



NOTICE OF PRIVACY PRACTICES

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 serves as a joint Notice for Fitzgibbon Hospital facilities and providers (collectively referred to herein as "we" or "our"). Because we are affiliated health care providers as defined by the Health Insurance Portability and Accountability Act of 1996, we have elected to prepare a joint Notice and may share health information with each other for the purposes of treatment, payment and health care operations as described in this Notice.

CHANGES TO THE NOTICE. We reserve the right to change this Notice concerning our Privacy Practices affecting the health information that we now maintain as well as information that we may receive in the future. We will provide you with the revised Notice by making it available to you, upon request, and by posting it at our service sites. We will also post the revised notice on our website at www.fitzgibbon.org.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT WRITTEN CONSENT OR AUTHORIZATION

We use and disclose your protected health information in a variety of circumstances and for different reasons. Many of these uses and disclosures require your prior authorization. There are situations, however, in which we may use and disclose your health information without your authorization. Many of these uses and disclosures will occur with your treatment, for payment of your health services or for our health care operations. There are additional situations, however where the law permits or requires us to use and disclose your health information without your authorizations. These situations will also be described in this section of the notice. Specifically, we may use and disclose your protected health information as follows:

For Treatment, Payment and Health Care Operations.

1. **For Your Treatment.** We may use and/or disclose your protected health information to physicians, nurses, dietitians, technicians, residents, medical or other health professionals students, physical therapists or other personnel who are involved in your care and who will provide you with medical treatment or services. For example, if you have had surgery or just had a baby, we may contact a home health care agency to arrange for home services or to check on your recovery after you are discharged from the hospital.

2. **For Payment of Health Services that You Receive.** We may use and/or disclose your protected health information to bill and receive payment for the health services that you receive from us. For example, we may provide your health information to our billing or claims department to prepare a bill or statement to send to your insurance company, including Medicare or Medicaid; or another group or individual that may be responsible for payment of your health services.

3. **For Our Health Care Operations.** We perform many activities to help assess and improve the health or other services that we provide. Such activities include, among other, participating in medical or nursing training programs or education, performing quality reviews, conducting patient opinion survey, developing clinical guidelines and protocols, engaging in case management and care coordination, business management, insurance or legal compliance reviews, and participating in regulatory surveys such as Centers for Medicare & Medicaid Service/Health & Human Services. These activities are referred to as "health care operations." For example, we may use health information to assess the scope of our services or to determine if additional health services are needed. In determining what services are needed, we may disclose health information to physicians, medical or other health or business professionals for review, consultation, comparison, and planning. If we use health information in this manner, we may try to remove any information that identifies you or anyone else to further protect your health information. Additionally, we may disclose health information to auditors, accountants, attorneys, government regulators, or other consultants to assess and/or ensure our compliance with laws or to represent us before regulatory or other governing authorities or judicial bodies.

4. **For Another Provider's Treatment, Payment or Health Care Operations.** The law also permits us to disclose your protected health information to another health care provider involved with your treatment to enable that provider to treat you and get paid for these services as well as for that provider's health care operations involving quality reviews or assessments or compliance audits.

5. **Special Circumstances When We May Disclose Your Health Information related to Treatment, Payment or Health Care Operations.** After removing direct identifying information (such as your name, address, and social security number) from the health information, we may use your health information for research, public health activities or other health care operations (such as business planning). While only limited identifying information will be used, we will also obtain certain assurance from the recipient of such health information that they will safeguard the information and only use and disclose the

information for limited purposes. Additionally, we may disclose health information to outside organizations or providers in order for them to provide services to you on our behalf. We will also seek written assurances from these providers to safeguard the health information that they receive.

For Permitted or Required by Law Activities. There are circumstances where we may use and/or disclose your protected health information without first obtaining your written authorization for purposes other than for treatment, payment, or health care operations. Except for specific situations where the law requires us to use disclose information (such as reports of births to health department or reports of abuse or neglect to social services), we have listed all these permitted uses and disclosures in this section.

1. **For Public Health Activities.** We may use or disclose health information to a public health authority that is authorized by law to collect or receive information in order to report, among other things, communicable diseases and reports of abuse, neglect or violence relating to children or elderly, or to the FDA to report medical device or product related events. In certain limited situations, we may also disclose information to notify a person exposed to a communicable disease.

2. **For Health Oversight Activities.** We may disclose health information to a health oversight agency that includes, among others, an agency of the federal or state government that is authorized by law to monitor the health care systems.

3. **For Law Enforcement Activities.** We may disclose limited information in response to a law enforcement official's request for information to identify or locate a victim, a suspect, a fugitive, a material witness, or a missing person (including individuals who have died) or for reporting a crime that has occurred on our premises or that may have caused a need for emergency services.

4. **For Judicial and Administrative Proceedings.** We may disclose health information in response to a subpoena or order of a court of administrative tribunal.

5. **To Coroners, Medical Examiners, and Funeral Directors.** We may release health information to a coroner or medical examiner to identify a deceased person or determine the cause of death.

6. **For Research Purposes.** We conduct and participate in medical, social, psychosocial and other types of research. Most research projects, including many of those involving the use of health information, are subject to a special approval process to evaluate the proposed research project and its use of health information before we use or disclose the requested health information. In certain circumstances, however, we may disclose health information to Fitzgibbon Hospital staff preparing to conduct a research project to help them determine whether a research project can be carried out or will be useful, so long as the health information they review does not leave our premises. Unless you tell us that you do not want to participate in, or to exclude your health information from, either directly or through an opt-out provision (when available), your health information will be added to such databases that will be accessible for approved research projects. Any discarded or preserved bodily fluids or tissue samples (including organs) no longer needed for your clinical care may also be made available to researchers for research purposes.

Additionally, because we are committed to advancing science and medicine as a part of your treatment, our clinicians may offer you information about clinical research trials (investigational treatments). To determine whether you may be a candidate for certain clinical trials, our clinicians and research personnel may at times review your health information and compare your information to the clinical trial requirements.

7. **For Purposes of Organ Donation.** We may disclose health information to an organ procurement organization or other facility that participates in the procurement, banking or transplantation of organs or tissues.

8. **To Avoid Harm to a Person or For Public Safety.** We may use and disclose health information if we believe that the disclosure is necessary to prevent or lessen a serious threat or harm to the public or the health or safety of

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

We respect the confidentiality of your health information and recognize that information about your health is personal. We are committed to protecting your health information and to informing you of your rights regarding such information. We are also required by law to protect the privacy of your protected health information and to provide you with notice of these legal duties. This Notice explains how, when and why we typically use and disclose health information and your privacy rights regarding your health information. In our Notice, we refer to our uses and disclosures of health information as our "Privacy Practices." Protected health information generally includes information that we create or receive that identifies you and your past, present or future health status or care or the provision of your payment for that health care. We are obligated to abide by these Privacy Practices as of the effective date listed above.

another person.

9. **For Specialized Government Function.** We may use and disclose health information of certain military individuals, for specific governmental security needs, or as needed by correctional institutions.

10. **For Workers' Compensation Purposes.** We may disclose your health information to comply with the workers' compensation laws or other similar programs.

11. **For Appointment Reminder and to Inform You of Health-Related Products or Services.** We may use or disclose your health information in order for us to contact you by telephone (cell or land line phone), email, patient portal, or by U.S. mail for appointments or other scheduled services, or to provide you with information about treatment alternatives or other health-related products and services.

12. **For Fundraising Purposes.** We may use or disclose patient demographic data, health insurance status, dates of patient health care services, general department of service information, treating physician information and outcome information to contact you for the purpose of raising money. You have the right to opt-out of receiving such communications with each solicitation and/or future fundraising requests. If you do not wish to be contacted as part of our fundraising efforts, please contact our Privacy Compliance Officer or Patient Advocate at (660) 831-3767.

13. **For Billing and Collection Purposes.** We may use or disclose your health information for the purpose of obtaining payment for services provided. You may be contacted by mail or telephone at any telephone number associated with you, including wireless numbers. Telephone calls may be made using pre-recorded or artificial voice messages and/or automatic dialing device (an "autodialer"). Messages may be left on answering machines or voicemail, including any such message information required by law (including debt collection laws) and/or regarding amounts owed by you. Text messages or emails using any email addresses you provide may also be used in order to contact you.

When Your Preference Will Guide Our Use of Disclosure. While the law permits certain uses and disclosures without your authorization, the law also provides you with an opportunity to inform us of your preference, in certain limited situations, concerning the use of disclosure of your health information. For these limited uses and disclosures, we may simply ask and you may simply tell us your preference concerning the use of disclosure of your health information. These limited situations include:

1. **Facility directory.** A facility directory may include your name, location in the facility, your general condition (such as fair, stable, etc.), and religious affiliation. Unless you tell us that you do not want to be included in the facility directory, you will be included and directory information may be disclosed to members of the clergy or to people who ask for you by name.

2. **The information, if any given to your family or friends.** Unless you tell us otherwise prior to a discussion, we may disclose to a family member or a close personal friend health information concerning your care, including information concerning the payment for your care.

3. **Disaster relief efforts.** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location.

4. **Other.** You may request in writing that we not share your information with a health care plan for services that you have paid in full.

All Other Uses and Disclosures Require Your Prior Written Authorization. For situations not generally described in our Notice, your written authorization is required for the following specific uses and disclosures of PHI: 1) uses and disclosures of psychotherapy notes; 2) uses and disclosures of PHI for marketing purposes, including treatment communications; and 3) the sale of the individual's PHI. You may revoke that authorization, in writing, at any time to stop future disclosures of your information. Information previously disclosed, however, will not be requested to be returned nor will your revocation affect any action that we have already taken. In addition, if we collected the information in connection with a research study,

FITZGIBBON HOSPITAL PROVIDERS INCLUDED IN THIS NOTICE

Our Notice serves as a joint notice for all Fitzgibbon Hospital affiliated entities, sites and locations, each of which will follow the terms of this Notice. Specifically, our Notice describes our Privacy Practices, and that of:

- Any Fitzgibbon Hospital affiliated entities and the health care professionals authorized to enter information into your hospital chart;
- All our departments and units;
- All physicians employed by us and their practice sites;
- All hospital-based physicians such as anesthesiologists, pathologists and radiologists;
- Any member of a volunteer group we allow to help you while you are in our hospital or while receiving care from us;
- All employees, staff and other health care personnel, including those employees or personnel of any other Fitzgibbon Hospital facility.

A complete listing of the Fitzgibbon Hospital affiliated entities and providers covered by our Notice may be found below. Our Notice does not address the privacy practices that your personal doctor (if not employed by us) may use in his or her private office and will not affect the medical decision they make in your care and treatment.

we are permitted to use and disclose that information to the extent it is necessary to protect the integrity of the research study.

Electronic Health Information Exchange.

Healthcare providers and health plans may use and disclose your health information without your written authorization for purposes of treatment, payment and healthcare operations. Our healthcare providers are linked by an electronic medical record. When you go to an outside provider, we may be able to share and/or access your records through an electronic Health Information Exchange (HIE). Before there was an HIE, providers and health plans exchanged this information directly by hand delivery, mail, facsimile or email. This process was time-consuming, expensive and not secure. The electronic HIE changes this process. Technology allows a provider or health plan to submit a single request through an HIE to obtain electronic records for a specific patient from other HIE participants. The provider must have sufficient personal information about you to prove they have a treatment relationship with you before the HIE will allow access to your information. To allow authorized individuals to access your electronic health information you do not have to do anything. By reading this notice and not opting out, your information will be available through the HIE.

Opting Out: If you do not wish to share information with providers through an HIE, you must opt out by completing and signing a form available from the Health Information Management Department or Patient Registration. Please understand your decision to restrict information through an HIE will limit your healthcare providers' ability to provide the most effective care for you. By submitting a request for restrictions, you accept the risks associated with that decision. Your decision to restrict access to your electronic health information through the HIE does not impact other disclosures of your health information. Providers and health plans may continue to share your information directly through other means (such as by facsimile or secure email) without your specific written authorization. Opting out of the HIE will not prevent our providers from seeing your complete medical records.

YOUR RIGHTS REGARDING HEALTH INFORMATION

This portion of our Notice describes your individual privacy rights regarding your health information and how you may exercise those rights.

Requesting Restrictions of Certain Uses and Disclosures of Health Information. You may request, in writing, a restriction on how we use or disclose your protected health information for your treatment, payment of your health care services or activities related to our health care operations. You may also request a restriction on what health information we may disclose to someone who is involved in your care, such as a family member or friend.

You must make a request to the medical records department that maintains your health information. We are not required to agree to your request unless the request is for restriction of disclosure to a group health plan for an item or service that has been paid for (out of pocket) in full. Additionally, any restriction that we may approve will not affect any use or disclosure that we are legally required or permitted to make under the law, including our facility directory.

Requesting Confidential Communications.

You may request and receive reasonable changes in the manner or the location where we may contact you for appointment reminder, lab results or other related information. You must make your request in writing to the medical records department that maintains your health information and you must specify the alternate method or location where you wish to be contacted and how you will handle payment for your health services. We will accommodate your reasonable request, but in determining whether your request is reasonable, we may consider the administrative difficulty it may impose on us.

Inspecting and Obtaining Copies of Your Health Information. You may ask to look at and/or obtain a copy of your health information. You have the right to request that a copy be provided in an electronic form or format. You must make your request in writing, to the

medical records department that maintains your health information. For instance, if you would like to view your records from your surgery at Fitzgibbon Hospital and the related physician office records, you must submit separate requests at both the hospital where you had your surgery and your physician's office. We may charge a fee for copying or preparing a summary of requested health information. We will generally respond to your request for health information within 30 days of receiving your request unless your health information is not readily accessible or the information is maintained in an off-site storage location.

Requesting a Change in Your Health Information. You may request, in writing, a change or addition to your health information. You may make your request in writing to the medical records department that maintains your health information. The law limits your ability to change or add to your health information. These limitations include whether we created or included the health information within our medical records or if we believe that the health information is accurate and complete without any changes. Under no circumstances, will we erase or otherwise delete original documentation in your information.

Requesting an Accounting of Disclosures of Your Health Information. You may ask, in writing, for an accounting of certain types of disclosure made of your health information. The law excludes from an accounting many of the typical disclosures, such as those made to care for you, to pay for your health services or where you had provided your written authorization to the disclosure. You must make your request to the medical records department that maintains your information. Generally, we will respond to your request within 60 days of receiving your request unless we need additional time.

Obtaining a Notice of Our Privacy Practices. We provide you with our Notice to explain and inform you of your Privacy Practices. You may also take a copy of this Notice with you. Even if you have requested this Notice electronically, you may still request a paper copy. You may also view a copy at our website: www.fitzgibbon.org.

NOTIFICATION OF A BREACH

We are required by law to maintain the privacy of protected health information (PHI) and to notify you following a breach of unsecured protected health information.

COMPLAINTS

We welcome an opportunity to address any concerns that you may have regarding this Notice or privacy of your health information. If you believe that the privacy of your health information has been violated, you may file a complaint with our Corporate Compliance Officer at (660) 831-3767, or with the Secretary of the U.S. Department of Health and Human Services. It is important to note that requests or complaints must be made to the hospital or office where your privacy concern arose. Any requests or complaints will not be deemed to be filed with any of the other hospital or providers covered by or addressed in this Joint Notice. YOU WILL NOT BE PENALIZED OR RETALIATED AGAINST FOR FILING A COMPLAINT.

SERVICE DELIVERY SITES

This notice applies to all John Fitzgibbon Memorial Hospital facilities, including:

- Fitzgibbon Hospital
- The Living Center (long-term care)
- Marshall Family Practice
- Marshall Women's Care
- Marshall Surgical Associates
- Fitzgibbon Mental Health
- Fitzgibbon Chiropractic Clinic
- Grand River Medical Clinic (Brunswick, Mo.)
- Akeman-McBurney Medical Clinic (Slater, Mo.)
- Fitzgibbon Family Health (Fayette, Mo.)
- Mid-Missouri Family Health
- Pilot Grove Medical Clinic (Pilot Grove, Mo.)
- Marshall Orthopedic & Sports Medicine
- Fitzgibbon Outpatient Clinics
- Fitzgibbon Behavioral Health Unit
- Fitzgibbon Community Services (Home Health/Hospice)
- Cardiac Pulmonary Wellness Center
- Fitzgibbon Rehabilitation Services
- Fitzgibbon Community Cancer Center

CONTACT INFORMATION

If you have questions or concerns regarding your privacy rights or the information in this notice, please contact our Corporate Compliance Officer at (660) 831-3767. For more information concerning this Notice or any of our facility locations, please access our website at www.fitzgibbon.org or call (660) 886-7431.

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