

Effective Date: April 14, 2003

CONCORD HOSPITAL - NOTICE OF PRIVACY PRACTICES

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

OUR PLEDGE REGARDING HEALTH INFORMATION

We are committed to protecting your health information. We are required by law to make sure that health information that identifies you is kept private; to provide you this notice of our legal duties and privacy practices with respect to your health information; and follows the terms of this notice. We reserve the right to change this notice. Any revision will effect how your current health information is treated as well as any information we receive in the future. We will post a copy of the current notice in various locations throughout the hospital.

WHO WILL FOLLOW THIS NOTICE

This notice applies to all records of your care generated in the hospital, whether made by hospital personnel or your personal doctor. Our healthcare team covered by this notice includes Concord Hospital departments and staff, and other personnel including residents, medical students, volunteers and interns. This notice also includes the members of its medical staff together as an organized health care arrangement. Your personal doctor may have different policies or notices regarding the health information created in his or her office or clinic. These entities, sites and locations may share health information with each other for treatment, payment or hospital operations.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we use and disclose health information:

- **For Treatment.** We may use your health information to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students or other hospital personnel who are involved in your care at the hospital. Different departments of the hospital may also share your health information to coordinate aspects of your care, such as prescriptions, lab work and X-rays. We may also disclose your health information to people outside the hospital who may be involved in your medical care after you leave the hospital.
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment 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 so that we may obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose your health information for hospital operations purposes to make sure you receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

We may combine 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 disclose information to doctors, nurses, technicians, medical students and other hospital personnel for review and learning purposes. We may remove information that identifies you from this set of health information so others may use it to study health care and healthcare delivery without learning who the specific patients are.

We may use and disclose health information to contact you to remind you of an appointment for treatment or care at the hospital.

We may call you after your visit to the hospital to see how you are feeling and answer any questions you may have.

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives.

We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

We may use your name, address, telephone number, dates of service, age and gender to contact you in the future to raise money for Concord Hospital. The money raised will be used to expand and improve the services and programs we provide to the community.

We may include your name and location in the hospital patient directory. This information may be released to people who ask for you by name. The exception to this rule is for patients who are on the Behavioral Health unit. You may choose not to have your name listed by notifying the Patient Relations Department at 230-1902.

We may release your name and location in the hospital to clergy if you have given consent upon admission or during your stay. The exception to this rule is for patients who are on the Behavioral Health unit. Any questions concerning clergy visits can be answered by calling the Spiritual Care Office at ext. 3013.

We may release health information about you to a friend or family member who is involved in your medical care or to someone who helps pay for your care.

- **Other uses of health information** Under certain circumstances, we may use and disclose your health information for research purposes. All research projects are subject to a special approval process (Human Investigation Committee), which protects patient safety, welfare and confidentiality. Enrollment in these studies can only occur after you have been informed about the study, had an opportunity to ask questions and indicated your willingness to participate by signing an authorization form.

We will disclose your health information when required to do so by federal, state or local law. For example, in response to a court order, subpoena, warrant or similar process.

We may use and disclose your health information when necessary to prevent a serious threat to you, another person or the public.

We may use and disclose health information while assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

If you are an organ donor, we may release health information to organizations to facilitate organ or tissue donation and transplantation.

We may release health information to businesses that use your health information to assist us in performing essential healthcare operations, payments and other functions. Contracts with these businesses must include specific provisions governing the use and protection of your information as required by federal law.

We may release health information about you to your employer for workers' compensation purposes.

We may disclose your health information for public health activities. For example, to prevent or control disease, to report child abuse or neglect, to report reactions to medications or problems with products, or to notify you of recalls.

We may disclose health information to a health oversight agency for activities required by law. These oversight activities include audits, investigations, inspections and licensure.

We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties.

We may release your health information to authorized federal officials to provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations for intelligence, counterintelligence and other national security activities as authorized by law.

If you are an inmate or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. This release would be necessary (1) for the 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.

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your health information, you may revoke that permission, in writing, at any time. We are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your care. You must submit your request in writing to Health Information Management Services (HIMS), Release of Information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy records in certain, very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

Right to Amend. If you feel that your health information is incorrect or incomplete, you may ask us to amend the information. Your request must be made in writing and submitted to HIMS Director. You must provide a reason that supports your 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. 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 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.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" of your health information if any such disclosure was made for any purpose other than for treatment, payment or healthcare operations, or in a response to an authorization signed by you. To request this list or accounting of disclosures, you must submit your request in writing to the HIMS Director. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. 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.
- **Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the 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. 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 contact the Patient Relations Department 230-1902. 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, for example, disclosures to your spouse.
- **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, contact the Patient Relations Department 230-1902. We will not ask you the reason for your request. We will accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. To obtain a copy of this notice, please contact the Patient Relations Office at 230-1902, or visit our Web site at www.concordhospital.org

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital. Please contact:

Concord Hospital
Patient Relations
250 Pleasant St
Concord, NH 03301

You also have the right to file a complaint at the regional Office of Civil Rights. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

If you have any questions about this notice, please contact the Patient Relations Office at Concord Hospital at 230-1902