

# NOTICE OF PRIVACY PRACTICES



This Notice of Privacy Practices describes the privacy practices of Conway Regional Medical Center, Conway Regional Rehabilitation Hospital, Conway Outpatient Pharmacy, and Dardanelle Regional Medical Center which have collectively formed an Affiliated Covered Entity or “ACE” under the HIPAA regulations for purposes of HIPAA compliance (the “ACE”). The ACE includes hospitals, clinics and other health care providers that the organizations operate. Our rules to protect your privacy will be followed by all workforce members of the site where you are being treated, as well as physicians and other health care practitioners with permission to provide services to patients.

We are committed to the protection of your health information. The Health Insurance Portability and Accountability Act requires that we provide notice to each of our patients of how their information is used. We collect information from you and keep it in a designated record set that contains your health and billing information.

This Notice of Privacy Practices also describes the privacy practices of the physicians and other health care professionals on our medical staffs. Legally this is called an “organized health care arrangement” or “OHCA” between the ACE and providers on each Medical Staff. The following will occur under the OHCA:

- Use this Notice as a joint notice of privacy practices
- Obtain a signed acknowledgment of receipt
- Share health information between healthcare settings with eligible providers so that they can help the ACE with its health care operations

**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.**

# YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

## **Get an electronic or paper copy of your medical record from the Health Information Management Department:**

- You can ask to see or get an electronic or paper copy of your medical record and billing information that we have about you. We are allowed up to 30 days to fulfill your request and we may charge a reasonable, cost-based fee for copies.
- You can sign up for our patient portal to access your health information. Patient portals give you free, secure 24-hour online access to your health information. For more information, please ask a staff member.

## **Correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days

## **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

## **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment or our health care operations. We are not required to agree to your request, and we may say “no” if it would affect your care plan.
- If you pay for a service or health care item out-of-pocket in full prior to service, you can ask us not to share that information with your health insurance plan. We will say “yes” unless a law requires us to share that information.

## **Get a list of those with whom we’ve shared your information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. If you ask for this more than once every 12 months, you may be charged a fee.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).

## **Get a copy of this Notice of Privacy Practices**

You can ask for a paper copy of this Notice of Privacy Practices at any time, even if you have agreed to receive the Notice of Privacy Practices electronically. We will provide you with a paper copy promptly. You can also access an electronic copy at [conwayregional.org](http://conwayregional.org) or [dardanelleregional.org](http://dardanelleregional.org).

## **File a complaint if you feel your rights have been violated**

- You can complain if you feel we have violated your rights by reaching out to us through the “Contact Us” information listed at the bottom of this document.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [hhs.gov/hipaa/filing-a-complaint/index.html](http://hhs.gov/hipaa/filing-a-complaint/index.html).
- We will not retaliate against you for filing a complaint

# YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do.

**In these cases, you have the opportunity to object:**

- Unless you tell us not to, we may share information with your family, close friends or others involved in your care. This may include gathering medical history, informing of admission and discharge, and coordinating your care plan.
- Unless you tell us not to, we may include your information in our patient directory and disclose your name, location in the facility, and general condition to people who ask for you by name. If provided by you, your religious affiliation may also be given to members of the clergy.
- If you don't tell us your preference or you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest.

**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Sharing of psychotherapy notes in most circumstances

**In the case of fundraising:**

We may contact you for fundraising efforts, but you can call us at 501 329 3831 or email us at [foundation@conwayregional.org](mailto:foundation@conwayregional.org) and tell us not to contact you again.

## HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [hhs.gov/hipaa/for-individuals/index.html](https://www.hhs.gov/hipaa/for-individuals/index.html). You do not have an opportunity to object to these disclosures.

### **Help with public health and safety issues:**

We can share health information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications or medical devices, reporting suspected abuse or neglect, and preventing or reducing a serious threat to anyone's health or safety.

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations for donation evaluations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner or funeral director when an individual dies.

### **Address workers' compensation claims**

We can use or share health information about you for workers' compensation claims.

### **For law enforcement purposes or with a law enforcement official**

Upon formal request, we may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual. If you are an inmate in a correctional institution, we may share your information with the institution and transportation personnel.

### **Respond to lawsuits and legal actions**

We can share health information about you in the course of a lawsuit or legal action, in response to a court or administrative order, or in response to a subpoena.

### **With health oversight agencies for activities authorized by law**

For example, we may share your information with the Arkansas Department of Health.

### **For special government functions such as military, national security and presidential protective services**

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel, (1) for activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities.

Part 2 substance use disorder records: To the extent we have your substance use disorder patient records subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

# OUR USES & DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the ways listed below.

## **Treat You**

- We can use your health information and share it with other professionals who are treating you.
- We may make your information available electronically through an electronic health information exchanges (HIE) so other healthcare providers can use the information to treat you. Participating in an electronic HIE may also let us see their information about you so we can treat you. You can request to opt out of the HIE. It does not recall previously shared information and it does not prevent us from sharing information with health care providers in other ways.
- Your care may involve the use of telemedicine technologies. Security measures (such as encryption and/or the use of nonpublic networks) are used to help minimize the risks associated with telemedicine.

## **Run Our Organization**

- We can use and share your health information to run our organization, improve your care and contact you. These activities include, but are not limited to, quality assessment and improvement activities, recruitment and training of medical personnel, licensing, risk management, legal services, compliance and audit functions, etc.
- We participate in a number of online public social media sites. If you or others choose to share your health information on our online social media sites, this information is considered to be public and not protected by privacy laws, and may be re-posted or shared by others. If you do not want your health information to be public, you should not share it on online public social media sites.

## **Bill For Your Services**

We can use and share your health information to bill and get payment from health insurance plans or other entities. This may include certain activities that your health insurance plan may undertake before it approves or pays for your services such as determining eligibility and coverage and utilization review.

# OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this Notice of Privacy Practices and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## **Notice of Redisclosure**

Medical information that is disclosed pursuant to this Notice may be subject to redisclosure by the recipient and no longer protected by HIPAA. Federal or state law applicable to the recipient may limit their ability to use or disclose the medical information received, such as if they are another health care provider subject to HIPAA or a program or entity subject to Part 2.

## **Changes to the Terms of this Notice of Privacy Practices**

We can change the terms of this Notice of Privacy Practices, and the changes will apply to all information we have about you. The new Notice of Privacy Practices will be available upon request.

## **Contact Us**

If you have any questions or need more information, please contact your facility and ask for the Privacy Officer.

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Conway, AR 72034  
501 329 3831

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200 N 3rd St.  
Dardanelle, AR 72834  
479 229 4677

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