

**PIONEER COMMUNITY HOSPITAL OF EARLY**  
**NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

**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.**

If you have any questions about this Notice, please contact the Hospital's Privacy Director at the address or phone number listed at the end of this Notice.

WHO WILL FOLLOW THIS NOTICE:

This Notice describes our Hospital's practices and that of:

- ❖ All departments and units of Pioneer Community Hospital of Early including the Acute Care Critical Access Hospital, Pioneer Family Medical of Early & Arlington, Pioneer Family Care, Early Memorial Nursing Home, Early Rehab., and Pioneer Behavioral Health Units.
- ❖ Any member of a volunteer group we allow to help you while you are in the Hospital.
- ❖ All Hospital staff and other Hospital personnel.
- ❖ Contracted Emergency Department Physician Staff.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal and confidential. We are committed to preserving the confidentiality of your protected health information. "Protected health information" is information about you including demographic information, which may identify you and that, relates to your past, present or future physical or mental health or condition and related health care services. We create a record of the care and services you receive at the Hospital to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care maintained by the Hospital as a part of the Hospital's "designated record set," which includes all medical and billing records and any other records that the Hospital uses for making treatment decisions about you, whether created by Hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your protected health information created in the doctor's office or a clinic.

This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

We are required by law to:

- Make sure that protected health information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to protected health information; and
- Follow the terms of this Notice.

## HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION

The following categories describe different ways that we may use and disclose protected health information. For each category of uses and disclosures, we will explain what we mean and give some examples. The examples are not exhaustive. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories;

### Uses and Disclosures for Treatment, Payment or Health Care Options

- ❖ **For Treatment.** We may use protected health information to provide you with medical treatment or services. We may disclose protected health information to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at the Hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process, and we may disclose the record of your treatment for diabetes in the past. In addition, the doctor may need to tell the dietitian that you have diabetes so that we can arrange for appropriate meals. Different departments of the Hospital also may share protected health information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose protected health information to people outside the Hospital who may be involved in your medical care, such as your treating physician or consulting physicians, home health agencies, or others who provide services that are part of your care.
- ❖ **For Payment.** We may use and disclose protected health information 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, Medicare, Medicaid or other third parties. 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.
- ❖ **For Health Care Operations.** We may use and disclose protected health information for Hospital operations. These uses and disclosures are those necessary to run the Hospital and make sure that all of our patients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may

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 disclose protected health information to doctors, nurses, technicians, medical students, and other Hospital personnel for review and learning purposes. We may combine the protected health information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer.

### **Uses or Disclosures requiring an opportunity for you to agree or object**

- ❖ **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. The directory information, except for your religious affiliation, may 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. However, you have the right to restrict or prohibit some or all of these disclosures by providing us with a written statement in that regard.

Your first initial and last name is also posted on the wall in the hallway by your room.

- ❖ **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a close friend or family member or other relative protected health information that directly relates to that person's involvement in your health care or in payment for your care. We may also tell your family or friends your condition and that you are in the Hospital. In addition, we may disclose protected health information to an entity authorized by law or its charter to assist in disaster relief efforts so that your family can be notified about your condition, location or death.

### **Additional Uses or Disclosures of PHI That May be Made without Your Express Authorization**

- ❖ **Disaster Relief:** We May use and/or disclose PHI to public or private entity with the authority to assist in disaster relief efforts for purposes of notifying a family member, personal representative or other person responsible for your care of your location, general condition or death.
- ❖ **Appointment Reminders.** We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the Hospital.

- ❖ **Treatment Alternatives.** We may use and disclose protected health information to tell you about treatment alternatives that may be of interest to you.
- ❖ **Health-Related Benefits and Services.** We may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you.
- ❖ **Fundraising Activities.** We may use protected health information to contact you in an effort to raise money for the Hospital and its operations. If you wish to not receive this communication please notify the Privacy Director listed at the end of this notice.
- ❖ **Research.** Under certain circumstances, we may use and disclose protected health information 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. All research projects, however, are subject to a special approval process in which an institutional review board or privacy board waives or alters the authorization otherwise required for disclosure of protected health information. 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 protected health information for research, the project will have been approved through this research approval process, but we may however, disclose protected health information to researchers preparing to conduct a research project as necessary to prepare a protocol or for similar purposes, as for example, to help them look for patients with specific medical needs, as long as the protected health information they review does not leave the Hospital. We will 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.
- ❖ **As Required By Law.** We may disclose protected health information when required to do so by federal, state or local law.
- ❖ **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.
- ❖ **Eye, Organ and Tissue Donation.** 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.
- ❖ **Military and Veterans.** If you are a member of the armed forces, we may release protected health information as required by military command authorities. We may

also release protected health information about foreign military personnel to the appropriate foreign military authorities.

- ❖ **Workers' Compensation.** We may release protected health information as authorized by and to the extent necessary to comply with workers' compensation or similar programs that provide benefits for work-related injuries or illness without regard to fault.
- ❖ **Public Health Activities.** We may disclose protected health information for public health activities including:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To conduct public health surveillance, public health investigations and public health interventions;
  - To report suspected child abuse or neglect;
  - To report reactions to medications or problems with health care related products;
  - To notify people of recalls of health care products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence except that we will only make this disclosure if you agree or when required or authorized by law.
- ❖ **Health Oversight Activities.** We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure and other activities necessary for the government to monitor the health care system, government benefit programs, entities subject to government regulation and compliance with civil rights laws.
- ❖ **Lawsuits and Disputes.** We may disclose protected health information in the course of any judicial or administrative proceeding in response to a court or administrative order. We may also disclose protected health information in response to a subpoena, discovery request, or other lawful process requested by someone else involved in the dispute, but only if we receive satisfactory assurances that reasonable efforts have been made by the party asking for the information to tell you about the request or to obtain an order protecting the confidentiality of the information requested.
- ❖ **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 legal process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - If you are or are suspected of being the victim of a crime if, under certain limited circumstances, you agree or we are unable to obtain your 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, including the identity, description or location of the person who committed the crime.

- ❖ **Coroners, Medical Examiners and Funeral Directors.** We may disclose 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 to funeral directors as necessary to carry out their duties, including releases prior to and in reasonable anticipation of death.
- ❖ **National Security and Intelligence Activities.** We may disclose protected health information to authorized federal officials for intelligence, counterintelligences, and other national security activities authorized by law.
- ❖ **Protective Services for the President and Others.** We may disclose protected health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- ❖ **Uses and Disclosures to Avert Serious Threat to Public Health or Safety.** We may use and disclose protected health information if the Hospital, in good faith, believes that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, to identify and apprehend an individual the Hospital reasonably believes may have caused serious physical harm to victim or to identify or apprehend an individual that has escaped from custody.
- ❖ **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 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.
- ❖ **Emergency Situations.** We may disclose protected health information about you to an organization assisting in a disaster relief effort or in an emergency situation so that your family can be notified about your condition, status and location.
- ❖ **Victims of Abuse, Neglect and Domestic Violence.** We may use and disclose protected health information about you to notify the appropriate government authorities if we believe you have been a victim of abuse, neglect or domestic violence, but we will only make this disclosure: (1) if you agree; (2) when required by law; or (3) when authorized by law and certain other conditions are met.

- ❖ **Incidental Disclosures.** We may use and disclose protected health information about your incident to otherwise permitted or required uses and disclosures. For example, we may ask you to sign a sign-in sheet when you arrive for an appointment at the Hospital as an incident to the treatment process.
- ❖ **To the Secretary of the Department of Health and Human Services.** We are required to disclose protected health information about you when required by the Secretary of the Department of Health and Human Services in order to investigate or determine our compliance with HIPAA.

### **Uses and Disclosures Based on Your Written Authorization**

Any other use and disclosures of your protected health information as, for example, for marketing purposes or disclosure of psychotherapy notes, will be made only upon your written authorization. If you give the Hospital an authorization to release your protected health information, you may revoke that authorization, in writing at any time, except to the extent that the Hospital has taken action in reliance upon your authorization.

### **Your Rights Regarding Protected Health Information**

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

- ❖ **Right to Inspect and Copy.** You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy such protected health information you must submit your request in writing to the Health Information Management Department of the Hospital. If you request a copy of the information, we may charge a fee for the costs of copying, including labor and supplies and postage, if you request that the information be mailed to you.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to protected health information, in some cases 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.

- ❖ **Right to Amend.** If you feel that protected health information we have 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 writing and submitted to the Hospital Administrator. In addition, you must provide a reason(s) 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. 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 used by the Hospital to make decisions about your care;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request, you may submit a written statement disagreeing with the denial and the Hospital may prepare a rebuttal. We will include all of this information in your medical record.

- ❖ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of certain disclosures we have made of your protected health information." This is a list of certain disclosures we made of protected health information during the last six years (but not before April 14, 2003).

To request this accounting of disclosures, you must submit your request in writing to the Health Information Management Department. 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, electronically). The first list you request within a 12-month period will be free. 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.

The accounting will not include uses or disclosures: to carry out treatment, payment or health care operations; made to you about your protected health information; made pursuant to your written authorization; made for the Hospital's directory or to persons involved in your care or other notification purposes; made for national security or intelligence purposes; made to correctional institutions or law enforcement officials; or as otherwise permitted or restricted by law.

- ❖ **Right to Request Restrictions of Use and Disclosures.** 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. You also have the right to restrict disclosure of protected health information to a health plan with respect to healthcare for which the individual has paid out of pocket in full.

**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 to the Health Information Management Department. 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, you must make your request in writing to the Health Information Department. 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. We may also condition our agreement on your providing us information as to how payment for Hospital charges will be handled.

- ❖ **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.

To obtain a paper copy of this Notice, contact the Business Office Director or Admissions/Registration Clerk.

### **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 in our Main Lobby, Emergency Department waiting areas, and the waiting areas of all affiliated clinics. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the Hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect. We will provide you with any revised Notice upon your calling and requesting that a copy be sent to you in the mail. Copies will also be available at the Department for you to request and take with you and on the Hospital's web site.

### **Complaints**

If you believe your privacy rights have been violated, or you disagree with a decision we make about access to your records or the other individual rights listed in this Notice, you may file a complaint with us by contacting the Hospital's Privacy Officer at the address and telephone number listed below. You may also send a written complaint to the attention of the Secretary of the U.S. Department of Health and Human Services ("DHHS") or make a complaint as otherwise provided by the DHHS. The person listed below can provide you with the appropriate information upon request. Under no circumstances will you be retaliated against for filing a complaint.

### **Our Legal Duty**

We are required by law to protect the privacy of your protected health information, provide this Notice about our privacy practices, and follow the privacy practices that are described in this Notice. We are prohibited from selling protected health information without expressed written authorization of the individual

### **Breach of Information**

If an individual's protected health information is involved in a breach, whether lost, stolen, or inappropriately accessed the individual will be notified without unreasonable delay but in no case later than 60 days from the discovery of the breach, except in certain circumstances where law enforcement has requested a delay.

### **Privacy Director**

If you have any questions or complaints, please contact:  
Marcia Harrell  
11740 Columbia Street  
Blakely, GA 39823-2574  
229-723-4241  
marciaharrell@phscorporate.com

### **Effective Date**

The effective date of this Notice is April 14, 2003.

*Revised 03/21/2013*