



## **JOINT NOTICE OF PRIVACY PRACTICES**

### **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**

This Notice of Privacy Practices became effective on April 14, 2003 and was most recently amended on September 23, 2013. If you have any questions about this notice, please contact our Privacy Officer at (401) 782-8000.

We are required by law to provide you with this notice explaining South County Hospital Healthcare System (SCHHS) privacy practices with regard to your medical information and how we may use and disclose your protected health information (PHI) for treatment, payment, and for health care operations, as well as for other purposes that are permitted or required by law. You have certain rights regarding the privacy of your protected health information and we also describe those rights in this notice.

SCHHS reserves the right to change the provisions of our Notice and make new provisions effective for all PHI we maintain. If SCHHS makes a material change to our Notice, we will post the changes promptly on our website at [www.southcountyhealth.org](http://www.southcountyhealth.org).

#### **WHAT IS PROTECTED HEALTH INFORMATION?**

As defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Protected Health Information (PHI) refers to individually identifiable health information, which may include demographic information that SCHHS collects from you or creates or receives by a health care provider, a health plan, your employer, or a health care clearinghouse and that relates to: (1) your past, present or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for the provision of health care to you.

#### **SCHHS PLEDGE REGARDING PROTECTED HEALTH INFORMATION**

We understand that protected health information (“PHI”) is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from SCHHS. 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 SCHHS, whether made by hospital personnel or your personal doctor(s). Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your health information created in the doctor’s office or clinic. If your personal doctor is a member of one of the SCHHS employed physician practice groups, he or she follows the SCHHS practices outlined in this Notice.

## WHO WILL FOLLOW THIS NOTICE

This Notice describes “SCHHS” practices and that of:

- Any health care professional authorized to enter information into your medical chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff, and other hospital personnel.
- All entities, sites, and locations under SCHHS, including but not limited to the SCHHS employed physician practice groups, follow the terms of this Notice. In addition, these entities, sites, and locations may share protected health information with each other for treatment, payment, or healthcare operation purposes described in this Notice.
- SCHHS and the independent contractor members of its hospital medical staff are members of an organized healthcare arrangement. This arrangement is solely for the purpose of sharing protected health information among the hospital and the medical staff for purposes of treatment, payment, and healthcare operations described in this Notice. This is not intended to suggest or imply any other relationship between SCHHS and any member of the hospital medical staff. This arrangement enables us to better address your healthcare needs.

**SCHHS is including HITECH Act provisions to this Notice as follows:**

***Breach Notification Requirements:*** Under the Health Information Technology for Economic and Clinical Health Act (HITECH), SCHHS is required to notify patients whose PHI has been breached. Notification must occur by first class mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual.

This notice must: (1) Contain a brief description of what happened, including the date of the breach and the date of discovery; (2) The steps the individual should take to protect themselves from potential harm resulting from the breach; (3) A brief description of what SCHHS is doing to investigate the breach, mitigate losses, and to prevent against further breaches.

***Business Associates:*** SCHHS Business Associate Agreements have been amended to provide that all HIPAA security administrative safeguards, physical safeguards, technical safeguards and security policies, procedures, and documentation requirements apply directly to the business associate.

***Cash Patients/Clients:*** HITECH states that if a patient pays in full for their services out of pocket they can demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer.

***Access to E-Health Records*** HITECH expands this right, giving individuals the right to access their own e-health record in an electronic format and to direct SCHHS to send the e-health record directly to a third party. SCHHS may only charge for labor costs under the new rules.

***Accounting of E-Health Records for Treatment, Payment, and Health Care Operations:*** SCHHS does not currently have to provide an accounting of disclosures of PHI to carry out treatment, payment, and health care operations. As of January 1, 2014, HITECH will require SCHHS to provide an accounting of disclosures through an e-health record to carry out treatment, payment, and health care operations. This new accounting requirement is limited to disclosures within the three-year period prior to the individual's request.

SCHHS must either: (1) provide an individual with an accounting of such disclosures it made and all of its business associates disclosures; or (2) provide an individual with an accounting of the disclosures made by SCHHS and a list of business associates, including their contact information, who will be responsible for providing an accounting of such disclosures upon request.

### **Ways in Which We May Use and Disclose Your Protected Health Information**

***Treatment:*** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. We will also disclose your PHI to other providers who may be treating you. Additionally we may from time to time disclose your PHI to another provider who has been requested to be involved in your care. Similarly, entities, sites and locations under SCHHS, including but not limited to SCHHS employed physician practice groups, may share PHI with each other through an electronic record system separate and apart from the hospital's electronic system. These computer systems each allow healthcare providers to electronically share and access your PHI when you are treated at the hospital or at one or more of the SCHHS employed physician practice groups. We also may disclose PHI about you to people outside SCHHS who may be involved in your follow-up medical care after you leave SCHHS.

***Payment:*** We will use and disclose your PHI to obtain payment for the health care services we provide you. For example - we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

***Health Care Operations:*** We will use and disclose your PHI to support the business activities of our hospital. For example - we may use PHI about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your PHI to third party registered business associates who perform billing, consulting, transcription, or other services for our facility.

### **Other Ways We May Use and Disclose Your Protected Health Information**

***Appointment Reminders:*** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at SCHHS.

***Research:*** We may use and disclose your PHI for research purposes when an institutional review board or privacy board has approved the research after it has reviewed the research proposal and establish protocols to ensure the privacy of your health information.

***As Required by Law:*** We will use and disclose your PHI when required to by federal, state, or local law.

***To Avert a Serious Threat to Public Health or Safety:*** We will use and disclose your PHI to public health authorities permitted to collect or receive the information for the purpose of controlling disease, injury, or disability. If directed by that health authority, we will also disclose your PHI to a foreign government agency that is collaborating with the public health authority.

***Worker's Compensation:*** We will use and disclose your PHI for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

***Organ and Tissue Donation:*** Consistent with applicable law, we may disclose PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

***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 PHI about you. We may also disclose information about foreign military personnel to the appropriate foreign military authority.

***National Security and Intelligence:*** We may disclose protected health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

***Health Oversight Activities:*** We may disclose PHI to a health oversight agency as authorized by law, for example, audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

***Lawsuits and Disputes:*** If you are involved in a lawsuit or a dispute, we may disclose PHI about you, subject to all applicable legal requirements, in response to a court order, administrative order or subpoena.

***Inmates:*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we will disclose your protected health information only as permitted under Rhode Island law.

***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 Rhode Island law allows SCHHS to make the disclosure, although we will try to ask you before making the disclosure; (4) as permitted by Rhode Island law, if a crime occurs at SCHHS and we think your PHI is evidence of the crime and (5) as permitted by Rhode Island law, in an emergency health care situation if necessary to report a crime.

**Funeral Directors, Coroners, and Medical Examiners:** We may disclose PHI 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 PHI about patients of the hospital to funeral directors as necessary to carry out their duties.

**Uses and Disclosures That Require SCHHS Give You the Opportunity to Object or "Opt Out"**

*Unless you advise us of your objection or otherwise decide to “opt out,” we may use or disclose your PHI under the following circumstances.*

**Patient Directory:** We may include certain limited information about you in the patient directory while you are a patient at our hospital. This information may include your name, patient location, your general condition and your religious affiliation. The patient directory information, except for religious affiliation, may be released to people who 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. Your religious affiliation will only be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name.

**Others Involved in Your Care:** We may provide relevant portions of your PHI to a family member, a relative, a close friend, or any other person you identify as being involved in your medical care or payment for care. In an emergency or when you are not capable of agreeing or objecting to these disclosures, we will disclose PHI as we determine is in your best interest, but will tell you about it after the emergency, and give you the opportunity to object to future disclosures to family and friends.

**Psychotherapy Notes:** Generally your authorization is required for any use or disclosure of your psychotherapy notes. Under certain circumstances, your authorization is not required. For example, we may carry out specific treatment, payment, or health care operations. In addition, we may use or disclose certain psychotherapy information for specific health oversight activities and when otherwise required by law.

**SCHHS Fundraising:** We may use PHI about you to contact you in an effort to raise money for our organization. We may disclose PHI to an affiliated foundation so that the foundation may contact you in raising money. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at our facilities.

If you do not want us to contact you regarding fundraising efforts, you should inform the admitting clerk, your nurse, Patient Access Registrar, or the administrative assistant for SCHHS Development at 401-788-1492. Additionally, any written fundraising communications from any SCHHS foundation must state, clearly and conspicuously, your opportunity and the manner in which you may elect not to receive further communications.

**Marketing:** In general we must obtain your authorization for any use or disclosure of your PHI for marketing purposes, except face-to-face communications between us or when we provide you with a promotional gift of a nominal value.

***Sale of Protected Health Information (PHI):*** We must obtain your authorization for any disclosure of your PHI that constitutes a sale of such medical information. The authorization will make apparent to you that the disclosure of your PHI will result in remuneration for us.

### **Uses or Disclosures Not Covered by this Notice**

Uses or disclosures of your PHI not otherwise covered by this Notice or applicable laws may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.

### **Patient Rights Related to Protected Health Information**

Although your health record is the physical property of the facility that compiled it, the information belongs to you. You have the right to:

***Request an Amendment:*** You have the right to request that we amend your PHI if you feel that it is incomplete or inaccurate. You must make this request in writing to our Privacy Officer, stating what information is incomplete or inaccurate and the reasoning that supports your request.

We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if:

- The information was not created by us, or the person who created it is no longer available to make the amendment.
- The information is not part of the record which you are permitted to inspect and copy.
- The information is not part of the designated record set kept by this facility or if it is the opinion of the health care provider that the information is accurate and complete.

***Request Restrictions:*** You have the right to request a restriction of how we use or disclose your PHI for treatment, payment, or health care operations. For example - you could request that we not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing to the Manager of Health Information Management.

We are not required to agree to your request if we feel it is in your best interest to use or disclose that information. If we do agree, we will comply with your request except for emergency treatment.

As stated earlier under HITECH, if a patient pays in full for their services out of pocket they can demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer. This request must be submitted in writing to the manager of Health Information Management.

***Inspect and Copy:*** You have the right to inspect and copy the PHI that we maintain about you in our designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making decisions about you. Any psychotherapy notes that may have been included in records we received about you are not available for your inspection or copying, by law. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request.

If you wish to inspect or copy your PHI you must submit your request in writing to our Health Information Management (HIM) Department: Attention: HIM Manager, South County Hospital Healthcare System, 100 Kenyon Ave., Wakefield, RI 02879. You may mail your request, or bring it to the Health Information Management office. We will have 30 days to respond to your request for information that we maintain at our facility. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay.

As stated previously, HITECH expands this right, giving individuals the right to access their own e-health record in an electronic format and to direct SCHHS to send the e-health record directly to a third party. SCHHS may only charge for labor costs under electronic transfers of e-health records.

**An Accounting of Disclosures:** You have the right to request a list of the disclosures of your PHI we have made outside of facility that were not for treatment, payment, or health care operations. Your request must be in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003, nor for a period of time greater than six years, or our legal obligation to retain information.

Your first request for a list of disclosures within a 12-month period will be free. If you request an additional list within 12-months of the first request, we may charge you a fee for the costs of providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred.

**Request Confidential Communications:** You have the right to request how we communicate with you to preserve your privacy. For example - you may request that we call you only at your work number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

**File a Complaint:** If you believe we have violated your medical information privacy rights, you have the right to file a complaint with our Privacy Officer or directly to the Secretary of the United States Department of Health and Human Services: U.S. Department of Health & Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. Phone: (202) 619-0257 Toll Free: (877) 696-6775.

To file a complaint with our facility, you must make it in writing within 180 days of the suspected violation. Provide as much detail as you can about the suspected violation and send it to our Privacy Officer 100 Kenyon Ave., Wakefield, RI 02879.

**A Paper Copy of This Notice:** You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking for it.