



Regional Medical Center

THE MED
NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can access this information.

Please read it carefully.

If you have any questions, requests, or need to register a complaint, please contact:

Our
Compliance and Privacy Officer
901-545-6554
rfrank@the-med.org

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This Notice covers the privacy practices of Regional Medical Center, our affiliated sites, and physicians or other professional health care providers, when they see or treat you in one of our facilities, including our Health Loop and Ambulatory Care sites. If you visit a provider in his or her private office, you may be asked to read and acknowledge the provider's Notice of Privacy Practices.

A. INTRODUCTION

Definitions:

Protected Health Information (PHI): Individually identifiable health information such as your name, social security number, and medical condition that identifies you or if there is a reasonable basis to believe that the information can be used to identify you. PHI is protected under privacy laws and not available to unauthorized parties.

Use and Disclosure: Use of your PHI refers to tasks that are *internal* to our health care organization. Disclosure means that the PHI may be shared with people and organizations *outside* of our health care system.

Introduction

At Regional Medical Center, we have a responsibility to protect your PHI. This Notice describes and provides examples of the types of uses and disclosures we may make.

Our responsibility regarding your PHI:

- We are required by law to protect PHI that we have created or received about your past present or future health condition, health care we provide to you, or payment for your health care.
- We must notify you about how we protect your PHI.
- We may only use and/or disclose PHI as we describe in this Notice.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions, effective for all PHI that we maintain by:

- Posting the revised notices in our offices;
- Making copies of the revised notice available upon request; and
- Posting the revised notice on our website.

B. WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES:

1. Health Care Treatment

Your PHI may be used and disclosed to provide or manage your health care and related services. This may include communicating with other health care providers about your treatment, as well as coordinating and managing your health care with others. We may use and disclose your PHI when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may disclose PHI about you when referring you to another health care provider.

2. Payment for Services

Generally, your PHI may be used or disclosed to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, information about these services may be shared with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for payment approval before services are provided. We may share your medical information with:

- Billing departments
- Collection departments or agencies
- Insurance companies, health plans and their agents which provide you coverage
- Consumer reporting agencies or credit bureaus

Example: Let's say you have a broken leg. We may need to give your health plan(s) information about your condition, supplies used (such as plaster for your cast or crutches), and services you received (such as x-rays or surgery). The information is given to our billing department and your health plan so we can be paid or you can be reimbursed.

3. Health Care Operations

We may use and disclose PHI in performing business activities, which we call "health care operations." These health care operations allow us to improve the quality of care we provide and reduce health care costs. The following are examples:

- To review and improve the quality, efficiency, and cost of care provided to you and other patients.
- To improve health care and lower costs for groups of people who have similar health problems to help manage and coordinate their care. We may use PHI to identify groups of people with similar health problems to give

them information about treatment alternatives, classes, or new procedures; however, **we will not** give these groups any information that could be identified as yours.

- To provide training programs for students, trainees, health care providers, or non-health professionals.
- To cooperate with outside organizations that assess the quality of the care provided. Such organizations might include government agencies, licensing boards, or accrediting bodies.
- To assist individuals reviewing our health care operations. For example, your PHI may be viewed by doctors reviewing the services provided to you, as well as accountants, lawyers, and others who assist us in complying with applicable laws.
- To plan for the organization's future operations and fundraising to benefit our organization.
- To conduct business management and general administrative activities related to the organization and the services provided.
- To review activities and the use or disclosure of PHI in the event that the organization is sold or control of our business and/or property is given to someone else.
- To comply with this Notice and applicable laws.

4. Other Circumstances without Your Authorization

We may disclose your PHI for a number of circumstances in which you do not have to consent, give authorization, or otherwise have an opportunity to agree or object. The following are ways we may be required to disclose your PHI without authorization. If you request a list of disclosures of your PHI, most of these disclosures will be reported to you.

- Disclosure required by federal, state, or local law or other judicial or administrative proceeding
- Disclosure necessary for public health activities
- Disclosure related to victims or abuse, neglect, or domestic violence
- Disclosure for health oversight activities
- Disclosure for law enforcement purposes

- Disclosures for non-regulatory tracking and statistical analysis of the incidence of certain diseases or conditions
- Disclosure related to decedents. For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- Disclosure to organizations involved in organ, eye, or tissue transplantation or donations banks.
- Under certain circumstances, disclosure of limited PHI about you for medical research
- Disclosure to prevent a serious threat to health or safety
- Disclosure related to specialized government functions. For example, we may disclose your PHI if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- Disclosure related to correctional institutions and in other law enforcement custodial situations
- Disclosure related to Workers Compensation claims

5. Patient Contact

We may use your PHI to contact you to provide a reminder about an appointment you have for treatment or medical care.

6. Treatment, Services, Products, or Health Care Providers Information

We may use and/or disclose your PHI to manage or coordinate your health care. This may include telling you about treatments, services, products, and/or other health care providers. We may also use your PHI to give you gifts of a small value.

7. Fundraising Activities

We may disclose your PHI to The MED Foundation to contact you to raise money for the hospital and its operations. We would only release contact information and the dates you received treatment or services at the hospital. If you do not want to be contacted in this way, you may submit a request in writing to the Privacy Officer.

8. Patient Objections

Unless you object, we may use or disclose your PHI in the following circumstances:

- If you are an inpatient, we may share your name, room and telephone numbers, and condition in our patient listing with people who ask for you by name. We may also share your religious affiliation with clergy.
- We may share with a family member, relative or other person identified by you, PHI that is directly related to that person's involvement in your care or payment for your care. We may share with a family member or other person responsible for your care, PHI necessary to notify them your location, general condition, or death.
- We may share with a public or private agency (such as the American Red Cross) PHI about you for disaster relief purposes.
- We may send your PHI to the Midsouth eHealth Alliance, a community-wide information system that allows other hospitals and healthcare providers' access to it if you need diagnosis or treatment.

If you object to our use or disclosure of your PHI in any of the circumstances listed above, please notify your caregiver, a Patient Advocate, or our Privacy Officer.

~ ANY OTHER USE OR DISCLOSURE OF YOUR PHI REQUIRES YOUR WRITTEN AUTHORIZATION ~

We ask for your written authorization before we use or disclose your PHI for purposes not listed above. If you sign a written authorization allowing us to disclose your PHI in a specific situation, you can later cancel the authorization. If you cancel your authorization in writing, we will not disclose your PHI after we receive the cancellation. You may send your written request to authorize release of your health information to the Health Information Management (HIM) Department.

C. YOU HAVE SEVERAL RIGHTS REGARDING YOUR PHI:

1. To Request Restrictions on the Use and Disclosure of Your PHI

You have the right to request that we restrict specific uses and disclosures of your PHI. We are not required to agree to your requested restrictions; however, even if we agree to your request, in certain situations, your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in Section B, Paragraph 4 of this Notice.

If you pay for the services you receive here at The MED out of pocket and in full, you can request that we not disclose information about that service to your insurance company.

You may request a restriction during your visit by contacting our Patient Advocate, who is available to all inpatients. Others may contact our Privacy Officer.

2. To See and Request a Copy of Your PHI

You have the right to request to see and receive a copy of your health information contained in clinical, billing, and other records used to make decisions about you. Your request must be in writing and we may charge you related fees. We can substitute a summary or explanation of your health record, if you agree in advance to the form and costs of the summary explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. To request to see and receive a copy of your health record, contact the Health Information Management (HIM) Department.

3. To Request Changes or Corrections of Your PHI

You have the right to request we make changes or corrections to clinical, billing, and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the change or correction. We may deny your request if:

- The information was not created by us (unless you prove the creator of the information is no longer available to amend the record).
- The information is not part of the records used to make decisions about you.
- We believe the information we have is correct and complete.

If we deny the request, we will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will attach the corrected information, identified as an amendment, to the record, along with the original information. We will make reasonable efforts to inform others of the amendment, including people you name who have received your PHI and need the amendment. To request an amendment to your PHI, contact the Health Information Management (HIM) Department.

4. To a Listing of PHI Disclosures that Have Been Made

If you make a request in writing, you may receive a written list of certain disclosures of your PHI. You may ask for disclosures made up to 6 years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For our health care operations
- Made to or requested by you or that you authorized
- Occurring as a by-product of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes or for other purposes described
- Allowed as part of a limited set of information, which does not contain information that would directly identify you

The list will include the date of the disclosure, the name (and address, if applicable) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, your PHI has been disclosed for certain types of research projects, the list may include different or additional information. If you request a list of disclosures more than once every 12 months, you may be charged a fee.

To request a listing of disclosures we have made, submit a request in writing to the Health Information Management Department.

5. To be Notified of a Breach of Your PHI

A breach is the unauthorized use or disclosure of your PHI. If a breach occurs and it poses a significant risk of financial, reputational, or other harm, The MED is required to notify you.

6. To Request Confidential Communications by an Alternative Method

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work phone number or by email. To request a different communication method, complete *the Request for Amendment, Restriction and/or Correction of Health Information* form and submit it to the HIM Department. The MED will accommodate all reasonable requests for confidential communications.

7. To a Copy of this Notice

You have the right to request a paper copy of this Notice at any time during your visit by asking any caregiver. At any other time, you may send a written request to the Privacy Officer or you can read and download a copy from our website:

www.the-med.org

D. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

If you think your privacy rights have been violated or you want to file a complaint about our privacy practices, please call any of the following numbers:

Patient Advocate (available 24/7 to inpatients):	901-545-7123
Health Loop Medical Records Manager:	901-515-4526
MED Privacy Officer:	901-545-6554

You may also send a written complaint to the Secretary of the United States Department of Health and Human Services or file a complaint online at:

<http://www.hhs.gov/ocr/hipaa>

If you file a complaint, we will not take action against you or change your treatment in any way.

E. EFFECTIVE DATE OF THIS NOTICE

Effective Date: January 1, 2007

Revised: September 1, 2013

F. IMPORTANT CONTACT INFORMATION

For questions regarding any use or disclosure of your PHI, contact:

Regional Medical Center
Attn: Privacy Officer
877 Jefferson Avenue
Memphis, TN 38103
901-545-6554

To request a release of your PHI or request restrictions, amendments, or receive a listing of disclosures of your PHI, contact:

Regional Medical Center
Attn: Health Information Management Department

877 Jefferson Avenue
Memphis, TN 38103
901-545-7581

For questions regarding Health Loop medical records, contact:

Health Loop Administration
Attn: Medical Records Manager
877 Jefferson Avenue
Memphis, TN 38103
901-515-4526

For MED Outpatient Pharmacy questions:

901-545-7970

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