

Regarding Your Health Information

REGARDING YOUR HEALTH INFORMATION

Blount Memorial Hospital, Incorporated (Hospital) is committed to protecting health information about you. This Notice describes the Hospital's privacy practices and those of its off-site clinics and facilities, employees, staff, volunteers and other Hospital personnel, including practicing physicians and other credentialed individuals who are part of the Organized Health Care Arrangement that participate in providing care and assisting in Hospital operational activities to deliver, monitor and improve care that is provided jointly.

OUR DUTIES

We are required by law to maintain the privacy of your health information, to provide you with this Notice of our legal duties and privacy practices, and to notify you following a breach of your unsecured health information. We are also required to abide by the terms of this Notice currently in effect.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

■ **Treatment.** We may use or disclose your health information to provide you with medical treatment or services. For example, we may share health information about your condition with different departments of the Hospital, as well as with other entities, in order to coordinate services, such as referrals, prescriptions, lab work, X-rays or consultations. Also, we may disclose health information about you to people outside the Hospital who may be involved in your health care and related services, such as family members, nursing service providers, home health or others used to provide your treatment.

■ **Payment.** We may use and disclose your health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the

insurer in processing our claim for the health care services provided to you.

■ **Health Care Operations.** We may use and disclose your health information for the purpose of conducting our operations. For example, we may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually assess quality and improve activities, review competence, conduct training, medical review, legal services, planning and development, etc.

Notice of Privacy Practices

Blount Memorial Hospital, Inc. – Maryville,
Tennessee

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 Notice of Privacy Practices tells you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

In addition to the above-mentioned uses of your protected health information related to treatment, payment and health care operations, we may also use your protected health information, without your authorization, for the following purposes:

- **Business Associates.** We may disclose your health information to other persons or organizations, known as business associates, who provide contract services on our behalf.

Examples include physician services in the emergency and radiology departments, certain laboratory tests, and the copy service we use when making copies of your health record. To protect your health information, we require our business associates to appropriately safeguard the information we disclose to them.

- **Public Health Risks.** We may disclose your health information to public health authorities that are authorized by law to receive such information. Public health reports can include those of disease, injury, disability, birth, death, abuse or neglect, drug reactions, food problems or product defects.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. Oversight activities can include audits, inspections, surveys, investigations and licensure.
- **Lawsuits and Similar Proceedings.** If you are involved in a lawsuit or similar dispute, we may disclose your health information in response to a court order, subpoena, discovery request or authorization by you.

NOTE: This does NOT include reproductive health care services. This kind of information will not be shared without your authorization for legal proceedings.

- **Law Enforcement.** We may disclose your health information to law enforcement officials:
 - To identify or locate a suspect, fugitive, material witness or missing person;
 - To report a crime and the identity of the victim if, under certain circumstances, we are unable to obtain the person's agreement;
 - To report a death we believe may be the result of criminal conduct;
 - In response to criminal conduct at the Hospital; and
 - In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed a crime.

NOTE: This does NOT include reproductive health care services. This kind of information will not be shared without your authorization for law enforcement purposes.

- **Workers' Compensation.** We may disclose your health information as authorized to comply

with workers' compensation or similar programs established by law.

- **Medical Examiners and Funeral Directors.** We may disclose your health information to the medical examiner for identification purposes, determining cause of death, or for the medical examiner to perform other duties authorized by law. We may disclose your health information to funeral directors as necessary to carry out their duties.
- **Organ and Tissue Donation.** We may disclose your health information for purposes of organ, eye or tissue donation purposes.
- **Military.** We may disclose your health information if you are a member of the United States or foreign military forces (including veterans) and if required by the appropriate authorities.
- **National Security.** We may disclose your health information to federal officials for intelligence and national security activities authorized by law. We may also disclose your health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- **Inmates.** Should you be an inmate of a detention facility or correctional institution, we may disclose your health information to the institution or agents of that institution as necessary for your health and the health and safety of others.
- **To Avert a Serious Threat to Health or Safety.** We may disclose health information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

As Required By Law. We will disclose your health information when required to do so by federal, state or local law. Other examples of how your protected health information may be used or disclosed, without your authorization, unless you direct us otherwise, are as follows:

- **Directory.** We will use your name, location within the facility and general condition, if known. This information may be provided to people who ask for you by name.
- **Notification.** We may use and disclose your health information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition.

- **Communication with Family.** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- **Appointment Reminders.** We may use your health information to contact you as a reminder that you have an appointment for treatment or medical care.
- **Health-Related Benefits and Services.** We may use your health information to tell you about health-related benefits or services that may be of interest to you.
- **Research.** We may review your health information to see if you are eligible to participate in a research study. All research projects must be reviewed and approved by members of our organization. Except under limited circumstances, we will obtain your approval in writing before we use and disclose your information for approved research projects.
- **Fundraising Activities.** We may use certain health information (including your name, address, telephone number, dates of service, age, gender, date of birth, treating physician, department of service information, outcome information, and health insurance status) to contact you in the future for the purpose of raising charitable support for Blount Memorial Hospital. We may also provide this information to our institutionally-related foundation for the same purpose. Contributions will be used to expand and improve the services and programs we provide to the community. If you do not wish to be contacted for fundraising efforts, please notify Blount Memorial Foundation Executive Director, 907 E. Lamar Alexander Parkway, Maryville, TN 37804.
- **Patient Satisfaction Surveys.** We may contact you to get your input on your stay and the quality of care you received.

REQUIRED AUTHORIZATION

We will ask for your written authorization before disclosing or using health information about you in any of the following situations, or in any other situation not covered by this Notice. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

■ **Psychotherapy Notes.** We may use and disclose notes taken during psychotherapy counseling that you received from Blount Memorial Hospital only for the limited purpose of treatment, payment and health care operations or as otherwise permitted or required by law.

■ **Marketing.** We may ask you to sign an authorization to use or disclose your health information as part of a marketing effort. The authorization will state if Blount Memorial Hospital received any direct or indirect compensation for the marketing. Your authorization is not needed for face-to-face communications made by Blount Memorial Hospital to you or for promotional gifts of nominal value given to you by Blount Memorial Hospital.

■ **Sale of Your Health Information.** Blount Memorial Hospital may not sell your health information unless authorized by you. The authorization will state that the disclosure will result in compensation to Blount Memorial Hospital. An authorization is not needed if the exchange is permitted or required by law (for example, where the purpose of the exchange of your information is for research and the price charged reflects the cost of preparation and transmittal of the information).

CHANGES TO THIS NOTICE

We reserve the right to change or amend the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes of this Notice will be posted on our Web site and at our facility, and will be available from us upon your request.

CONTACT INFORMATION

You may contact the Blount Memorial Hospital Privacy Office (864-797-9775 or privacy@prismahealth.org) if:

- You have any questions about this Notice, or
- You wish to exercise any of the rights mentioned which require written requests.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights associated with your health information:

■ **To Inspect and Copy.** You have the right, in most cases, to inspect and copy your health information. These requests must be in writing. If you request copies, you may be charged our regular fee for copying, mailing or other supplies associated with your request. If your request is denied, you may submit a written request for a review of that decision.

■ **To Request Restrictions on Uses and Disclosures.** You have the right to request, in writing, restrictions on the use and disclosure of your health information for treatment, payment or health care operations. Should you wish a restriction placed on the use and disclosure of your health information, you must submit such a request in writing to **privacyofficial@bmnnet.com**. Although we will consider your requests with regard to the use of your health information, please be aware that we are not required to agree to your request, unless it is a request to prohibit disclosures to your health care plan relating to a service for which you have already paid in full out of pocket. If we do agree, we will comply with your request, unless the information is needed to provide emergency treatment.

■ **To Limit Communications.** You have the right to request that health information about you be by alternate means or locations. Your written request must specify how and/or where you wish to be contacted.

■ **To Account for Disclosures.** You may request a list of the disclosures of your health information that have been made to persons or entities for disclosures unrelated to health care treatment, payment or operations within the past six years. After the first request in any 12 month period, there may be a charge.

■ **To Obtain a Paper Copy of This Notice.** Upon request, you have a right to a paper copy of this notice even if you have agreed to accept this Notice electronically.

■ **To Request Amendment.** If you feel that health information contained in your medical record is incorrect or incomplete, you may request an amendment. Your request must be made in writing and a reason provided for requesting the amendment. The request can be denied, if it is not in writing and if it does not include a reason why the information should be changed. We can also deny your request to amend health information for the following reasons:

- The information was not created by the Hospital, unless the person or entity that did create the information is no longer available to make the amendment; or
- The information is not part of the medical record kept by or for the Hospital; or
- The information is not part of the information that you would be permitted to inspect and copy; or
- We believe the information is accurate and complete.

COMPLAINTS

If you believe your privacy rights have been violated, or you want to complain about our privacy practices, you may contact the Privacy Office for Blount Memorial Hospital at **864-797-7755** or **privacy@prismahealth.org**.

To file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, you may send mail to: 200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201; call 1-800-368-1019, TDD 1-800-537-7697; or visit **www.hhs.gov/hipaa/filing-a-complaint**.

If you file a complaint, we will not take any action against you or change our treatment of you in any way. For more information, call **865-977-4675** or visit our web site at: **www.blountmemorial.org**.