



McCall Memorial Hospital

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU, AS A PATIENT AT McCALL MEMORIAL HOSPITAL, MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

Effective 4/14/03

OUR COMMITMENT TO YOUR PRIVACY

McCall Memorial Hospital is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our hospital concerning your PHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by this hospital. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all your records that this hospital has created or maintained in the past, and for any of your records that we may create or maintain in the future. McCall Memorial Hospital will post a copy of our current Notice in a visible location at all times, and you may request a copy of our most current Notice at any time.

Throughout this notice, “we” or “our” refers to the hospital, its departments, employees and volunteers, and members of its Medical Staff while they are performing services at McCall Memorial Hospital. “You” or “Your” refers to you or your personal representative, or other person legally authorized to make health care decisions for you.

1. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION.

In some circumstances, we are permitted to use and disclose your protected health information without obtaining your written authorization, and without offering you the opportunity to object. These circumstances include:

TREATMENT: We may use or disclose your protected health information so that we, or other health care providers, may treat you. An example would be if your primary care physician discloses your health information to another doctor for the purposes of consultation, or to provide additional treatment to you.

PAYMENT: We may use or disclose protected health information so that we, or other health care providers, may obtain payment for treatment provided to you. For example, we may disclose information from your medical record to your insurance company to obtain pre-authorization for treatment, or to submit a claim for payment.

HEALTH CARE OPERATIONS: We may use or disclose protected health information for certain health care operations that are necessary to run the hospital and ensure that our patients receive quality care, such as reviewing our performance, training our staff, or to help make business decisions about the hospital and the services we offer. We may disclose your protected health information to another hospital to allow it to perform its day-to-day functions, but only to the extent that we both have a relationship with you.

APPOINTMENTS AND SERVICES: We may use or disclose protected health information to contact you to provide ap-

pointment reminders, or to provide information about treatment alternatives or other health related benefits and services that may be of interest to you.

FUNDRAISING: We may use or disclose limited protected health information to contact you to raise funds for the hospital, including certain demographic information and the date(s) that treatment was provided to you. All fundraising communications will include information about how you may opt out of future fundraising communications.

MARKETING: We may use or disclose protected health information for limited marketing activities without written authorization, including face-to-face communications with you about our services.

REQUIRED BY LAW: We may use or disclose protected health information to the extent that such use or disclosure is required by law.

PUBLIC HEALTH ACTIVITIES: We may use or disclose protected health information for certain public health activities, including: to report information necessary to prevent or control disease, injury or disability; to report births and deaths; to report information about FDA-related products or activities; and to report information about work related illnesses or injuries to an employer under certain circumstances.

COMMUNICABLE DISEASES: We are required to disclose protected health information concerning certain communicable diseases to the appropriate government agency. To the extent authorized by law, we may also disclose protected health information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

ABUSE OR NEGLECT: We must disclose protected health information to the appropriate government agency if we believe it is related to child abuse or neglect, or if we believe that you may have been a victim of abuse, neglect, or domestic violence.

HEALTH OVERSIGHT ACTIVITIES: We may disclose protected health information to governmental health oversight agencies to help them perform certain activities authorized by law, such as audits, investigations, and inspections.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We may disclose protected health information in response to an order of the court or administrative tribunal. We may also disclose protected health information in response to a subpoena, discovery request, or other lawful process.

LAW ENFORCEMENT: We may disclose protected health information, subject to specific limitations, for certain law enforcement purposes, including: in response to legal process or as otherwise required by law; to identify, locate, or apprehend a suspect, fugitive, material witness or missing person; to provide information about the victim of a crime; to alert law enforcement that a person may have died as a result of a crime; to report a crime that has occurred on the hospital premises; or, if the provider is responding to an emergency away from the hospital premises, to report certain information about a crime that occurred away from the hospital.

CORONERS AND FUNERAL DIRECTORS: We may disclose protected health information to a coroner or medical examiner to identify a deceased person, determine cause of death, or permit the coroner or medical examiner to fulfill other duties authorized by law. We may disclose protected health information to a funeral director to allow them to carry out their duties.

ORGAN DONATION: We may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaver organs or tissues.

RESEARCH: We may use or disclose protected health information for research if the research has been approved by an institutional review board or privacy board in accordance with established protocols and appropriate assurances have been obtained to the privacy of your health information.

THREAT TO HEALTH OR SAFETY: We may use or disclose protected health information to avert a serious threat to your health or safety or the health and safety of others.

MILITARY: If you are in the military, we may disclose protected health information as required by military command authorities.

NATIONAL SECURITY: We may disclose protected health information to authorized federal officials for national security activities.

INMATES OR PERSONS IN POLICE CUSTODY: If you are an inmate or in the custody of law enforcement, we may disclose protected health information if necessary for your health care; for the health and safety of others; or for the safety and security of the correctional institution.

WORKER'S COMPENSATION: We may disclose protected health information as authorized by and to comply with worker's compensation laws and other similar legally-established programs.

BUSINESS ASSOCIATES: We may disclose protected health information to our third party "business associates" who perform activities involving protected health information for us. For example, billing or transcription services. Our contracts with the business associates require them to protect your health information.

2. OTHER USES AND DISCLOSURES OF INFORMATION THAT WE MAY MAKE UNLESS YOU OBJECT.

We may use and disclose protected health information in the following instances without your written authorization unless you object. If you object, please notify the Privacy Contact listed at the end of notice.

HOSPITAL CENSUS/DIRECTORY: Unless you object, we will include your name, your location in the hospital, your general condition, and your religious affiliation in our hospital census/directory. We may disclose the foregoing information to clergy and to people who ask for you by name.

PERSONS INVOLVED IN YOUR HEALTH CARE: Unless you object, we may disclose protected health information to a member of your family, relative, close friend, or other persons identified by you who are involved in your health care or payment of your health care. We will limit the disclosure to the protected health information relevant to that person's involvement in your health care or payment.

NOTIFICATION: Unless you object, we may use or disclose protected health information to notify a family member or other person responsible for your care of your location and condition. Among other things, we may disclose protected health information to a disaster relief agency to help notify family members.

3. USES AND DISCLOSURES THAT WE MAY MAKE WITH YOUR WRITTEN AUTHORIZATION.

Other uses and disclosures of protected health information will be made only with your written authorization. You may revoke your authorization by submitting a written notice to the Privacy Contact identified below.

4. YOUR RIGHTS CONCERNING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights concerning your protected health information. To exercise any of these rights, you must submit a request in writing to the Privacy Contact listed at the end of notice.

RIGHT TO REQUEST ADDITIONAL RESTRICTIONS: You have the right to request additional restrictions on the use or disclosure of your protected health information for treatment, payment, or health care operations. We are not required to agree to a requested restriction. If we agree, we will comply with the restriction unless an emergency or the law prevents us from complying with the restriction, or until the restriction is terminated.

RIGHT TO RECEIVE COMMUNICATIONS BY ALTERNATIVE MEANS: We normally contact you by telephone or mail to your home address. You have the right to request that we contact you by some other method or at some other location. We will not ask you the reason for your request. We will accommodate reasonable requests. We may require that you explain how payment will be handled if an alternative means of communication is used.

RIGHT TO INSPECT AND COPY RECORDS: You have a right to inspect and obtain a copy of your protected health information that is used to make decisions about your care, including medical and billing records. We may charge you a reasonable cost-based fee for providing the records. We may deny your request if you seek psychotherapy notes; information compiled in anticipation of legal proceedings; information that is protected by applicable law; and information that may result in substantial harm to you or others if disclosed.

RIGHT TO REQUEST AMENDMENT TO RECORD: You have the right to request that your protected health information be amended. We require that you provide a reason to support the requested amendment. We may deny your request if we did not create the record; if you did not have a right to access the record; or if we determine that the record is accurate and complete. If we deny your request, you have the right to submit a statement disagreeing with our decision and to have the statement attached to the record.

RIGHT TO AN ACCOUNTING OF CERTAIN DISCLOSURES: You have the right to request and receive an accounting of disclosures we have made of your protected health information for certain purposes after April 14, 2003. This right does not extend to disclosures made to you; for treatment, payment or health care operation; pursuant to a hospital census/directory; to family members or others involved in your health care or payment; for notification purposes; or pursuant to an authorization. You have the right to receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.

RIGHT TO A COPY OF THIS NOTICE: You have a right to obtain a paper copy of this notice upon request.

5. CHANGES TO THIS NOTICE.

We reserve the right to change the terms of our Notice of Privacy Practices at anytime, and to make the new Notice provisions effective for all protected health information that we maintain. If we materially change our privacy practices, we will prepare a new Notice of Privacy Practices, which shall be effective for all protected health information that we maintain. We will post a copy of the current Notice in the hospital (and on our web site). You may obtain a copy of the current Notice in our registration area, or by contacting the Privacy Officer identified below.

6. COMPLAINTS.

You may complain to us, or the Secretary of Health and Human Services, if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Contact identified below. All complaints must be in writing. We will not retaliate against you for filing a complaint.

7. ENTITIES COVERED BY THIS NOTICE.

This Joint Notice of Privacy Practices applies to the hospital (including its departments and units wherever located); its employees, staff and other hospital personnel; and all volunteers whom we allow to help you while you are in the hospital. This Joint Notice of Privacy Practices also applies to all members of the Medical Staff and volunteer Emergency Medical Services (EMS) units providing services to McCall Memorial Hospital. We may share and exchange protected health information with members of the Medical Staff and EMS for treatment, payment, and health care operations. However, members of the Medical Staff, including your personal physician, may have different privacy policies and practices relating to their use or disclosure of protected health information created or maintained in their clinic or office.

8. PRIVACY CONTACT.

If you have any questions about this Notice or if you want to object or complain about use or disclosure or exercise any right as explained above, please contact our Privacy Official:

Privacy Officer
McCall Memorial Hospital
1000 State Street, McCall, Idaho 83638
(208) 634-2221
e-mail: hospital@mccallhosp.org

(Rev:Apr 2, 2003)