



**Notice of Privacy Practices
As Required by the Privacy Regulations (HIPAA)**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Murray County Medical Center has in good faith, developed policies and procedures deemed appropriate to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Each time you receive services from a healthcare provider, a record of your visit is generated. Typically this record contains your symptoms, examination, test results, diagnosis, treatment, and a plan for future care or treatment. This information is often referred to as your clinical record and serves as a:

- Basis for planning your care and treatment. We use the information to monitor the quality of care/treatment that you receive and to make on-going plans for treatment
- Means of communication among the many health professionals who contribute to your care/treatment
- Legal document describing the care/treatment you receive
- Means by which you or a third-party payor can verify that services billed were actually provided
- Tool in educating healthcare professionals for medical research
- Source of information for public health officials responsible for improving the health of the United States
- Source of information for internal business management, planning and development
- Tool to assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your clinical record and how your PHI is used, help you to:

- Ensure its accuracy by providing us with information about your health
- Better understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosure to others
- Request communication of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose PHI except to the extent that action has already been taken
- Maintain the privacy of your PHI. We must make sure that medical information that identifies you is kept private



- Provide you with this notice of our legal duties and privacy practice with respect to medical information we collect and maintain about you
- Follow the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations

A. Our Commitment to Your Privacy

Murray County Medical Center is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice 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 our practice. 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 of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

If you have questions about this notice, please contact **Murray County Medical Center** Privacy Officer:

Phone: 507.836.6111

We may use and disclose your PHI in the following ways:

The following categories describe the different ways in which we may use and disclose your PHI.

Treatment. **Murray County Medical Center** may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, in certain circumstances, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.

- **Treatment Options.** **Murray County Medical Center** may use and disclose your PHI to inform you of potential treatment options or alternatives.



- **Health-Related Benefits and Services.** Murray County Medical Center may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

Payment. Murray County Medical Center may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.

- **Health Insurance.** When applicable, a group health plan or health insurance carrier or HMO may disclose PHI per contract to the sponsor of the plan.

Health Care Operations. Murray County Medical Center may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.

- **Appointment Reminders.** Murray County Medical Center may use and disclose your PHI to contact you and remind you of an appointment.
- **Business Associates:** There are some services provided in our organization through contracts with Business Associates. An example includes our third-party billing center that process insurance claims and patient accounting services for our facility. When services are contracted, we may disclose your health information to our Business Associates so they can perform the job we have asked them to do. To protect your information, we require the business associate to appropriately safeguard your information in the form of a written contract.
- **Directory:** Unless you notify us that you object, we may include certain limited information about you in the facility directory and/or patient listings.
- **Release of Information to Family/Friends** Murray County Medical Center may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a legal guardian of an elderly patient may accompany the elderly person to their appointment. In this example, the legal guardian may have access to this elderly person's medical information.
- **Disclosures Required By Law.** Murray County Medical Center will use and disclose your PHI when we are required to do so by federal, state or local law.

Use and disclosure of your PHI in certain Special Circumstances

The following categories describe unique scenarios in which we may use or disclose your identifiable health information:

Public Health Risks. Murray County Medical Center may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting abuse or neglect



- preventing or controlling disease, injury or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight Activities. Murray County Medical Center may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and Similar Proceedings. Murray County Medical Center may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. Murray County Medical Center may release PHI if asked to do so by a law-enforcement official:

Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement

Concerning a death we believe has resulted from criminal conduct

Regarding criminal conduct at our offices

In response to a warrant, summons, court order, subpoena or similar legal process

To identify/locate a suspect, material witness, fugitive or missing person

In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

Deceased Patients. Murray County Medical Center may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.



Research. Murray County Medical Center may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your IIHI for research purposes except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that (i) the information being sought is necessary for the research study; (ii) the use or disclosure of your PHI is being used only for the research and (iii) the researcher will not remove any of your PHI from our practice; or (c) the PHI sought by the researcher only relates to decedents and the researcher agrees either orally or in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access to the IIHI of the decedents.

Serious Threats to Health or Safety. Murray County Medical Center may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Food and Drug Administration (FDA): Murray County Medical Center may disclose your name to the FDA regarding PHI relative to adverse events with respect to food, supplement, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

Military. Murray County Medical Center may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

Marketing: Murray County Medical Center may verbally inform you about products, services or disease management programs available to you as treatment options.

Fundraising: Murray County Medical Center may contact you as part of a fundraising effort for our facility. We may disclose PHI to a foundation so that the foundation may contact you as part of fundraising efforts for our facility. We may only release contact information such as name, address and phone number and the dates you received care/treatment at our facility.

National Security. Murray County Medical Center may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Inmates. Murray County Medical Center may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation. Murray County Medical Center may release your PHI for workers' compensation and similar programs.

Your Rights Regarding Your PHI

You have the following rights regarding the PHI that we maintain about you:

Confidential Communications. You have the right to request that Murray County Medical Center communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our Privacy Officer, specifying the requested



method of contact, or the location where you wish to be contacted. **Murray County Medical Center** will accommodate **reasonable** requests. You do not need to give a reason for your request.

Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient clinical records and billing records, but not including psychotherapy notes. You must submit your request in writing to our Privacy Officer in order to inspect and/or obtain a copy of your PHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request**; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to our Privacy Officer. Your request must describe in a clear and concise fashion:

- the information you wish restricted;
- whether you are requesting to limit our practice's use, disclosure or both; and
- to whom you want the limits to apply.

Amendment. You may ask **Murray County Medical Center** to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. You must provide us with a reason that supports your request for amendment. **Murray County Medical Center** will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information.

Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment or operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. For example, a doctor sharing information with a nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to our Privacy Officer. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy practices. You may ask **Murray County Medical Center** to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our Privacy Officer.



Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with **CLINIC NAME** or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact our Privacy Officer. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Right to Provide an Authorization for Other Uses and Disclosures. Murray County Medical Center will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time **in writing**. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact **Murray County Medical Center** Privacy Officer:

Phone: 507.836.6111

CHANGES TO THIS NOTICE

We may change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request and on our website www.murraycountymed.org.

Notice of Privacy Practices
Effective 2/1/13, DJH