

Logan Hospital and Medical Center  
**Notice of Privacy Practices**  
Effective Date: April 14, 2003

***This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.***

### **Understanding Your Health Record/Information**

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

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials who oversee the delivery of health care in the United States
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosures to others.

### **Our Responsibilities**

This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. We will post a copy of the current notice

in the hospital. Upon request, we will make available to you a copy of the current notice in effect.

We will not use or disclose your health information without your authorization, except as described in this notice. Please note that except under limited circumstances, “your health information” does not include information related to counseling sessions with a mental health professional. In most cases, we must obtain your specific authorization before we use or disclose this type of information.

## **How We Will Use or Disclose Your Health Information**

**(1) TREATMENT.** We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from this facility.

**(2) PAYMENT .** We will use your health information for payment. For example: A bill may be sent to you or a third-party payer, including Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

**(3) HEALTH CARE OPERATIONS .** We will use your health information for regular health operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team 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 improve the quality and effectiveness of the health care and service we provide.

**(4) BUSINESS ASSOCIATES.** There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, accountants, consultants and attorneys. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we’ve asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**(5) DIRECTORY.** Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**(6) NOTIFICATION.** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. If we are unable to reach your family member or

personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.

**(7) COMMUNICATION WITH FAMILY.** Health professionals, using their professional judgement, 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.

**(8) RESEARCH.** We may disclose information to researchers when 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 health information. The researcher will not be permitted to remove your protected health information from the hospital. If there is a risk to the privacy of your health information, we will obtain an authorization from you before your health information is used or disclosed for research purposes.

**(9) FUNERAL DIRECTORS, CORONERS, AND MEDICAL EXAMINERS.** We may disclose health information to funeral directors, coroners, and medical examiners consistent with applicable law to carry out their duties.

**(10) ORGAN PROCUREMENT ORGANIZATIONS.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**(11) MARKETING.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. If we conduct other forms of marketing, we will obtain an authorization from you before we disclose your health information.

**(12) FUND RAISING.** We may contact you as part of a fund-raising effort.

**(13) FOOD AND DRUG ADMINISTRATION (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**(14) WORKERS COMPENSATION.** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**(15) PUBLIC HEALTH AND SAFETY.** We may disclose protected health information about you for public health activities, to, for example:

- prevent or control disease, injury or disability;
- report births and deaths;
- report child abuse or neglect;
- report reactions to medications or problems with products;
- notify people of recalls of products they may be using;
- notify appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, if you agree or when required by law.

**(16) CORRECTIONAL INSTITUTION AND LAW ENFORCEMENT OFFICIALS.** Should you be an inmate of a correctional institution, we may disclose to the institution or law enforcement officials health information necessary for your health and the health and safety of other individuals.

**(17) LAW ENFORCEMENT.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**(18) HEALTH OVERSIGHT ACTIVITIES.** We may disclose your health information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities may include audits, investigations, inspections, medical device reporting, and licensure.

**(19) COURT AND ADMINISTRATIVE PROCEEDINGS.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

## **Your Health Information Rights**

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the following rights:

- **Right to Request Restrictions.** You may request that we not use or disclose your health information for a particular reason for treatment, payment, the facility's regular health care operations, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided by our facility. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it. For more information about this right, see 45 CFR 164.522(a).
- **Right to Confidential Communications.** If you believe that you may be endangered by receiving communications from us or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing and submitted to our Privacy Officer. For more information about this right, see 45 CFR 164.522(b).
- **Right to Inspect and Copy.** You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. If you request copies, we will charge you a reasonable fee. For more information about this right, see 45 CFR 164.524.
- **Right to Amend.** If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by our facility to make such requests. For a request form, please contact our Privacy Officer. For more information about this right, see 45 CFR 164.526.

- Right to an Accounting of Disclosures. You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our facility. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made prior to April 14, 2003; disclosures made for reasons of treatment, payment or health care operations; disclosures made based on an authorization you signed; disclosures you agreed to for the facility directory; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests you make thereafter, you will be charged a reasonable cost-based fee. For more information about this right, see 45 CFR 164.528.
- Right to a Paper Copy of this Notice. You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. You may also obtain a copy of this notice at our web site at [www.loganhosp.com](http://www.loganhosp.com). For a paper copy of this notice, contact our Privacy Officer at:

Logan Hospital and Medical Center  
P.O. Box 1017  
Guthrie, OK 73044  
(405) 282-6700

Authorization for Other Uses and Disclosures 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 authorization. You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact our Privacy Officer at (405) 282-6700.

If you believe your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by our facility. The complaint form may be obtained from our Privacy Officer, and when completed should be returned to the Privacy Officer. To file a complaint with the Secretary of the U.S. Department of Health and Human Services, contact:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, D.C. 20201  
[HHS.Mail@hhs.gov](mailto:HHS.Mail@hhs.gov)

There will be no retaliation for filing a complaint.