

# 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 THE INFORMATION IN THIS NOTICE CAREFULLY.*

This notice provides you with information to protect the privacy of your confidential health care information, hereafter referred to as protected health information (PHI). The notice also describes the privacy rights you have and how you can exercise those rights. This notice serves as a joint notice from Conway Regional Health System and members of the Conway Regional Health System medical staff through an organized health care arrangement.

The law requires that we have privacy protections for PHI and to give you Notice of our legal responsibilities to individuals. We are required to follow the terms and conditions contained in this Notice of Privacy Practices, but we reserve the right to change the privacy practices described in it. A current version of this Notice is posted on our website and in prominent areas of our facilities. We are also required to notify you if a breach of your health information occurs.

## **Uses and Disclosures of Your Health Care Information**

**Treatment Purposes:** Your PHI may be used by and disclosed to other health care professionals for the purpose of providing you with health care services. This may also include the need for us to obtain PHI from your current or previous health care providers. For example, information obtained by a nurse, physician or other member of your healthcare team will be recorded in your medical record and used to determine the course of treatment that should work best for you.

**Payment Purposes:** Your PHI may be used by and provided to your health plan or insurance provider for the purpose of receiving payment for health care services. Your insurer also has a right to access your health care information for payment determinations or for conducting quality activities. PHI may also be disclosed to comply with workers compensation laws and similar programs. Your PHI may be shared with other healthcare providers, if necessary, for payment purposes.

**Health Care Operations:** Your PHI may be used or disclosed for health care operations. Our staff members and independent contractors may be required to access PHI for certain business operations and for quality improvement purposes. These uses and disclosures are necessary to operate Conway Regional Health System to help ensure that all of our patients receive quality care. For example, we may use PHI about your health care condition to evaluate the performance of our staff in caring for you.

**Business Associates:** There are some services in our organization that are provided through contract with business associates and subcontractors of Business Associates. Your health care information may be used by or disclosed to our business associate(s) to provide and bill for services. These business associates will sign an agreement that requires them to have procedures in place to protect the privacy of your PHI. Business Associates are also required to be compliant with the HIPAA regulations.

**Patient Directory:** Your PHI will be used to maintain a listing of the names, locations, general condition and religious affiliation of patients in our facilities. The information may be disclosed to members of the clergy and to others who specifically request the information by identifying the patient by name. You may inform our Admission staff or a caregiver if you choose to object to this use or disclosure.

**Notification of and Communication with family:** Your PHI may be used or disclosed to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition. Health professionals, using their judgment, may disclose to a family member or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Fundraising:** We may contact you as part of a fundraising effort for the hospital. In addition to utilizing contact information such as your name, address and telephone number and potentially the date(s) you received services from our organization, we may use and or disclose the department of service, treating physician, outcome information, and health insurance information. If you do not want to be contacted for fundraising efforts, you may opt out of receiving these communications. Please contact either the Marketing Department or the Privacy Officer.

**Contacts:** We may contact you to provide appointment reminders or to tell you about new treatments or services.

**As Required by Law:** Your PHI will be used or disclosed when we are legally required to do so. If this occurs, we will limit the PHI used or disclosed to the minimum necessary to comply with the law.

**Inmates:** If you are an inmate, your PHI may be used or disclosed to the correctional institution or agents thereof when necessary for your health and the health and safety of others.

**Emergencies:** Your PHI may be used or disclosed in an emergency treatment situation. Your acknowledgement will be obtained as soon as practicable following the emergency.

**Workers' Compensation:** We may disclose PHI to file workers' compensation claims.

**To avert a serious threat to health or safety:** We may use and disclose PHI 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.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose PHI to organ procurement organizations for the purpose of organ and tissue donation and transplant.

**Military:** If you are or have been a member of the armed forces, we may release PHI about you as required by military command authorities.

**Research:** We may disclose PHI about you for research purposes when the research has been approved by an institutional review board and privacy protocols have been established. Your research-related treatment may be conditioned on signing an authorization to use and disclose your PHI in the research. You may also be asked to sign an authorization that would allow your PHI to be used in future research studies.

**Public Health Authorities:** As required by law, we may disclose your PHI to the public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, reporting births and deaths, reporting suspected abuse or neglect; and, reporting communicable disease information as required by public health authorities.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law, including, for example, audits, investigations, inspections, medical device reporting and licensure.

**Legal Proceedings:** We may disclose your PHI in the course of any judicial or administrative proceeding or in response to a court order, subpoena, discovery request or other lawful process, as allowed by law.

**Law Enforcement Officials:** We may release PHI for law enforcement purposes as required by law such as to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain 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 or during services being provided by Conway Regional Health Systems; and, in emergency circumstances to report a crime, the location of the crime or victim(s), or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose PHI to coroners, medical examiners or funeral directors consistent with applicable law to allow these individuals to carry out their duties.

**National Security and Intelligence Activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Sale of Information:** Conway Regional Health System will not sell your information without your prior authorization or as otherwise allowed by law.

**Required Uses and Disclosures:** Conway Regional Health System must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the HIPAA Privacy Regulations.

Your PHI may be used or disclosed for other purposes not identified above based on your signing a specific authorization form. You can revoke this authorization at any time provided you submit the revocation in writing to the Conway Regional Health System Privacy Officer. However, Conway Regional Health System is unable to "take back" any uses or disclosures that were made pursuant to the authorization prior to its revocation.

## **Your Health Information Rights**

**Right to Request a Restriction of Uses and Disclosures:** You have the right to request in writing a restriction on certain uses and disclosures of your PHI. We are not required to agree to the requested restrictions, unless you are requesting to restrict certain information from your health plan and you have paid Conway Regional Health System for those services in full *prior* to receiving those services.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about your PHI in a certain way or at a certain location to protect the confidentiality of the information.

**Right to Inspect and Copy:** You have the right to request to inspect or obtain a copy of your PHI in paper or electronic form. There are a few exceptions to this right such as psychotherapy notes. For copies of your PHI, we may charge a reasonable fee for copying, postage (if mailed) and other costs associated with your request.

**Right to Amend:** You have the right to request that we amend your PHI that we created if you feel that the information is incorrect or incomplete. To request an amendment, you must submit the request in writing to our Privacy Officer. You must also provide reasoning to support your request. In addition, we may deny your request if you ask us to amend information that (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the information kept by or for us; (3) is not part of the information which you would be permitted to inspect or copy; or (4) is accurate and complete.

**Right to Receive an Accounting of Disclosures:** You have the right to request a record of certain disclosures of your PHI.

**Right to Receive a Paper Copy of this Notice:** You have a right to receive a paper copy of our Notice of Privacy Practices. You may request a copy of this notice from the Admissions desk. The Notice is also posted on our website at [www.conwayregional.org](http://www.conwayregional.org).

**Right to File a Complaint:** You have the right to file a complaint if you believe we are not in compliance with our Notice of Privacy Practices and the Healthcare Information Portability and Accountability Act (HIPAA) or if you believe your privacy rights have been violated. Your complaint can be submitted to our Privacy Officer via phone, writing, or in person. We value your opinion and we will not retaliate against you in any manner for filing a complaint. You also have a right to file a complaint with the Secretary of the Department of Health and Human Services.

We are committed to protecting the confidentiality of your medical information. If you have any questions, comments, complaints, or concerns, please contact our Privacy Officer at 2302 College Ave., Conway, AR 72034 or by phone at (501) 450-2132.