, 2003
REVISED: January 15, 2014

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.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, or another healthcare provider, a record of your visit is made. Typically, this record contains symptoms, examination and test results, diagnoses, treatment, and the plan for future care or treatment. This has the following functions:

- It serves as the basis for planning your care and treatment.
- It serves as the means of communication among the various health professionals who contribute to your care.
- It describes the care you received.
- It serves as the means by which you or a third-party payer representing you can verify that billed services were actually provided.
- It is used as a tool in the education of healthcare professionals.
- It is a source of data for medical research.
- It is a source of information for the public health officials charged with improving the health of the nation.
- It is a source of data for facility planning and marketing.
- It serves as a tool for assessing and continually improving the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand who, what, when, where and why others may access your health information; and make more informed decisions about authorizing the disclosure of your healthcare information to other parties.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the property of the healthcare practitioner or facility that compiled it, the information in the record relates to you. You have certain rights in connection with your health information. You have the right to:

- Request a restriction on certain uses and disclosures of your information. You may do so by putting your request in writing and sending it to the privacy officer (address is at the end of this notice). You may request to restrict certain disclosures of information to an insurance company if you agree to pay for services in full and out of pocket.
- Obtain a paper copy of the notice of information practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.524, by calling the Medical Record Department at 304-927-6352 to set up an appointment. A minimal fee may be charged for costs of copies.
- Amend your health record as provided in 45 CFR 164.528. You may put your request for amendment in writing. We will consider your requested amendment, but are not required to agree to the amendment.
- Obtain an accounting of disclosures for your health information as provided in 45 CFR 164.528. Call the Medical Records Department at 304-927-6227 for information on obtaining a copy of your accounting of disclosures.
- Request communications of your health information by alternative means or at alternate locations.
- Opt out of receiving fundraising communications.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken, (For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, see the "For More Information or to Report a Problem" section.) You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance

on the authorization. If the authorization is to permit disclosure of your information to an insurance company, as a condition of obtaining coverage, other law may allow the insurer to continue to use your information to contest the claim or your coverage, even after you have revoked the authorization.

OUR RESPONSIBILITIES

This organization has certain responsibilities in connection with your health record. We are required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction on uses and disclosures of health information.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Notify you of a breach of unsecured patient health information in the event that you are affected. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. Should our information practices change, we will provide you with a new Notice of Privacy Practices on your next visit to Roane General Hospital or upon your request. We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the privacy officer at Roane General Hospital, Medical Records Department, 200 Hospital Drive, Spencer, WV 25276, 304-927-6352. If you believe your right to privacy has been violated, you can file a complaint with the privacy officer or with the Secretary of Health and Human Services, Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independent Avenue, S.W. Room 509F, HHH Bldg., Washington, DC 20201. We will not retaliate against you for filing a complaint.

EXAMPLES OF DISCLOSURE FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

1. We will use information about you for the purpose of diagnosis and treatment.
For example, a hospital nurse may read your medical chart to care for you properly. We will also disclose your information to others who need it in order to provide you with medical treatment or services. For example, we may send your doctor the results of laboratory tests we perform.
We will also provide your physician or other hospitals and healthcare providers with copies of various reports to assist him or her in treating you once you have been discharged from this hospital.
2. We will use your health information to request payment for the services you receive.
For example, a bill may be sent to your insurance company or others responsible for payment for your care. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures performed and services provided at the hospital and supplies used in providing your care.
3. We will use your health information for regular healthcare operations in our facility.
For example, members of the medical staff, nurses, therapists and other staff and employees of the hospital may use information from your health record to assess the care and clinical outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.
4. We will share your health information with our business associates only when necessary to conduct operations or provide services.
For example, outside business associates sometimes provide physician services in the emergency department and for radiology and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to perform and then bill you or your insurance company or other person responsible to pay for services rendered. To protect your health information, however; we require the business associate to appropriately safeguard your information.

5. We will share limited information about you in our directory of patients unless you notify us that you object. *For example your name, location and religion in the facility may be used for directory purposes. This information may be provided to the clergy or other people who ask for you by name.*
6. We will share limited information about you (your location and general condition) for the purpose of notifying your family members, personal representatives, or other people involved in your care.
7. We will share limited information about you for the purpose of communication with your family or close personal friends. *For example, using their best judgment, healthcare professionals may disclose to a family member, relative, close personal friend, or any other person you designate for your care, health information relevant to that person's involvement in your care or payment.*
8. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
9. Consistent with applicable law, we may disclose health information to coroners, medical examiners or funeral directors so that they can carry out their duties.
10. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplantation.
11. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
12. We may share demographic information and dates of service to our foundation for fund-raising.
13. We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
14. We may disclose health information to the extent authorized by, and to the extent necessary to comply with, laws relating to Workers' Compensation or other similar programs established by law. [We may also make disclosures to employers - see section 164.512 (b)(1)(v)].
15. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
16. If you are an inmate of a correctional institution, we may disclose to the institution or its agents thereof health information necessary for your health and the health and safety of other individuals.
17. We may disclose health information for; (a) law enforcement purposes by court order, (b) to avert a serious threat to a person or the public, (c) in response to a valid subpoena, (d) as required by law, (e) for specialized government functions related to military or veterans affairs or in connection with national security or intelligence activities.
18. We may disclose information about you to government authorities or social service organizations if we reasonably believe you are a victim of abuse, neglect or domestic violence [section 164.512 cc].
19. We may disclose information about you for health oversight activities authorized by law, including audits, investigations, and inspections involving the hospital or a government benefit program [section 164.512 (d)].
20. All other uses and disclosures not described in this Notice of Privacy Practices will be made only with your authorization.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.