



## 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.

**Effective as of September 23, 2013**

### **PURPOSE:**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your Protected Health Information (PHI), with whom that information may be shared and the safeguards we have in place to protect it. This Notice also describes your rights to access and amend your Protected Health Information. You have the right to approve or refuse the release of specific information outside of our system, except when the release is required or authorized by law or regulation.

This Notice describes Central North Alabama Health Services, Inc. (CNAHSI) practices regarding your Protected Health

Information. For this Notice, CNAHSI includes the following:

- All of its treatment facilities/locations
- All providers/staff and business associates who operate under CNAHSI's auspices
- All management activities

### **1. OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION**

Protected Health Information (PHI) is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present or future physical or mental health or condition and related health care services.

#### **CNAHSI is required by law to do the following:**

- Make sure that your Protected Health Information is kept private
- Give you this Notice of our legal duties and privacy practices relative to the use and disclosure of your Protected Health Information
- Follow terms of the Privacy Notice currently in effect
- Communicate any changes in the Privacy Notice to you
- Notify affected individuals following a breach of unsecured protected health information

#### **We have the right to:**

- Change our Privacy Practices and the terms of this Notice at any time, provided that law permits the changes
- Make the changes in our Privacy Practices and the

new terms of our Notice effective for all medical information that we keep, including the information previously created or received before the changes

#### **Notice of change to Privacy Practices:**

- We reserve the right to change this Notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make revised or changed Notice effective for all of the health information we already have about you as well as any information we receive in the future. You may obtain a copy of our current Notice by accessing CNAHSI's web site [www.cnahsi.com](http://www.cnahsi.com), or you may request a copy at your next appointment.

## **2. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR PERMISSION**

Following are examples of permitted uses and disclosures of your Protected Health Information. These examples are not exhaustive.

**For Treatment:** We will use and disclose your Protected Health Information to provide, coordinate and/or manage your health care and any related services. This includes the coordination or management of your healthcare with a third party (i.e. doctors, nurses, technicians, students or healthcare providers) who, at the request of your physician, becomes involved in your care. **For example**, your Protected Health Information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may use a sign-in-sheet at the

Registration Desk, where you will be asked your name and your provider of services. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your Protected Health Information, as necessary, to contact you in case of an emergency to provide the treatment required and/or to remind you of your appointment.

**For Payment:** Your Protected Health Information will be used, as needed, to obtain payment for your health care services. This may include certain activities that CNAHSI might undertake before services are provided, such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity or to obtain prior approval from your health plan or other third party. **For example**, we may need to give information about your office visit to your health plan so they will pay us or reimburse you for the visit. We may also need to disclose Protected Health Information to obtain approval for a hospital admission and/or stay.

**Health Care Operations:** We may use or disclose, as needed, your Protected Health Information to support the daily activities related to our health care operations. This activity includes, but not limited to, quality assessment, oversight or staff performance review, conducting training programs, obtaining accreditation, certification and licensure. **For example**, we may use health information to review the services that we provide and evaluate the performance of our staff in caring for you. We will share your Protected Health Information with third party "business associates" who perform various activities (i.e. billing, transcription services) for CNAHSI. Business

associates will also be required to protect your health information.

We may also use or disclose your Protected Health Information, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that might interest you. **For example**, we may send you information about products or services that we believe might benefit you. Please let us know if you do not wish us to contact you with this information, or wish to have us use a different address when sending this information to you.

### 3. ADDITIONAL USES AND DISCLOSURES

#### **Required by law:**

We may use or disclose your Protected Health Information if the law or regulation (federal, state or local) requires the use or disclosure. We may not sell your Protected Health Information.

**Public Health:** We may disclose your Protected Health Information to the public authority that is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury or disability
- Report births and deaths
- Report child abuse or neglect
- Report reactions to medications or problems/recalls of products
- Notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition
- Notify the appropriate government authority if we

believe a patient has been the victim of abuse, neglect or domestic violence

**Health Oversight:** We may disclose Protected Health Information to health oversight agencies for activities authorized by law, such as audits, accreditation reviews, investigations and inspections. These health oversight agencies might include government agencies that oversee the health care system, government programs, other government regulatory programs, HIPAA privacy rules and civil rights laws.

**Legal Proceedings:** We may disclose Protected Health Information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized) and in certain conditions in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may disclose Protected Health Information for law enforcement purposes, including the following:

- Responses to a court order, subpoena, warrant, summons or similar process
- Information requested to identify and locate a suspect, fugitive, material witness or missing person
- Circumstances pertaining to victims of a crime
- Deaths we believe may be the result of criminal conduct
- Crimes occurring at a CNAHSI facility
- Medical emergencies (not on CNAHSI premises) believe to result from criminal conduct

**Coroners, Funeral Directors and Organ Donations:** We may disclose Protected Health Information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose Protected Health Information to funeral directors as authorized by law. Protected Health Information may be used and disclosed for cadaveric organ, eye or tissue donations.

**Research:** We may disclose your Protected Health Information to researchers as allowed by law. **For example,** if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your Protected Health Information.

**To Avert a Serious Threat to Health or Safety:** Under applicable federal and state laws, we may disclose your Protected Health Information, if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose Protected Health Information of individuals who are Armed Forces personnel (1) for activities believed necessary by appropriate military command authorities to ensure the proper execution of military mission, including determination of fitness for duty; (2) for determination by the Department of Veterans Affairs (VA) of your eligibility

for benefits; or (3) to a foreign military authority if you are a member of authorized Federal officials for conducting national security and intelligence activities, including protective services to the President or others.

**Workers' Compensation:** We may disclose your Protected Health Information to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your Protected Health Information if you are an inmate of a correctional facility and CNAHSI created or received your Protected Health Information while providing care to you. This disclosure would be necessary (1) for the institution to provide you with health care, (2) for your health and safety or the health and safety of others or (3) for the safety and security of the correctional institution.

**Communication Barriers:** We may use and disclose your Protected Health Information if your provider or another provider of care in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers.

**Parental Access:** Some state laws concerning minors permit or require disclosure of Protected Health Information to parents, guardians and persons acting in a similar legal status. We will act consistently with the law of the state and will make disclosures following such laws.

**Fundraising Activities:** We may use your Protected Health Information to contact you for fundraising purposes.

We will limit our use and disclosure of your demographic information and the dates of your health care. We may disclose this information to a business associate of a foundation to assist us in fundraising activities. We will provide you with any fundraising materials and a description of how you may opt out of receiving future fundraising communications.

**Other Products and Activities:** We may also use or disclose your PHI to the Food and Drug Administration to report quality, safety or effectiveness of the FDA regulated products or activities.

#### **4. USE AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION**

We will not use or disclose your medical information for any other purposes unless you give us your written authorization to do so. For example, in general and subject to specific conditions, we will not use or disclose your psychotherapy notes, will not use or disclose your protected health information for marketing, and will not sell your protected health information, unless you give us a written authorization. If you give us written authorization to use or disclose your medical information for a purpose that is not described in this notice, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your medical information we maintain, unless we have taken action in reliance on your authorization. In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your Protected Health Information. Following are examples in which your agreement or objection is required. Uses and disclosures

not described in this Notice of Privacy Practice will only be made with an individual's written authorization:

**CNAHSI Facilities/Patient Directories:** Unless you object in writing, we will use and disclose in our facilities' directories: your name, the location at which you are receiving care, your condition (in general terms) and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people who ask for you by name. Only members of the clergy will be told your religious affiliation.

**Individuals Involved in Your Health Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally, we may use or disclose Protected Health Information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, or your location, general condition, or death. Finally, we may use or disclose your Protected Health Information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your healthcare. We will also use our

judgment and experience regarding your best interest in allowing people to pick up filled prescriptions, medical supplies, test results, or other similar actions involving disclosure of PHI.

## 5. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You may exercise the following rights by submitting a written request to CNAHSI's Privacy Officer. Please be aware that CNAHSI might deny your request; however, you may seek a review of the denial.

**Right to Inspect and Copy:** You may inspect and obtain a copy of the Protected Health Information, including any electronic health records contained in your medical/dental and billing records for as long as we maintain the Protected Health Information. A designated record set contains medical/dental and billing records and any other records that CNAHSI uses for making a decision about you.

We may at your request and on payment of applicable fees provide you a copy of your Protected Health Information.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and Protected Health Information that is subject to law that prohibits access to Protected Health Information.

Your request to inspect and/or obtain a copy of your Protected Health Information will be responded to in a reasonable amount of time up to 30 days.

**Right to Request Restrictions:** You may ask us not to use or disclose any part of your Protected Health Information for treatment, payment or health care operations. Your request must be made in writing to CNAHSI's Privacy Officer where you wish the restriction instituted. Restrictions are not transferable across CNAHSI's facilities/locations. If the restriction is to be throughout CNAHSI's facilities/locations, the request must be made in writing to CNAHSI' Privacy Officer. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.

If CNAHSI believes that the restriction is not in the best interest of either party, or CNAHSI cannot reasonably accommodate the request, CNAHSI is not required to agree. Individuals that pay out of pocket for a service have the right to request CNAHSI not to submit PHI to the individual's health plan. Request for restrictions on disclosure of medical information for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment; and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full– we must comply with this request. If the restriction is mutually agreed upon, we will not use or disclose your Protected Health Information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke in writing a previously agreed upon restriction, at any time.

**Right to Request Confidential Communication:** You may request that we communicate with you using

alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

**Right to Request Amendment:** If you believe that the information we have about you is incorrect or incomplete, you may request in writing an amendment to your Protected Health Information, including disclosure made using an electronic health record, as long as we maintain this information. While we accept requests for amendment, we are not required to agree to the amendment. CNAHSI 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 health information kept by or for CNAHSI; Is not part of the information that you would be permitted to inspect and copy or; Is accurate and complete. If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

**Right to an Accounting of Disclosures:** You may request that we provide you with an accounting of the disclosures we have made of your Protected Health Information. This right applies to disclosures made for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003 and no more than six (6) years from the date of request. This right excludes disclosures made to you, for a CNAHSI directory, to family members or friends involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restrictions and limitations as

described earlier in this Notice.

**Right to Obtain a Copy of This Notice:** You may obtain a paper copy of this Notice from your CNAHSI facilities or view it electronically at [www.cnahsi.com](http://www.cnahsi.com).

**This CNAHSI Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). This requirement does not supersede other privacy laws and has been taken into consideration in the development of our policies and this Notice of how we will use and disclose your Protected Health Information.**

## 6. COMPLAINTS

If you believe these privacy rights have been violated, you may file a written complaint to CNAHSI's Privacy Officer, or the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

## 7. CONTACT INFORMATION

You may contact CNAHSI's Privacy Officer for further information about the complaint process, or for further explanation of this document. The Privacy Officer may be contacted at Central North Alabama Health Services, Inc., P.O. Box 18488, Huntsville, AL 35804 or by phone at (256) 534-8659 or Fax (256) 533-0276.

**THIS NOTICE IS EFFECTIVE IN ITS ENTIRETY AS OF September 23, 2013.**