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Sample from AAMC web site www.aamc.org/gir/hipaa 4/30/03

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.

This Notice of Privacy Practices describes how **(List entities)** may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. If you have questions about any part of this Notice or if you want more information about the privacy practices at any of the above listed organizations, please contact:

Phone Numbers of Privacy Office(s)

1. OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

The above listed organizations are required by law to (1) make sure that medical information that identifies you is kept private, (2) give you this notice of our legal duties and privacy practices with respect to medical information about you, (3) follow the terms of the notice that is currently in effect, and (4) communicate any changes to the Notice to you.

We reserve the right to change this Notice of Privacy Practices at any time in the future. The Notice's effective date is found at the top of the first page. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. You may request a copy of any revised notice of Privacy Practices by: 1) calling the compliance number above, 2) asking for one at your next visit to our organization, or 3) via our website at _____ . Until such amendment is made, we are required by law to comply with this Notice.

We will also post a copy of the current Notice at certain designated registration areas throughout our hospital and clinics. In addition, upon your first visit to our organization, we will provide you with a summary brochure of this Notice that will include instructions regarding how to obtain a comprehensive copy of this Notice.

2. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Uses and Disclosures of Protected Health Information for Treatment, Payment and Healthcare Operations

The law permits us to use or disclose your protected health information for the following purposes:

1) Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. Doctors and/or residents, nurses, technicians, medical students, or other health care personnel who are involved in taking care of you use medical information about you.

For example, a doctor or resident treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital and/or clinics also may share protected health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

We may also disclose protected health information about you to people outside our organization that will be involved in your medical care or others we use to provide services that are part of your care. For example, your family doctor/primary care physician may want to be informed of your admission to our

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hospital, the treatment that you received while you were a patient at our hospital, and the result of your treatment so that (s)he may provide the appropriate follow-up care after you are discharged.

2) Payment. Your protected health information will be used or disclosed, as needed, to obtain payment for your health care services. This may include certain activities that we are required to undertake before payment can be obtained from your health insurance plan or other third party. These activities may include determining eligibility or coverage of benefits, reviewing services provided to you as medically necessary, and obtaining approval for a hospital stay from your health insurance plan.

3) Health Care Operations. We will use or disclose, as needed, protected health information about you in order to support the daily activities of providing health care. These uses and disclosures are necessary to run the hospital and clinics and make sure that all of our patients receive quality care. These activities include, but are not limited to, quality assessment activities, audits, investigations, oversight or staff performance reviews, training of medical students, licensing, and conducting or arranging for other health care related activities.

For example, we may use your protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many hospital patients to decide what additional services the hospital or clinic could offer, what services are not needed, and whether certain new treatments are effective. Since we are a teaching institution, we may also disclose information to doctors, residents, nurses, technicians, students, community physicians, and other hospital or clinic personnel for research studies and learning purposes. We will remove information that identifies you from this set of medical information so others may use it to study medical care and medical care delivery without learning who you are.

Information provided to you:

- Appointment Reminders: We may use and disclose your medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital or clinic.
- Treatment Alternatives: We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- Medical-Related Benefits and Services: We may use and disclose your medical information to tell you about medical-related benefits or services that may be of interest to you, such as diabetes management classes, stress management classes, etc.

B. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Except as described in this Notice of Privacy Practices, we will not use or disclose your protected health information without your written authorization. If you do authorize us to use or disclose your protected health information for another purpose, you may revoke your authorization in writing at any time.

C. Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

We may use and disclose your protected health information in the situations listed below. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician or other clinical staff member involved in your care may, using their professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

Facility Directories. Unless you object, we may include certain limited information about you in the facility directories while you are a patient. This information may include your name, location in the hospital or clinic, your general medical condition (e.g., fair, stable, etc.) and your religious affiliation. This information, except your religious affiliation, may be provided to people who ask for you by name. Your religious

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affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so that your family, friends, and clergy can visit you in the hospital and generally know how you are doing. If you do not want us to release this information, tell either your nurse or an admission clerk upon admission to our hospital or clinic.

Others Involved in Your Care. Unless you object, we may disclose your protected health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our medical professionals will use their best judgment in communication with your family and others involved in your care.

Marketing and Fundraising. We will not use or disclose your protected health information for Marketing or Fundraising purposes until we obtain your written authorization. We do not provide or sell your protected health information to any outside marketing firms or agencies.

We may use certain information (name, address, telephone number, dates of service, age and gender) to contact you in the future to raise money for **(List Entities)**. We may also provide your name to **Foundation Name** for the purpose of fundraising for these entities. The money raised will be used to expand and improve services and programs we provide the community. If you choose not to have _____ contact you for fundraising efforts, you may opt out of any future telephone calls or mailings by making your request to _____.

D. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

Required by law. We may use or disclose your protected health information when required to do so by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. For example, the Office of Civil Rights or the Office of the Inspector General may require access to your protected health information while conducting audits or investigations of reported privacy breaches or violations. By law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996.

Public Health and Safety. As required by law, we may disclose your protected health information to public health authorities for purposes related to: 1) preventing or controlling disease, injury or disability; 2) reporting births and deaths; 3) reporting child abuse or neglect; 4) reporting domestic violence; 5) reporting to the Food and Drug Administration problems with products and reactions to medications; 6) notifying people of recalls of products they may be using; and 7) reporting disease or infection exposure to a person who may have been exposed or may be at risk for contracting or spreading a disease or condition. We may also disclose your protected health information to appropriate persons in order to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of another person or the general public. Any disclosure, however, would only be to someone able to help prevent the threat.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel or veterans (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 service. We may also disclose your protected health information to

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authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.

Health Oversight Activities. We may disclose your protected health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings required by the government to monitor the health care system, government programs, and compliance with civil rights laws.

Legal Proceedings. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose your protected health information to law enforcement officials for purposes or in situations such as:

- identifying or locating a suspect, fugitive, material witness or missing person;
- in response to a court order, subpoena, warrant, summons or similar process;
- about the victim of a crime if, under certain limited 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 the hospital; and
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with medical care; (2) to protect your medical and safety or the medical and safety of others; or (3) for the safety and security of the correctional institution.

Coroners, Funeral Directors, and Organ Donation. We may disclose protected health information to coroners or medical examiners for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties of making funeral arrangements. If you are an organ or tissue donor, we may disclose protected health information to organizations involved in procuring, banking or transplanting organs and tissues in order to facilitate the donation and transplantation.

Research. We may disclose your protected health information to researchers conducting research that has been approved by an Institutional Review Board, which has reviewed the research proposal and established protocols to ensure the privacy of your protected health information. For example, a research project may involve comparing the medical treatment and recovery of all patients who received one medication to those who received another type of medication for the same condition. All research projects, however, are subject to a special approval process called an Institutional Review Board or Privacy Board. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the patients' need for privacy of their medical information. Before we use or disclose protected health information for research, the project will have been approved through this research approval process, but we may disclose protected health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the facility, and so long as the information sought is necessary for the research purpose. We will ask for your specific permission if the research involves treatment. If you are asked for such permission, you have the right to refuse.

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Worker's compensation. We may use and disclose your protected health information as necessary to comply with worker's compensation laws regarding work-related injuries or illness.

Change of Ownership. In the event that **(List Entities)**, is sold or merged with another organization, your medical information/record will become the property of the new owner.

3. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician or hospital use for making treatment decisions about you, except for psychotherapy notes.

To request a copy of your hospital medical information, contact _____.

To request a copy of your physician or outpatient medical information, contact _____.

You have the right to request restrictions or limitations on certain uses and disclosures of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. In your request, you must tell us (1) what information you want restricted, (2) whether you want to restrict our use, disclosure or both, (3) to whom you want the restriction to apply, for example, disclosures to your spouse, and (4) an expiration date.

We are not required to agree to a restriction that you may request. If the health care provider believes it is in your best interest to permit use and disclosure of your protected health information, then it will not be restricted. If your health care provider does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician.

To request a restriction of your hospital information, please send your written request to _____.

To request a restriction of your outpatient information, please send your written request to _____.

You have the right to request to receive confidential communications from us by reasonable alternative means or at an alternative location. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications of your hospital information, contact _____.

To request confidential communications of your physician or outpatient medical information, contact _____.

You have a right to request that we amend your protected health information that is in your designated record set. A "designated record set" contains medical and billing records and any other records that

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your physician or health care provider use for making treatment decisions about you, except for psychotherapy notes. We will consider your request and will make amendments based on the medical opinion of the health care provider who originated the entry. However, if the health care provider believes the entry should not be amended, we are not required to make the amendment. We will inform you about the denial and how you can disagree with the denial.

For more information about requesting amendments to your hospital designated record set, contact _____.

For more information about requesting amendments to your outpatient designated record set, contact _____.

You have a right to receive an accounting of certain disclosures we have made of your protected health information. This right applies to disclosures for purposes other than treatment, payment or health care operations. Nor does this right apply to information provided to you, facility directory listings, and certain government functions as addressed in this Notice of Privacy Practices.

To request an accounting of hospital disclosures, contact the Health Information Management Department, of the hospital.

To request an accounting of outpatient disclosures, contact the Health Information Management Department, of the outpatient clinic.

You have a right to obtain a paper copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice on our website at _____ or by contacting _____.

4. CONTACT INFORMATION AND COMPLAINTS

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your medical information. **You will not be penalized for filing a complaint.** We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Concerns about this Notice of Privacy Practices or how your protected health information is used or disclosed should be directed to any of the contacts listed below:

List numbers of privacy officers.

5. OTHER USES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of your protected health information not covered by this Notice or the laws that apply to _____ will be made only with your written permission. If you provide us with permission to use or disclose your protected health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. We are unable to take back any

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disclosures we have already made with your permission, and we are required to retain records of the care that we provided to you under that written authorization.