

WEATHERFORD REGIONAL HOSPITAL **NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

Revised June 3, 2004; May 4, 2005; January 11, 2006; March 22, 2007, June 11, 2007

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 Hospital creates a record of the care and services you receive in the hospital. Your medical records and billing information are systematically created and retained on a variety of media, which may include computers, paper and films. That information is accessible to hospital personnel and members of the medical staff. Proper safeguards are in place to discourage improper use or access. We are required by law to protect your privacy and the confidentiality of your personal and protected health information and records. This Notice describes your rights and our legal duties regarding your protected health information. The entities covered by this Notice include this hospital and all health care providers who are members of its medical, dental and ancillary services staffs.

Weatherford Hospital Authority dba Weatherford Regional Hospital, its medical staff, and other health care providers at the hospital are part of a clinically integrated care setting that constitutes an organized health care arrangement under HIPAA. This arrangement involves participation of legally separate entities in which no entity will be responsible for the medical judgment or patient care provided by the other entities in the arrangement. Sharing information allows us to enhance the delivery of quality care to our patients. All entities, however, have agreed to abide by this Notice of Privacy Practices (NPP) while working in the Hospital setting. You may receive another NPP from each physician and other health care provider upon your first encounter in their office, which may be different from this NPP and which will govern the protected health information maintained by that provider. These physicians and health care providers will be able to access and use your Protected Health Information to carry out treatment, payment or hospital operations.

Definitions: you, at times, may see or hear new terms in relation to this notice. Some of the terms you may hear and their definitions are:

1. **Protected Health Information** or **PHI** is your personal and protected health information that we use to render care to you and bill for services provided.
2. **Privacy Officer** is the individual in the hospital who has responsibility for developing and implementing all policies and procedures concerning your PHI and receiving and investigating any complaints you may have about the use and disclosure of your PHI.
3. **Business Associate** is an individual or business independent of the Hospital that works for the Hospital to help provide the Hospital or you with services.
4. **Authorization:** we will obtain an authorization from you giving us permission to use or disclose your protected health information for purposes other than for your treatment, to obtain payment of your bills and for health care operations of this hospital.
5. **Organized Health Care Arrangement:** this hospital and the independent health care professionals who have been granted privileges to practice at the hospital are part of a clinically integrated care setting in which your PHI will be shared for purposes of treatment, payment, and health care operations as described below.

This Hospital may use and disclose your protected health information without your authorization for the following:

- 1. Treatment.** We may use protected health information about you to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a surgeon treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the surgeon may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We may tell your primary care physician about your hospital stay.
- 2. Payment.** We may use and disclose protected health information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide your hospital physicians or their billing agents with information so they can send bills to your insurance company or to you.
- 3. Health Care Operations.** We may use and disclose protected health information about you for Hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use protected health information about your high blood pressure to review our treatment and services, to evaluate the performance of our staff in caring for you and to train health professionals. We may also combine protected health information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also combine protected health information we have with protected health information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer.
- 4. Business Associates.** We may disclose your protected health information to Business Associates independent of the Hospital with whom we contract to provide services on our behalf. However, we will only make these disclosures if we have received satisfactory assurance that the Business Associate will properly safeguard your privacy and the confidentiality of your protected health information. For example, we may contract with a company outside of the hospital to provide medical transcription services for the hospital, or to provide collection services for past due accounts.
- 5. Appointment Reminders.** We may use and disclose your protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital. This may be done through an automated system or by one of our staff members. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the telephone.
- 6. Health Related Benefits and Services.** We may use and disclose your protected health information to tell you about health-related benefits or services or recommend possible treatment options or alternatives that may be of interest to you.
- 7. Fundraising Activities of Hospital.** We may use or disclose your protected health information to contact you in an effort to raise money for the hospital and its operations. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fundraising efforts, please notify the Privacy Officer.
- 8. Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation, may also be released to people who ask for you by name. Your religious 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 your family, friends and clergy can visit you in the hospital and generally know how you are doing.

- 9. Individuals Involved in Your Care or Payment for Your Care.** We may release protected health information to a friend or family member who is involved in your medical care. We may also give protected health information to someone who helps pay for your care. We may also disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- 10. Research.** Under certain circumstances, we may use and disclose protected health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of protected health information, trying to balance the research needs with patients' need for privacy of their protected health information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, 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 protected health information they review does not leave the hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.
- 11. As Required by Law.** We will disclose protected health information about you when required to do so by federal, state or local law. For example, Oklahoma law requires us to report all births, [abortions] and deaths that occur in the hospital to the Oklahoma Department of Health.
- 12. To Avert a Serious Threat to Health or Safety.** We may use and disclose protected health information 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. Any disclosure, however, would only be to someone able to help prevent the threat.
- 13. Organ and Tissue Donations.** If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- 14. Military.** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.
- 15. Workers Compensation.** We may release protected health information about you for workers' compensation or similar programs as authorized by state laws. These programs provide benefits for work-related injuries or illness.
- 16. Public Health Reporting.** We may disclose protected health information about you for public health activities, to, for example:
 - prevent or control disease, injury or disability;
 - report birth defects or infant eye infections;
 - report cancer diagnoses and tumors;

- report child abuse or neglect or a child born with alcohol or other substances in its system;
- report reactions to medications or problems with products;
- notify people of recalls of products they may be using;
- notify the Oklahoma State Department of Health that a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition such as HIV, Syphilis, or other sexually transmitted diseases;
- notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, if you agree or when required by law.

17. Health Oversight Activities. We may disclose protected health information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting and licensure.

18. Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. If the hospital releases privileged medical information pursuant to subpoena, discovery request or other legal process, add the following language: [We may also disclose protected health information about you 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.]

19. Law Enforcement. We may release protected health information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- 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.

20. Coroners, Medical Examiners and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about patients of the hospital to funeral directors as necessary to carry out their duties.

21. National Security and Intelligence Activities. We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

22. Protective Services for the President and Others. We may disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

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

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding protected health information we maintain about you:

- 1. Right to Inspect and Copy.** You have the right to inspect and request a copy of your protected health information, except as prohibited by law.

To inspect and/or request a copy of your protected health information that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee in accordance with Oklahoma law.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to certain protected health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- 2. Right to Amend.** If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, your request must be made in a writing that states the reason for the request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the protected health information kept by or for the hospital;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

- 3. Right to an Accounting of Disclosures.** You have the right to request one free accounting every 12 months of the disclosures we made of protected health information about you. To request this list, you must submit your request in writing. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- 4. Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- 5. Right to Request Confidential Communications.** 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, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- 6. Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. 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.

To obtain a paper copy of this notice, contact:

Sarah Hawkins, RHIA, Privacy Officer
Weatherford Hospital Authority dba
Weatherford Regional Hospital
3701 E. Main
Weatherford, OK 73096
(580) 772-5551

You may obtain a copy of this notice at our web site, www.weatherfordhospital.com

CHANGES TO THIS NOTICE.

We reserve the right to change this notice. 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. We will post a copy of the current notice in the hospital. The notice will contain on the first page, near the top, the effective date. In addition, each time you register at the hospital for treatment or health care services we will make available to you a copy of the current notice in effect.

AUTHORIZATION FOR OTHER USES OF PROTECTED HEALTH INFORMATION.

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a written complaint with the hospital or with the Secretary of the Department of Health and Human Services.

To file a complaint with the hospital, write:

Sarah Hawkins, RHIA, Privacy Officer
Weatherford Hospital Authority dba
Weatherford Regional Hospital
3701 E. Main
Weatherford, OK 73096
(580) 772-5551

To file a complaint with the Secretary of the Department of Health and Human Services, contact:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
HHS.Mail@hhs.gov

The complaint to the Secretary must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred. The complaint must be in writing, either on paper or electronically, name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the standards.

You will not be penalized for filing a complaint.