

# Monroe County Hospital

P.O. Box 886  
2016 South Alabama Avenue  
Monroeville, Alabama 36461  
www.mhcare.com

## **PRIVACY NOTICE**

**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.**

***THIS PRIVACY NOTICE COVERS MONROE COUNTY HOSPITAL AND THE HEALTH CARE PROVIDERS LISTED ON THE LAST PAGE WHO MAY PROVIDE SERVICES TO YOU IN THE HOSPITAL.***

***THE EFFECTIVE DATE OF THIS PRIVACY NOTICE IS APRIL 14, 2003; REVISED 9/23/13.***

The Monroe County Hospital health Care Authority owns and operates Monroe County Hospital (“we”, “us” or “Hospital”). The Hospital is required under the federal health care privacy rules (the “Privacy Rules”) to protect the privacy of your health information, which includes information about your health history, symptoms, test results, diagnoses, treatment, and claims and payment history (collectively, “Health Information”). We are also required to provide you with this Privacy Notice regarding our legal duties, policies and procedures to protect and maintain the privacy of your Health Information. This Privacy Notice will be posted in a prominent location in the Hospital and will be posted on your website.

We are required to follow the terms of this Privacy Notice unless (and until) it is revised. We reserve the right to change the terms of this Privacy Notice and to make the new notice provisions effective for all Health Information that we maintain and use, as well as for any Health Information that we may receive in the future. Should the terms of this Privacy Notice materially change, we will make a revised copy of the notice available to you and post the revised notice in the Hospital and on our website.

### **PERMITTED USES AND DISCLOSURE OF YOUR HEALTH INFORMATION**

1. **General Uses and Disclosures.** Under the Privacy Rules, we are permitted to use and disclose your Health Information for the following purposes and in support of the following, without obtaining your permission, unless more stringent state or federal laws apply:
  - a. **Treatment.** We are permitted to use and disclose your Health Information in the provision and coordination of your health care. For example, we may disclose your Health Information to your physician and to other health care providers who have a need for such information for your care and treatment.

- b. **Payment.** We are permitted to use and disclose your Health Information for the purposes of determining coverage, billing, and reimbursement. This information may be released to Medicare, an insurance company, or other authorized entity or person involved in the payment of your medical bills and may include copies or portions of your medical record which are necessary for payment of your bill. For example, a bill sent to your insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used in your treatment. **Paying out of Pocket.** Should you opt to pay for services in full, the Hospital will not release any information to your insurance company without your written authorization.
- c. **Health Care Operations.** We are permitted to use and disclose your Health Information for our health care operation, including, but not limited to: quality assurance, auditing activity, credentialing activity, and for educational purposes. For example, we can use your Health Information to internally assess our quality of care provided to patients. Since Monroe County Health Care Authority owns and operate the Hospital, as well as MCH Progressive Home Care, this health care provider may share your Health Information with Monroe County Health Care Authority for the health care operations of the Authority.
- d. **Health Care Providers Working in the Hospital.** The Hospital and various health care providers who render services to you in the Hospital are part of an “organized health care arrangement”. (These health care providers are listed on the last page.) The Hospital and these providers have agreed, as permitted by the Privacy Rules, to share your Health Information among themselves as necessary to carry out treatment, payment and/or health care operations of the Hospital. This enables us to better address your health care needs.
- e. **Uses and Disclosures Required by Law.** We may use and disclose your Health Information when required to do so by law. We may also disclose your Health Information in legal proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request. We may disclose your Health Information to law enforcement officials when required to do so by law.
- f. **Public Health Activities.** We may disclose your Health Information for public health reporting, including, but not limited to: reporting communicable diseases and vital statistics; reporting product recalls and adverse events; or notifying person(s) who may have been exposed to a disease or are at risk of contracting or spreading a disease or condition.
- g. **Abuse and Neglect.** We may disclose your Health Information to a local, state, or federal government authority if we have a reasonable belief that abuse, neglect or domestic violence has occurred.
- h. **Regulatory Agencies.** We may disclose your Health Information to a health care oversight agency for activities authorized by law. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs, and compliance with civil rights.

- i. **Coroners, Medical Examiners, Funeral Directors.** We may disclose your Health Information to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your health information to funeral directors, as necessary, to carry out their duties.
- j. **Research.** Under certain circumstances, we may disclose you Health Information to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your Health Information.
- k. **Avert Threats to Health and Safety.** We may disclose your Health Information if we believe, in good faith, 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, or is necessary for law enforcement to identify or apprehend an individual.
- l. **Specializing Government Functions.** If you are a member of the U.S. Armed Forces, we may disclose your Health Information as required by military command authorities. We may also disclose your Health Information to authorized federal officials for national security reasons.
- m. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your Health Information to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health and safety, or the health or safety of others; or for the safety and security of the correctional institution.
- n. **Workers' Compensation.** We may disclose Health Information to your employer to the extent necessary to comply with Alabama laws relating to workers' compensation or other similar programs.
- o. **Marketing.** Your authorization will be required to disclose your Health Information to make a marketing communication that occurs in a face-to-face encounter with us or which concerns a promotional gift of nominal value provided by us.
- p. **Fundraising.** We may use and disclose your Health Information to make a fundraising communication to you, or your representative, for the purpose of raising funds for our own benefit. Included in such fundraising communications will be instructions describing how you may ask not to receive future communications. A disclosure which constitutes the sale of Protected Health Information will also require your authorization.
- q. **Organ Donations.** We may disclose your Health Information to organ procurement organization or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating donation and transplantation.
- r. **Appointment Reminders/Treatment Alternatives.** We may use and disclose your Health Information to remind you of an appointment for treatment and medical care at the Hospital or to provide you with information regarding treatment alternatives or other health-related benefits and services that may be of interest to you.

- s. **Business Associates.** Other individuals and companies provide management assistance to us. Under the Privacy Rules, these individuals and companies are called Business Associates. We may disclose your Health Information to Business Associates who provide services to us. Our Business Associates are required to protect the confidentiality of your Health Information.
  - t. **Other Uses and Disclosures.** In addition to the items outlined above, we may use and disclose your Health Information (without your written permission) for other purposes permitted by the Privacy Rules.
  - u. **Health Plans and Genetic Information:** The disclosure and use of PHI for underwriting purposes is prohibited.
2. **Uses and Disclosures Which Require an Opportunity to Verbally Agree or Object.** Under the Privacy Rules, we are permitted to use and disclose your Health Information: (i) for the creation of facility directories, (ii) to disaster relief agencies, and (iii) to family members, close personal friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your Health Information.
3. **Uses and Disclosures Which Require Your Written Authorization.** As required by the Privacy Rules, all other uses and disclosures of your Health Information, including psychotherapy notes if applicable, (not described above) will be made only with your written permission, which is called an Authorization. For example, in order to disclose your Health Information to a company for certain marketing purposes, we must obtain your Authorization. Under the Privacy Rules, you may revoke your Authorization at any time. The revocation of your Authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your Health Information; if the Authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself; or where your Health Information was obtained as part of a reserve study and is necessary to maintain the integrity of the study.

### **PATIENT RIGHTS**

You have the following rights concerning your Health Information:

1. **Right to Inspect and Copy your Health Information.** Upon written request to the Hospital, you have the right to inspect and copy your own Health Information contained in a designated record set, maintained by or for the Hospital. A "designated record set" contains medical and billing records and any other records that we use for making decisions about you. However, we are not required to provide you access to all the Health Information that we maintain. For example, this right of access does not extend to psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding. Where permitted by the Privacy Rules, you may request that certain denials to inspect and copy your Health Information be reviewed. For PHI maintained in an electronic health record and located in one or more designated record sets, you have the right to obtain a copy of the information in

an electronic format as agreed upon by you and Monroe County Healthcare Authority. If you request a copy or summary of explanation of your Health Information, we may charge you a reasonable fee for copying costs, including the cost of supplies and labor, postage, and any other associated cost in preparing the summary or explanation. In order to obtain copies of your Health Information maintained by other Monroe County Health Care Authority health care providers you should direct your request directly to that particular health care provider.

2. **Right to Request Restrictions on the Use and Disclosure of Your Health Information.** You have the right to request restrictions on the use and disclosure of your Health Information for treatment, payment and health care operations, as well as disclosure to persons involved in your care or payment for your care, such as family members or close friends. We will consider, but do not have to agree to, such requests. In order to request restrictions of your Health Information maintained by other Monroe County Health Care Authority health care providers you should direct your request directly to that particular health care provider.
3. **Right to Request an Amendment of Your Health Information.** You have the right to request an amendment of your Health Information. We may deny your request if we determine that you have asked us to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not Health Information maintained by or for us; is Health Information that you are not permitted to inspect or copy; or we determine that the information is accurate and complete. If we disagree with your requested amendment, we will provide you with a written explanation of the reason for the denial, an opportunity to submit a statement or disagreement, and a description of how you may file a complaint. In order to request an amendment of your Health Information maintained by other Monroe County Health Care Authority health care providers you should direct your request directly to that particular health care provider.
4. **Right to an Accounting of Disclosures of Your Health Information.** You have the right to receive an accounting of disclosures of your Health Information made by us within six (6) years prior to the date of your request. The accounting will not include: disclosures related to treatment, payment or health care operations; disclosures to you or your personal representative; disclosures based on your written Authorization; disclosures that are part of a Limited Data Set; incidental disclosures; disclosures to persons involved in your care or payment of your care; disclosures to correctional institutions or law enforcement officials; disclosures for facility directories; disclosures for national security purposes; or disclosures that occurred prior to April 14, 2003. In order to request an accounting of disclosures of your Health Information maintained by other Monroe County Health Care Authority health care providers you should direct your request directly to that particular health care provider.
5. **Right to Alternative Communications.** You have the right to receive confidential communications of your Health Information by a different means or at a different location that currently provided. For example, you may request that we only contact you at home or by mail. In order to request alternative communications of your Health Information maintained by other Monroe County Health Care Authority health care providers you should direct your request directly to that particular health care provider.

6. **Right to Receive a Paper Copy of this Privacy Notice.** You have the right to receive a paper copy of this Privacy Notice upon request, even if you have agreed to receive this Privacy Notice electronically.
7. **Breach Notification:** You have the right to be notified when a breach of your unsecured PHI has occurred. The term "breach" means the unauthorized acquisition, access, use or disclosure of PHI which compromises the security or privacy of such information.

*If you want to exercise any of these rights, please contact our Privacy Officer listed below. We ask that all requests be submitted to us in writing on a designated form (which we will provide for you) and returned to the attention of our Privacy Officer at the address below.*

### **CONTACT INFORMATION AND HOW TO REPORT A PRIVACY RIGHTS VIOLATION**

If you have questions and/or would like additional information regarding the uses and disclosures of your Health Information, you may contact our Privacy Officer at:

Address: P.O Box 886  
2016 South Alabama Avenue  
Monroeville, Alabama 36461  
**Attn: Privacy Officer**

Telephone: (251) 743-7454  
Facsimile: (251) 743-7373

If you believe that your privacy rights have been violated or that we have violated our own privacy practices, you may file a complaint with us. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. Complaints filed directly with the Secretary must be made in writing, name us, describe the acts or omissions in violation of the Privacy Rules or our privacy practices, and must be filed within 180 days of the time you knew or should have known of the violation. Complaints submitted directly to us must be in writing and sent to the attention of our Privacy Officer. There will be no retaliation for filing a complaint.

*The following health care providers may provide services to you in the Hospital as part of our organized health care arrangement and are covered by this Privacy Notice: Physicians; Dentists; Podiatrists; Optometrists; Physical, Occupational, Respiratory and Speech Therapists and Assistants; Rehabilitation Attendants; Dietary Consultants; Nurses; Psychologists and Social Workers; Hospice Workers; Pharmacists; Medical Equipment Suppliers; Diagnostic Providers; Physician Assistants; Lab Technicians and Providers; Allied Health Professionals; Students; Volunteers and other health care providers. These individuals may not be employees of the Hospital.*