



NOTICE OF PRIVACY PRACTICES

Effective February 17, 2010

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PRIVACY NOTICE

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It goes on to describe the types of information we gather about you, 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 control your protected health information. You have the right to the confidentiality of your protected health information and the right to approve or refuse the release of specific information except when the release is required by law. If the practices described in this brochure meet your expectations, there is nothing you need to do. If you prefer that we not share information, we may honor your written request in certain circumstances described below. If you have any questions about this notice, please contact our Privacy Officer at the address at the end.

Who Will Follow This Notice

This notice describes the practices of Jay County Hospital, an Organized Health Care Arrangement (OHCA), and that of:

- Physicians and health care professionals credentialed by the hospital and affiliated entities of the hospital.
- Any health care professional authorized to document protected health information.
- All departments and units of the hospitals, clinics, or doctors' offices, and affiliated entities you may visit or receive care or services from.
- Any member of a volunteer group we allow to help you while you are receiving care or services.
- All employees, staff, residents or student trainees and other personnel who may need access to your information.

Our Pledge Regarding Protected Health Information:

We understand that protected health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Jay County Hospital, whether made by health care professionals or your personal doctor.

This notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

We are required by law to:

- maintain the privacy of the protected health information that identifies you;
- give you this notice of our legal duties and privacy practices with respect to protected health information about you; and
- follow the terms of the notice that is currently in effect.

How We May Use and Disclose Protected Health Information About You

The following categories describe different ways that we may use and disclose protected health information. We will explain what we mean and try to give examples for each category of uses and disclosures. Not every use or disclosure in a category will be listed.

For Treatment

We may use and disclose your protected health information to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, training doctors, medical students or other health care professionals who are involved in taking care of you. We may also share your protected health information with participants in the hospital's OHCA for treatment of you by them. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow down the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different health care professionals also may share protected health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose protected health information about you to people such as family members or others who may be involved in your medical care or provide services that are part of your care.

For Payment

We may use and disclose your protected health information so we can be paid for the services we provide to you. This can include billing you, your insurance company or a third party. For example, your insurance may need to know about surgery you received so they will pay us or reimburse you for the surgery. We may also use and disclose protected health information about you to obtain prior approval or to determine whether your insurance will cover the treatment. We may also disclose your protected health information to other providers of health plans for their payment activities as they relate to your treatment.

For Health Care Operations

We may use or disclose protected health information about you for Jay County Hospital operations. These uses and disclosures are necessary in order for us to run our system business and make sure that all of our patients receive quality health care. For example, we may use protected health information to review our treatment and services and to evaluate our staff in caring for you. We may also combine the protected health information we have with information from other health care providers to compare how we are doing and see where we can make improvements in the care and services that we offer. We may also disclose information to doctors, nurses, technicians, training doctors, medical students, and other personnel for review and learning purposes. We may remove information that identifies you specifically so that others may use the information to study health care without learning who the specific patients are.

Incidental Uses and Disclosures

We may occasionally inadvertently use or disclose your protected health information when such use or disclosure is incident to another use or disclosure permitted by law. For example, while we have safeguards in place to protect against others overhearing our conversations that take place between doctors, nurses and other personnel, there may be times that such conversations are overheard by others. Please be assured that we will avoid such situations as much as possible.

Appointment Reminders

We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives

We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services

We may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you.

Facility Directory

We may include certain limited information about you in the facility directory or patient census information while you are receiving health care and services. This information may include your name, location in the facility, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. You have the right to object to being included in the facility directory.

Individuals Involved in Your Case for Your Care

We may release protected health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friend your condition and that you are in the hospital. In addition, we may disclose protected health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Suspect Abuse or Neglect

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

As Required By Law

We will disclose protected health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, should only be to someone able to help prevent the threat.

Fundraising Activities

We may use protected health information about you in an effort to raise money for Jay County Hospital and its operations. We may disclose protected health information to a foundation related to the hospital so that the foundation may raise money for the hospital. We would only release demographic information, such as your name, address, phone number and the dates you received treatment or services from Jay County Hospital. If you do not want Jay County Hospital to contact you for fundraising efforts, you must notify our Privacy Officer in writing at the address below.

Special Situations

Organ and Tissue Donation

If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are member of the armed forces, we may release protected health information about you as required by military command authorities.

Workers' Compensation

We may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose protected health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities

We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights and privacy laws.

Lawsuits and Disputes

We may disclose protected health information about you in response to a subpoena, discovery request, or other lawful order from a court.

Law Enforcement

We may release protected health information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when requested to do so by law.

Coroners, Medical Examiners and Funeral Directors

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Protected Health Information About You

You have the following rights regarding protected health information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains records that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy protected health information that may be used to make decisions about you, you must sign an authorization, show government issued photo identification, and submit your request in writing to the Health Information Management Department in the hospital or to the Medical Record designee in your physician office or health care facility. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. Other licensed health care professionals chosen by Jay County Hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment of protected health information about you in a designated record set for as long as we maintain the information. To request an amendment, your request must be made in writing and submitted to our Privacy Officer in the hospital. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we 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 protected health information kept by Jay County Hospital;
- Is not part of the information which you would be permitted to inspect and copy; and
- Is accurate and complete.

If we deny your request for amendment, you have the right to file a statement or disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to Accounting of Disclosures

You have the right to request an accounting of certain disclosures. This is a list of the disclosures we made of protected health information about you for reasons other than treatment, payment or healthcare operations as described in the Notice of Privacy Practices. It also excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer in the hospital or to the practice manager in your physician office or health care facility. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically).

Right to Request Restrictions

You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend, as described in this Notice of Privacy Practices. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or if your physician believes it is in your best interest to permit the use and disclosure of protected health information. To request restrictions, you must make your request in writing to our Privacy Officer in the hospital. In your request, you must tell (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

We must agree to a requested restriction if the disclosure is to a health plan for purposes of payment or health care operations and the protected health information pertains to an item or service for which you have paid out of pocket in full and did not have us bill your insurance.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you should contact a nurse or other health care professional involved in your care, our patient representative, or Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please request one at the time of admission or in writing from our Privacy Officer at the address below or you may view and print a copy by visiting our web site at www.jaycountyhospital.com.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain on the first page, at the top of the page, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Jay County Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with Jay County Hospital, contact our Privacy Officer at the address and phone number below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Protected Health Information

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, thereafter we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Privacy Officer

Director, Health Information Management
500 West Votaw Street
Portland, IN 47371
Department # 260-726-1819

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