



Notice of Privacy Practices

Effective Date: 08/01/2006

This Notice Describes how your health information may be used and disclosed and how you can get access to this information:

Please Review Carefully

If you have any questions about this notice, please contact the Facility Privacy Officer by dialing _____.

Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, as well as diagnoses, treatment, plan for future care and recommendations and billing related information. This Notice Of Privacy Practices applies to all of your records related to care you receive at Summit Hospital, whether it is generative by the Hospital and its personel, agents of the Hospital or your personal physician. Your physician may have different policies and notices regarding the physician's use and disclosure of your health information as created in his or her office setting.

Summit Hospital Responsibilities

We are required by law to maintain the privacy of your health information and provide you with a description of our privacy practices and we will abide by this notice.

Uses and Disclosures

The following describes how we may use and disclose your personal information:

- **For Treatment:** Summit Hospital may use your health information to provide your treatment and services. We may disclose your information to physicians, clinical care staff, medical students or other Hospital personnel who are involved with your care. For example, a physician who is treating you for a broken arm may need to know if you have a circulatory disorder because this may affect your

ability to heal. Different Hospital departments may share your health information to allow them to coordinate how your care will be given and things you may need such as surgery, x-rays, lab work and medications you receive. We may also give your physician or other healthcare provider copies of various reports that will assist him or her in treating you once you have been discharged from the Hospital.

- **For Payment:** Summit Hospital may use and disclose all information regarding your treatment and services received to bill and collect payment from you, your insurance company and third party payors. An example of this would be sending a report of surgery performed to your insurance company so they will pay your bill. We may also give your insurance carrier about treatment that you may need to determine whether or not your plan will cover the treatment.
- **For Healthcare Operations and Quality Programs:** Members of the Summit Hospital Medical Staff or Quality Council may use your health information to assess care and outcomes in regards to our care of all patients, allowing us to continually improve the quality of care we give. An example of this would be combining the health information of several patients who have had strokes to evaluate our care of these patients and possibly compare our treatment to that of other facilities to allow us to make improvements. We may remove information that identifies you from this data group as a further method of protecting your privacy.

Other ways we may use and disclose your health information are:

- to our business associates with whom we have contracted to perform as service and its related billing;
- to remind you you have an appointment for care;
- to assess your satisfaction with the services you received at Summit Hospital;
- to tell you of possible treatment alternatives;
- to discuss your health related benefits or services;
- to contact you regarding fundraising efforts;
- to inform funeral directors and public health authorities as permitted by law;
- for population based activities relating to improved healthcare and healthcare costs; and
- for conducting training programs or reviewing competence of healthcare professionals.

We may contact you via your answering machines or voice mail to remind you of appointments or for billing and collection efforts; however no details of your care will be left in this manner.

- **Business Associates:** There are some services provided at Summit Hospital through contracts with Business Associates. These Business Associates may range from staff who administers certain tests to a copier services who makes copies of your medical records. When we have a lawful contract with these

Business Associates, we may disclose your health information to them to the extent they may perform the service we have asked them to perform and bill accordingly. In further effort to protect your health information, our agreements with Business Associates specify they too appropriately safeguard your information to the standards of Summit Hospital.

- **Directory:** Summit Hospital may include limited information about you in the Hospital Directory while you are our guest. This information may include your name, location in the Hospital, your Religious affiliation and your general condition. This information may be provided to members of the clergy and to other people who ask for you by name. If you desire that your information be kept from this Directory, please let the admissions staff know and they will contact the Facility Privacy Officer to provide you with the form that must be completed and the policies related to this action.
- **Individuals involved in your care and payment for care you received:** Summit Hospital may release information regarding your care to a friend or family member who is involved in your medical care or who helps to pay for your care. We may disclose your information to an entity assisting in disaster relief so that your family can be notified about your condition and location.
- **Research:** Summit Hospital may disclose your information to approved researchers when an appropriate and lawful Institutional Review Board has submitted and reviewed, and proper protocols have been established to ensure the privacy of your health information and a waiver of authorization requirement has been granted.
- **Future Communications:** Summit Hospital may send you newsletters, mail-outs or other methods to keep you informed about treatment options, related health information, disease management programs, wellness programs or community health issues that our Hospital may be involved in.
- **Organized Health Care Arrangement (OHCA):** Summit Hospital and members of its Medical Staff have organized and are presenting you with this Notice of Privacy Practices. What this means for you is that your information will be shared between our Hospital and your Physician's Office to the extent that it is necessary to carry out your treatment, collect payment and conduct healthcare operations. Physicians and caregivers may have access to your health information in their offices to assist in reviewing past treatment that may affect your current medical care.
- **Affiliated Covered Entity:** I DON'T THINK WE WILL HAVE THIS ARRANGEMENT WITH ANY OTHER HOSPITAL.....WE MAY TRANSFER PATIENTS WHICH IS COVERED BY OTHER MECHANISIMS THAN THE ACE. EXAMPLE OF AN ACE IS ANOTHER AMERIS HOSPITAL IN THE AREA.....

- **Mandatory Submissions:** at times, regulations may demand that we release your health information to certain entities which include, but are not limited to the following:
 - Food and Drug Administration
 - Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
 - Correctional Institutions
 - Workers Compensation Agents
 - Organ and Tissue Donation Agents
 - Military Command Authorities
 - Health Oversight Agencies
 - Funeral Directors, Coroners or Medical Examiners
 - National Security and Intelligence Agencies
 - Protective Services for the President and others

- **Law Enforcement and Legal Proceedings:** Summit Hospital may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena.

- **Alabama State Specific Requirements:** Many states have requirements for reporting population based activities relating to improving community health or reducing their costs. Alabama laws that dictate the privacy of your health information that are more stringent will supersede federal privacy laws will be followed.

Your Health Information Rights

By law, your health record is the physical property of Summit Hospital; however you have the right to the following:

- **Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually what this means is your medical and billing records, but does not include psychotherapy notes. Summit Hospital has the option to deny your request only in certain and very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed healthcare professional will be chosen by the Hospital to review your request and reason for denial and will not be the same person who issued the denial of your request. Summit Hospital will comply with the outcome of the review.

- **Amend:** You may ask to amend your health information if you believe it is incorrect or incomplete. You have the right to request and amendment for as

long as the information is maintained by the Hospital. In certain lawful circumstances, your request for amendment may be denied. If this is the case you will be notified in writing of the reason for denial.

- **An Accounting of Disclosures:** You have the right to request an Accounting of Disclosures. What this means is that you have the right to ask for a list of entities to whom we have disclosed your health information for purposes of treatment, payment and healthcare operations where authorization was not required.
- **Request Restrictions:** You have the right to request certain restrictions or limit the disclosure of your health information regarding your treatment, payment or healthcare operations. You also have the right to limit information that is disclosed to someone involved with your care, such as a family member or friend. An example of this would be asking that a family member not receive information about your surgery. However; **we are not required to agree with your request if the information is needed to provide you with emergency treatment.**
- **Request Confidential Communications:** You have the right to request that we limit the way we communicate with you to a certain way or certain location. An example would be you asking that we contact you at work instead of at home. Summit Hospital will grant all reasonable requests for communications to alternative means and locations only if the request is submitted in writing and the requests includes a mailing address where the individual will receive bills for services and related correspondence regarding payment for services. However; **we reserve the right to contact you by other means and locations if your fail to respond to any communication from us that requires a response and you will be notified in accordance with your original request prior to attempting to contact you by other means.**
- **A Paper Copy of this Notice:** You have the right to a paper copy of this notice at any time that your request it.

To exercise any of these rights, please contact the Summit Hospital Privacy Official at _____ to obtain further information and the appropriate forms.

Changes to this Notice

Summit Hospital reserves the right to change or revise this Notice of Privacy Practices. The revised notice or changed notice will be effective for information we already have about you as well as any information we receive in the future. Summit Hospital's Notice of Privacy Practices will be posted in the Hospital and shall include the effective date. In

addition, each time you are registered at Summit Hospital for services, you will be offered a paper copy of the current notice in effect.

Complaints Regarding Privacy

If you believe your privacy rights have been violated, you may file a complaint with the Summit Hospital Facility Privacy Officer by following the process outlined in the Patient Rights document given to you. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized in any way for filing a complaint.**

Other Uses of Health Information

Other uses and disclosures of your health information that are not covered by this notice or by the laws applicable to the disclosure will be made only with your authorization. If you authorize us to use or disclose your health information, you may revoke that authorization in writing at any time. If you choose to revoke a previous authorization, we will honor it from the time the revocation has been requested, but we will be unable to take back any disclosures that were already made with your permission.