



NOTICE OF PRIVACY PRACTICES

Effective December 2022

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

This Notice of Privacy Practices will be used by Fisher County Hospital District (FCHD), including but not limited to, Clearfork Health Center; Physical Therapy; and any other FCHD affiliates.

1. Purpose: FCHD and its professional staff, contracted employees, full-time/part-time employees, physicians, and volunteers follow the privacy practices described in this Notice. FCHD maintains your medical information in records that will be maintained in a confidential manner, as required by law. Your protected health information is personal and protected under both state and federal law. However, FCHD must use and disclose your medical information as described herein to the extent necessary to provide you with quality health care. To do this, FCHD must share your medical information as necessary for treatment, payment, and health care operations. (Treatment includes sharing information among health care providers/professionals involved in your care. FCHD may use your medical information as required by your insurance or HMO to obtain payment for your treatments and hospital stay. FCHD may also use your medical information to improve the quality of care)

2. How FCHD uses your Medical Information: Your medical information may be used or disclosed without your specific authorization for the following purposes (concerning treatment, payment, and health operations):

- Hospital Directory, which may include your name, general condition, and your location in the facility.
- Religious affiliation to a member of a chaplain or member of the clergy which prior discussion.
- To discuss your care and condition with family members or close friends who may be involved in your treatment or who are involved in the payment of your treatment; or to notify friends or family members should an emergent situation arise while you are at our facility (you will have the opportunity to agree or object).
- A government disaster relief agency if you are involved in a disaster relief effort.
- As required by law.
- Appointment reminders by reception staff/nursing.
- Inmates (Medical information about inmates of correctional institutions may be released to the institution).
- Treatment alternatives or other health benefits or services that may be of interest to you.
- To carry out treatment, payment, and health care operations functions through business associates.
- Business Associates: Some services that are provided in our facility through contacts with business associates. When these services are contracted, we may disclose your health information to them, so they are able to perform their job and bill you/your third-party payer for services rendered.
- Student Disclosures: We may disclose proof of immunization to a school where State or other law requires the school to have such information prior to admitting the student. Written authorization is no longer required to permit this disclosure.
- Research: We may disclose information to researchers when it has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- Public health reporting, including disease prevention; reporting deaths; injury or disability; reporting child abuse or neglect; reporting gunshot wounds, reporting reactions to medications or product problems; relevant events to the FDA, notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence (if you agree, or as required or authorized by law).
- Health overseeing. This includes audits, inspections, investigations, and licensure.
- Lawsuits and disputes. Law enforcement (in response to a court order or subpoena). To avert a serious threat to health or safety we may disclose your health information to law enforcement personnel, to prevent a serious threat to the health or safety of a particular person or the public.
- Coroners/medical examiners, funeral directors (only consistent information with applicable law to carry out their duties), and organ/tissue donations.
- Compliance with specialized Government Functions, this is under certain circumstances, we may disclose your health information for military, national security, or law enforcement custodial situations.
- Workers' compensation (Your medical information regarding benefits for work-related illnesses may be released as appropriate).
- FCHD may use or disclose information without your authorization 50 years after your date of death. (If you wish to restrict, contact the Privacy Officer)
- Fundraising activities: Limited information including name, dates of care, address, phone number. (You have the right to refuse to receive or opt out of this situation if it arises - contact the Privacy Officer)

3. Individual/Patients' Rights:

- **Right to Request Restrictions:** You may request limitations on the medical information we use or disclose for healthcare treatment, payment, or operations. However, except in limited circumstances, we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency



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treatment. If the healthcare services you receive from FCHD, are paid in full, out of pocket, you have the right to restrict disclosures of your health information for payment or healthcare operations purposes to your health plan, and FCHD must agree to these restrictions. If you would like to request for restrictions, you must submit your request in writing to the Privacy Officer, the contact information can be found below.

- **Right to a Copy of this Notice of Privacy Practices:** You may request a paper copy of this Notice at any time. A paper copy can be obtained at Patient Registration.
 - **Right to Inspect and Copy:** You have the right to inspect and copy your medical information. You have the right to request a paper or electronic copy of your record. FCHD may charge a reasonable, cost-based fee for copying, mailing, and supplies. Your request for inspection or access must be submitted in writing to the Privacy Officer, the contact information can be found below.
 - **Right to Request an Amendment:** You have the right to request that FCHD amend your health information that you believe is incorrect or incomplete. This can be requested by a form that can be obtained by contacting the Privacy Officer, which will require a reason for requesting. FCHD is not required to accept the amendment request but will explain any amendment request that is not accepted.
 - **Right to Account of Disclosures:** You may request a list of disclosures concerning your health information. You have the right to request a list of disclosures of your health information that we have made in compliance with federal and state law. To request this accounting of disclosures, you must submit your request in writing to the Privacy Officer, the contact information can be found below. We have sixty days to comply with your request unless you agree to a thirty-day extension.
 - **Right to Confidential Communications:** You have the right to request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted. You must submit your request in writing to the Privacy Officer, the contact information can be found below.
 - **Revoking your Authorization to Use, other uses, and Disclosures of Health Information requiring your authorization:** Disclosure of your health information or its use for any purpose other than those without your specific written authorization. For example, with limited exceptions, we may not use or disclose your protected health information in any of the following instances without your specific authorization: 1. Uses and disclosures of your protected health information containing psychotherapy notes (state law also limits our ability to disclose mental health records not constituting); 2. Uses and disclosures of your protected health information for marketing purposes; or 3. Uses and disclosures of your protected health information that constitutes a sale of protected health information. Any other State and Federal laws could possibly limit our ability to disclose the following medical records or information without your authorization: mental health records (not constituting psychotherapy notes), drug/alcohol treatment records, and information related to HIV/AIDS test results. You may revoke your authorization to disclose your protected health information at any time by presenting your written revocation to the Privacy Officer whose information can be found below. It is important to note, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.
 - **Receiving a Notice of Breach of unsecured protected health information.**
4. **Complaints: If you believe your privacy rights have been violated, you may file a complaint with FCHD Privacy Officer or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to FCHD or the Department of Health and Human Services.**
 5. **Method of Disclosure:** Your information may be communicated to other users or disclosed to others in various formats. These formats may include but are not limited to, fax, telephone, mail, e-mail, electronic, verbal, or any other means necessary.
 6. **Incidental Disclosures:** FCHD takes reasonable and appropriate steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during, or as an unavoidable result of, our otherwise permissible uses or disclosures of your health information. This includes, but is not limited to, other individuals overhearing discussion of your health information while services are being received in a treatment area. We may also de-identify information from time to time in a manner that cannot be identified to you. For research, benchmarking, or to other organizations without your authorization.
 7. **FCHD Responsibilities/Requirements Regarding This Notice:** We are required by law to make sure your protected health information that identifies you is kept private; give you this notice of our legal duties and responsibilities and privacy practices with respect to protected health information; we will follow the terms of the notice as long as it is in effect; notify you if we are unable to agree to a requested restriction; accommodate reasonable requests to communicate health information by alternative means or alternative locations. FCHD is required by law to provide you with this Notice. FCHD reserves the right to modify the Notice of Privacy Practices for all protected health information we maintain. Each time you register at FCHD or any affiliates you may request a copy of the Notice in effect each time. A copy of the most current Notice will also be posted in all patient registration areas.

Contact: FCHD Privacy Officer (325) 735- 2256 EXT 222 if:

- You have a privacy complaint; you have any questions about this Notice; or you wish to exercise your right(s) described in section 3