

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

We are required by law to protect the privacy of medical information about you and what identifies you. This medical information may be about the health care we provide or payment for health care provided to you. It may also be information about your past, present or future medical condition. The federal government defines protected health information as any information; whether oral, electronic or paper, which is created or received by SMC and relates to a patient's health care or payment for the provision of medical services. This includes not only the results of tests and notes written by doctors, nurses and other clinical personnel, but also certain demographic information (such as your name, address and telephone number) that is related to your health records. We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice. We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain. If we make changes to the Notice, we will post the new Notice in our Admissions area as well as post on our website at [www.springhillmedicalcenter.com](http://www.springhillmedicalcenter.com). If at any time you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy and Security Officer at 251-344-9630.

We use and disclose medical information about patients everyday. We may use and disclose this information about you in order to provide you with healthcare, obtain payment for that care, and operate our business efficiently. Medical information includes information about your illness, treatment and condition as well as information about where we can contact you, your social security number and other information necessary for the above activities. The following summarizes some of the most common uses we have for your medical and other protected health information.

#### **Uses and Disclosures for Treatment, Payment and Health Care Operations.**

1. **Treatment.** We will use and disclose medical information about you to provide health care treatment to you. This includes communicating with other health care providers regarding your treatment. These other health care providers may or may not be our employees. Examples. Your medical information may be needed to obtain authorization from your insurance company to schedule your appointment. A lab technician may use medical information to process and review test results. Medical information may be shared with physicians, radiologists, and other allied healthcare professionals to make sure you receive the highest quality of care. If you receive certain devices, such as a pacemaker, hip replacement or other implant, information about you is given to the manufacturer for tracking product expirations, recalls, etc.
2. **Payment.** We will use and disclose medical information about you to obtain payment for the health care services that you receive. This will include your insurance company, and may include a collection agency and consumer reporting agency. In some instances, we may disclose medical information about you to an insurance plan before you receive health care services, for example, we may need to know whether your insurance plan will pay for a particular service. Examples. Certain services, for example mammograms, are covered only once per year. This is date specific and we need to verify your eligibility based on the last date you received the service. Your insurance company may request a copy of your medical record to verify that all the services we provided were necessary for your treatment. In addition, the bill we provide your insurance company has medical information on it.
3. **Health care operations.** We may use and disclose medical information about you in performing a variety of business activities that we call "health care operations." These activities allow us to, for example, improve the quality of care we provide and reduce health care costs. For example, we may use or disclose medical information about you in performing the following activities: a) Reviewing and evaluating the skills, qualifications and performance of health care providers taking care of you. b) Providing training programs for students, trainees, health

care providers or non-health care professionals to help them practice or improve their skills. c) Cooperating with outside organizations that evaluate, certify or license our facility. d) Reviewing and improving the quality, efficiency and cost of care. e) Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people. f) Planning for our organization's future operations. g) Resolving grievances within our organization. h) Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes. i) Working with others (such as lawyers, accountants, consultants and other providers) who assist us in complying with this Notice and other laws. j) Our medical committees, such as the pharmacy committee, may review your medical information, in connection with other patients receiving the same treatment as you, to determine the effectiveness of our protocols. If you have a complaint about the care you receive, the appropriate individuals within our organization may review your medical information in order to evaluate the quality of care that you received. We may also disclose your health information to third parties with whom we contract to perform services on our behalf.

The rest of this Notice will discuss how we may use and disclose medical information about you; explain your rights with respect to medical information about you; describe how and where you may file a privacy-related complaint.

**Other Uses and Disclosures for Which Authorization is Not Required.** *Required by law.* We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. Examples. State law requires us to report gunshot wound(s) to the police, highly contagious diseases such as sexually transmitted diseases and tuberculosis and other test results to the Alabama Department of Public Health and to report known or suspected child abuse or neglect to the Department of Social Services. We are also required to maintain various registries (e.g. cancer, trauma) for the State of Alabama. *National priority uses and disclosures.* When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities". In these instances, the government has determined that it is so important to disclose medical information and that it is acceptable to disclose medical information without the individual's permission. We will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the national priority activities recognized by law. *Threat to health or safety.* We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety. *Public health activities.* We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease. *Research organizations.* We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information. *Appointment reminders.* We may use and/or disclose medical information about you to send you reminders about an appointment. *Abuse, neglect or domestic violence.* We may disclose medical information about you to a government authority (such as the Department of Social Services ) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence. *Health oversight activities.* We may disclose medical information about you to a health oversight agency – which is basically an agency responsible for overseeing the health care system or certain government programs. For example, a government agency may request information from us while they are investigating possible insurance fraud. *Court proceedings.* We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so. *Law enforcement.* We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person. *Coroners and others.* We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants. *Workers' compensation.* We may disclose medical information about you in order to comply with workers' compensation laws. *Certain government functions.* We may use or disclose medical information about you for

certain government functions, including but not limited to military and veterans' activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some instances. Treatment alternatives. We may use and/or disclose medical information about you in order to inform you of or recommend new treatment or different methods for treating a medical condition that you have or to inform you of other health related benefits and services that may be of interest to you. Examples. You are a patient newly diagnosed with diabetes. We have developed an educational program to help diabetes patients manage their diets. We may send you an informational flyer about the program. Alternately, you may need a referral to a home health agency, rehab program, or hospice. Information about you will be shared with these other service providers.

**Business Associates** - There are some services provided in our organization through contracts with third parties who are business associates of the hospital. We may share your health information with our business associates so that they can perform the job we've asked them to do. We require our business associates to sign a contract that states they will appropriately protect your information. Examples of business associates include transcription and information storage services, management consultants, quality assurance reviewers and auditors.

### **Uses and Disclosures That May be Made With Your Agreement or Opportunity to Object.**

Hospital patient directory. We may use your name, your room number, your condition and your religious affiliation to maintain a patient directory. We may disclose this information to visitors who ask for you by name and to members of the clergy. You have the right to opt-out of this directory. To opt-out of this directory alert the admissions clerk when you are registering or the Privacy and Security Officer during your visit. Persons involved in your care. We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care, such as a disaster relief organization (i.e., Red Cross) if we need to notify someone about your location or condition. You may ask us at any time not to disclose medical information about you to persons involved in your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. We will agree to your request except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request. Example. Your spouse or parent may be present in your room when your medical information is discussed. You have the right to ask to have your medical information discussed with you in private. Proof of Immunization: we may disclose proof of immunization to schools in states that have laws that prohibit a child from attending school unless the school has proof that the child has been appropriately immunized. Although written authorization is not required, we would still obtain agreement (verbal or otherwise) from a parent, guardian or other person acting *in loco parentis* for the individual, or from the individual him or herself, if the individual is an adult or emancipated minor.

**Fundraising** - We may contact you as part of a fundraising effort for the hospital. If you receive a communication from us for fundraising purposes, you will be informed on how to clearly opt out of any further fundraising communications.

**Marketing** - .We may ask you to sign an authorization to use or disclose PHI as part of a marketing effort. The authorization will state if the hospital received any direct or indirect compensation for the marketing. Your authorization is needed except for face-to-face communications made by the hospital to you or for promotional gifts of nominal value. Marketing is defined as a communication about a product or service that encourages the purchase or use of the product or service, except for communications made: (i) to describe a health-related product or service that is provided by the covered entity making the communication; (ii) for the treatment of the individual; or (iii) for case management or care coordination of the individual, or to direct or recommend alternative treatments, therapies, providers, or settings of care to the individual. The communications described in those three exceptions often are considered to be within the definition of "health care operations" under HIPAA, and thus permissible without the individual's authorization.

**Sale of Electronic Health Records or PHI** – The hospital may not sell PHI unless authorized by you. An authorization is not needed if the purpose of the exchange is for treatment of the individual or public health activities;

**Uses and Disclosures of PHI For Which Authorization is Required.** *Authorization.* Other than the uses and disclosures described above, we will not use or disclose medical information about you without the authorization (signed permission) of you or your personal representative. In some instances, we may wish to use or disclose medical information about you, and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form. Most uses and disclosures of psychotherapy notes and of protected health information for marketing purposes and the sale of protected health information require an authorization and provided that other uses and disclosures not described in the notice will be made only with the individual's authorization. *Revocation:* If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action. *Remuneration:* PHI may not be sold without individual authorization in exchange for direct or indirect remuneration. Also a recipient of such PHI cannot re-disclose the PHI in exchange for remuneration unless a valid authorization is obtained.

**Regulatory Requirements.** We are required by law to maintain the privacy of your Protected Health Information (PHI), to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to abide by the terms described in this notice which is currently in effect. We reserve the right to change the terms of this notice and of its privacy policies and to make the new terms applicable to the entire PHI it maintains.

**Individual Rights.** You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy and Security Officer at 251/344-9630. *Right to a copy of this Notice.* You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be available in our admissions area and on our website ([www.springhillmedicalcenter.com](http://www.springhillmedicalcenter.com)). *Right of access to inspect and copy.* You have the right to see or review and receive a copy of medical information about you that we maintain in certain sets of records. You have the right to receive a copy in an electronic format. You can direct us to transmit such copy directly to an entity or person designated by you, provided that any such choice is clear, conspicuous and specific. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out a Release of Information Form. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person. If you would like a copy of your health information, contact the Health Information Management Department for more information on these services, required response times, and any possible additional fees. *Right to have medical information amended.* You have the right to request an amendment (which means correct or supplement) to the medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. You may either write us a letter requesting an amendment or fill out an Amendment Request Form. We or your physician may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future. You have the right to receive a listing of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter making your request, fill out a Disclosure Request Form, or contact our Privacy and Security Officer. The accounting will not include several types of disclosures, including disclosures for treatment, payment or health care operations. It will also not include disclosures made prior to April 14, 2003. If you request an accounting more than once in a twelve (12) month period, we will charge you a fee to cover the costs of preparing the accounting. *Right to request restrictions on uses and disclosures.* You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and health care operations. We are required to agree to your request only when the following conditions are satisfied. The requested restriction

is, except otherwise required by law, a disclosure to a health plan for purposes of carrying out payment or health care operations and is not for purposes of carrying out treatment; and the protected health information pertains solely to a health care item or service for which we have been paid out of pocket in full. If we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions either in writing or verbally at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation. *Right to request an alternative method of contact.* You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address. We will agree to any reasonable request for alternative methods of contact. Your request must include information as to how your payment will be handled and whether your alternate contact address is the appropriate contact location for payment information. Your request must be specific and in writing or completion of an Alternative Contact Request Form. If you cannot provide us with information that is adequate to ensure our ability to obtain payment on your account, we may deny your request. We may not require an explanation from you about why you wish to use an alternative address or method of contact. *Breach Notification.* A breach is defined as the acquisition, access, use, or disclosure of unsecured PHI which compromises the security or privacy of the unsecured PHI. In the event your PHI is breached, SMC will notify you. “Unsecured Protected Health Information” is defined as PHI that has not been secured through the use of a technology or methodology that has been approved by the HHS. Unless SMC or our business associates specifically demonstrate that there is a “low probability that the PHI has been compromised” or that one of the exceptions to the definition of breach applies, breach notification is required and will be provided.

*Logging a Privacy Concern.* If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the Federal Government. We will not take any action against you or change our treatment of you in any way if you file a complaint. To file a written complaint with us, you may mail it to: Springhill Memorial Hospital, Attention: Privacy and Security Officer, 3719 Dauphin St., Mobile, AL 36608. Alternatively, you may call our Privacy and Security Officer at 251/344-9630. To file a written complaint with the Federal Government, send your complaint to Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, SW, Atlanta, GA 30303-8909.

Rev. 7/1/04, 08/30/05, 8/1/2010; 9/2013;12/2016

Springhill Medical Center  
3719 Dauphin Street  
Mobile, AL 36608

Notice of Privacy Practices Acknowledgement Revised: 12/2016

I acknowledge that Springhill Medical Center has made their Notice of Privacy Practices available to me.

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**Signature of Patient or Patient's Representative**

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**Relationship to Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**