

## Jefferson Hospital Association, Inc. Notice of Privacy Practices Effective January 4, 2016

### THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice applies to all of the records of your care created by Jefferson Hospital Association, Inc. ("JHA") and its covered entities as listed at the end of this Notice. The policies described in this Notice extend to Jefferson Regional Medical Center, its staff, any affiliated organization covered by this Notice, and to Physicians and other Medical Staff/Allied Health Professionals when they participate in providing JHA services.

#### YOUR HEALTH RECORD

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Usually, this record contains your health history, examinations, symptoms, test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as:

- the basis for planning your care and treatment
- a means of communication among the many healthcare professionals who contribute to your care
- a legal document describing the care you receive
- the means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating healthcare professionals
- a source of data for medical research
- a source of information for public health officials working to improve the health of the nation
- a source of data for facility planning and marketing
- a tool we may use to assess and improve the care we give and the outcomes of care.

The confidentiality of the information in your health record is protected under state and federal law. Understanding what is in your medical record and how your health information is used will help you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make informed decisions when authorizing disclosures
- better understand the rights described below

#### We are required by law to:

- Maintain the privacy of protected health information (PHI) and notify you in the event of a breach of unsecured PHI after consideration of at least the following four objective factors;
  - The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification;
  - The unauthorized person who used the PHI or to whom the disclosure was made;
  - Whether the PHI was actually acquired or viewed; and
  - The extent to which the risk to the PHI has been mitigated.
- Provide you with this Notice of our legal duties and privacy practices with respect to your PHI;
- Follow the terms of the Notice that is currently in effect;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate PHI by alternative means or at alternative locations; and
- Obtain written authorization to use or disclose your PHI for reasons other than those listed below and permitted by law.

#### YOUR RIGHTS UNDER THE FEDERAL LAW

Although your health record is the physical property of the healthcare provider or facility that puts it together, you have certain rights:

1) You may request that we restrict certain ways in which we use and share your health information for treatment, payment, and our healthcare operations. To make this request, you must complete a Request for Restrictions of Information Uses and Disclosures, which is available at the JEFFERSON REGIONAL Medical Records Department. You may restrict disclosure to a health plan if the disclosure is for carrying out payment or health care operations and is not otherwise required by law, and the information pertains to a healthcare item or service for which you or someone acting on your behalf has paid out of pocket in full.

2) You may request reports of your condition or treatment be given to family members, friends, or other people involved with your healthcare or payment for your healthcare. These requests should be directed to your doctor or nurse, who will make appropriate notations in your chart. We are not required to agree to your requests, but will try to honor all reasonable requests.

3) You may obtain a paper copy of the Notice of Privacy Practices upon request.

4) You may view and copy your medical record. While you are undergoing treatment in the hospital, your record is considered "open". Requests to view an open medical record must be directed to your physician or a nurse. When you are discharged from the hospital, your record is considered "closed". Requests to view a closed medical record must be directed to the Medical Records Department. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The licensed health care professional conducting the review will not be the person who denied your request, and we will comply with the outcome of the review. You also have the right to access your PHI record in an electronic format and to direct JHA to send the record directly to a third party.

Note: We reserve the right to charge a reasonable cost-based fee for making copies.

5) You may request to amend your health record. To exercise this right, you must complete a Request for Amendment of Health Information, which is available through the Medical Records Department. We are not required to agree to requested amendments. We may deny your request if you ask us to amend information that (a) was not created by us unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the PHI kept by or for JHA; (c) is not part of the information you would be permitted to inspect and copy; or (d) is accurate and complete.

6) You may obtain a list, called an "accounting of disclosures," that describes how your health information was shared over the time period specified in your request (six years preceding the date of your request is the maximum time period allowed). This accounting will not list certain uses or disclosures, such as those made for the purposes of treatment, payment, or healthcare operations. To exercise this right, you must complete a Request for Accounting of Disclosures, which is available through the Medical Records Department. We will notify you of any cost involved, and you may choose to withdraw or modify your request before any costs are incurred.

7) You may request that communications of your health information be sent to an alternative location or by alternative means (for example, in a closed envelope or to a secondary

address). To exercise this right, you must contact either the JEFFERSON REGIONAL Business Office or the Admissions Department.

8) You may revoke an authorization to use or disclose your health information. We are unable, however, to take back any disclosures we have already made as a result of that authorization.

9) Upon request you or a personal representative may be provided access to completed Lab test reports. You can sign up for our Patient Portal at <https://jchart.jeffersonregional.org> to gain online access to your health information. If you do not have a login, simply click 'Register Now' and follow the instructions to create your account. You may also call us at 870-541-4077.

10) You may file a complaint, either with the JHA Privacy Officer (870) 541-7390 or the Secretary of Health and Human Services (877) 696-6775, if you believe your privacy rights have been violated.

**You will not be retaliated against for filing a complaint.**

#### OUR RESPONSIBILITY UNDER FEDERAL LAW

Federal Law requires us to:

\* protect the privacy and security of your PHI by establishing reasonable and appropriate Physical, Administrative, and Technical Safeguards;

\* provide you with a Notice of Privacy Practices in order to inform you of our legal duties and privacy practices regarding the information we collect and maintain about you; and

\* follow the requirements of the current Notice and all related JHA policies and procedures.

*Note: We reserve the right to change our information privacy practices and the terms of this Notice, and to make the new provisions effective for all health information we maintain. This includes health information created or received before the date the revised Notice becomes effective. If our privacy practices change, we will post a revised Notice on our website ([www.jeffersonregional.org](http://www.jeffersonregional.org)) and in each of our covered clinics. We will not put changes into effect before the effective date listed on the revised Notice.*

#### PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

We will not use or disclose your health information without your authorization, except as described in this Notice.

#### \*USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

**We may use and disclose your health information for treatment purposes.**

A physician, therapist, nurse, or other member of your healthcare team will record information in your medical record to assist in your diagnosis and determine the best course of treatment for you. The primary caregiver will give treatment orders and will document what he or she expects other members of the healthcare team to do to treat you. Other members of your healthcare team, which could include nurses, technicians, medical students, and other personnel, will also document important information about your care, which will help the primary caregiver determine the best course of treatment. When necessary, your healthcare providers will share information in order to consult with other physicians about your treatment. We will also provide information from your record to your regular physician or to specialists to whom you are referred, in order to help them treat you once you are discharged from JEFFERSON REGIONAL.

**We may use and disclose your health information for payment purposes.**

A bill may be sent to you or to a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. (Remember that it is your right to ask that such communications be sent to another location or by another means, as long as appropriate arrangements are made for payment). In order to obtain prior approval or to determine whether your plan will cover the treatment, we also may tell your health plan and/or referring physician about a treatment you are going to receive. If you paid

in full for your services, you have the right to limit the information that is shared with your health plan or insurer. To do this you must ask before you receive any services. Let us know you want to limit sharing with your health plan when you schedule your appointment. Any information shared before we receive payment out of pocket in full, such as information for preauthorizing your insurance, may be shared. Also, because we have a medical record system that combines all your records, we can limit information only for an episode of care (service given during a single visit to the clinic or hospital). If you wish to limit information beyond an episode of care, you will have to pay out of pocket in full for each future visit as well.

#### **We may use and disclose your health information for healthcare operations.**

Members of the Medical Staff, Risk Management, or Quality Management may use information in your medical record to assess the care and outcomes in your case and others like it. The information will be used to improve the quality and effectiveness of the healthcare services we provide. Other activities that fall under the definition of "Healthcare Operations" include: conducting training programs; contacting healthcare providers and patients with information about treatment alternatives; and certification, licensing, and credentialing activities.

#### **\* Disclosures Made to Business Associates**

There are some services provided to our organization through contracts with business associates who must have access to PHI in order to do their jobs. Examples of these services include medical transcription, billing and collection services, and even some software vendors. To protect the confidentiality of your information, however, we require each business associate to sign an agreement defining the appropriate use of patients' health information and requiring the business associate to establish safeguards to protect the information.

#### **\* USES AND DISCLOSURES FOR WHICH NO PERMISSION IS REQUIRED**

##### **\* Uses and Disclosures Required by Law**

We may use and disclose your PHI where required by law, provided the use or disclosure complies with and is limited to the relevant requirements of the law.

##### **\* Communicable Disease**

We may disclose your PHI to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition if we or a public health authority is authorized by law to notify such person necessary in the conduct of a public health intervention or investigation.

##### **\* Employers**

We may disclose your PHI to your employer regarding any work-related illness or injury or medical surveillance of the workplace, under certain circumstances.

##### **\* Threat to Health and Safety**

To avert a serious threat to health and safety, we may disclose your PHI in certain circumstances consistent with applicable law, including to prevent or lessen a serious, imminent threat to the health or safety of a person or the public and when the disclosure is to a person who is reasonably able to prevent or lessen the threat.

##### **\* Research**

We may disclose information to researchers without your authorization in certain limited circumstances (For example, when an Institutional Review Board has reviewed the research proposal and has established guidelines to ensure the privacy of your health information).

##### **\* Funeral Directors, Coroners, and Medical Examiners**

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

##### **\* Organ Procurement Organizations**

Consistent with applicable law, we may disclose health information to organizations engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplantation.

##### **\*Fundraising**

We may use information about you (such as your name, address, and phone number) and the dates you received services here in order to contact you, for the purpose of raising money for our hospital. The money raised through these activities is used to expand and support the healthcare services and educational community. If you do not wish to be contacted as part of our fundraising efforts you may opt-out of such notification by notifying the Privacy Officer in writing at the address listed below. If you do not opt-out in writing, we may use your information as described.

##### **\* Food and Drug Administration (FDA)**

We may disclose to the FDA health information regarding adverse events, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

##### **\* Workers' Compensation**

We may disclose health information to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

##### **\* Public Health Activities**

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. This category includes:

- (a) Incidents of suspected child abuse;
- (b) Reyes syndrome;
- (c) AIDS or HIV;
- (d) Sexual assaults;
- (e) Knife or gunshot wounds;
- (f) Domestic violence; and
- (g) Sudden death of a child.

##### **\* Correctional Institution**

Should you be an inmate of a correctional institution, we may disclose to the institution or its agents, health information necessary for your health and the health or safety of others.

##### **\* Law enforcement**

We may disclose PHI for law enforcement purposes under the following circumstances: (1) as required by law or in response to a valid subpoena, warrant, summons, or similar process; (2) if a law enforcement official needs limited information about you because of a reasonable belief that you pose a danger to yourself, a particular person or people, or if you are trying to obtain narcotics illegally; (3) if it is believed you have been a victim of a crime and Arkansas law allows JHA to make the disclosure, although we will try to ask you before making the disclosure; (4) as permitted by Arkansas law, if a crime occurs at JHA and we think your protected health information is evidence of the crime and (5) as permitted by Arkansas law, in an emergency health care situation if necessary to report a crime.

##### **\* Legal Proceedings**

If you are involved in a lawsuit or a dispute, we may disclose your PHI, subject to all applicable legal requirements, in response to a court order, administrative order or subpoena.

##### **\* Health Oversight Agencies**

Federal law makes a provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney provided that a work force member believes in good faith that we have engaged in unlawful conduct, have otherwise violated professional or clinical standards, or are potentially endangering one or more patients, workers, or the public.

##### **\* The U.S. Department of Health and Human Services (HHS)**

Under the privacy standards, we must disclose your health information to HHS as necessary for them to determine our compliance with their standards.

##### **\* Military and Veterans**

If you are a member of the armed forces, we may be required by military command or other government authorities to disclose your PHI. We may also disclose information about foreign military personnel to the appropriate foreign military authority.

#### **\* USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT**

#### **Hospital Directory**

For the benefit of visiting family members, friends, and clergy, our hospital maintains a directory which contains the name and location of each patient. When you are admitted, or in emergency situations as soon as reasonably possible, you will be given the opportunity to tell us if you object to being included in this directory. The information will be available to members of the clergy and to anyone who asks for you by name. If you tell us that you do not wish to be included in the directory, we will not tell visitors or callers that you are here. It will be up to you to notify family, friends, and spiritual counselors of your condition and location.

##### **Notification**

We may use or disclose information to notify or help a family member, personal representative, or other person involved in your care, of your location and general condition.

##### **Communication**

Health professionals, using their best judgment, may disclose to a family member, other relative, friend, or any other person you identify, health information relevant to that person's involvement in your care or payment for care.

##### **Other Contacts**

We may contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

##### **Other Uses and Disclosures**

Other uses and disclosures besides those identified in this Notice will be made only with your written authorization which you may revoke at any time in writing, unless we have already taken action in reliance on your authorization. Specifically, we must have your written authorization to use or disclose psychotherapy notes except as permitted or required by law and personal information for marketing purposes, in most instances. In addition, we cannot sell your personal information unless we have your written authorization which must state that the disclosure of the information will result in remuneration to us.

##### **For more information or to report a problem**

We have established policies and procedures to ensure protection of our patient's privacy rights. To report a problem, exercise the rights listed above, or to obtain more information on any matter covered in this Notice, please contact: JEFFERSON REGIONAL Privacy Officer  
1600 W. 40th Avenue  
Pine Bluff, AR 71603 (870) 541-7390

To file a complaint with the U.S. Secretary of Health and Human Services, please contact: Secretary of Health and Human Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257 Toll Free: 1-877-696-6775

Arkansas Department of Health  
Health Facility Services  
5800 West Tenth Street,  
Suite 400

Little Rock, AR 72204-1704  
(501) 661-2201

JHA includes the following Covered Entities:

- Jefferson Regional Medical Center
- Jefferson Surgery Center
- Cardiology Associates of South Arkansas
- Center On Aging
- Endocrinology of South Arkansas
- Health Care Plus
- Pine Bluff Specialty Clinic
- South Arkansas Cardiovascular Surgery Center
- South Arkansas Orthopedics Center
- Surgical Associates of Southeast Arkansas
- Neurosurgery Associates of South Arkansas
- OB/GYN Associates of South Arkansas
- Urgent Care Center