

**CLINCH MEMORIAL HOSPITAL**  
**Notice of Privacy Practices**

*Effective Date: 09/23/2013*

Form # 173

**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.**

This notice describes Clinch Memorial Hospital's (CMH) practices regarding the uses and disclosures of medical information about you and your rights and obligations regarding your medical information. CMH participates in an organized health care arrangement that allows the sharing of your medical information among physicians with staff privileges that need to know your information. The service sites that pertain to this organized health care arrangement may include CMH, Community Care Clinic and physician's offices with staff privileges.

**Duties of Clinch Memorial Hospital:** We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices outlined in this notice. In the event of a breach of unsecured protected health information, if your information has been compromised it is our duty to notify you.

**Right to Revise Privacy Practices:** As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. We will provide you with the most recently revised notice during an established visit, upon request, electronically or paper copy from the Admissions Department. You may also find our Notice on our website, [www.clinchmemorialhospital.org](http://www.clinchmemorialhospital.org). The revised policies and practices will be applied to all protected health information we maintain.

**We may use and disclose medical information about you in the following ways:**

- **Treatment-**Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals, who may provide treatment or be involved in your care.
- **Payment-**Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or your employer for worker's compensation. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.
- **Health Care Operations-**Your health information may be used as necessary to support the day-to-day activities and management of Clinch Memorial Hospital. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.
- **As Required by Law-**Your health information may be disclosed as required by federal, state, local law to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.
- **Public Health Reporting-**Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases, child abuse or neglect, births and deaths.
- **Health Oversight Activities-** We may disclose medical information to a health oversight agency for activities authorized by law or FDA regulated products. These activities may include, for example, audits, investigations, inspections and licensure.
- **Appointment Reminders-** Your health information will be used by our staff to send you appointment reminders.
- **Treatment Alternatives-** Your health information may be used to send you information on the treatment and management of your medical condition that may be of interest to you.
- **Health Related Benefits and Services-**We may also send you information describing other health-related products and services that we believe may interest you.

**Additional Uses of Information:**

- **Fundraising-** Presently we do not use patient information for fundraising activities. We may, in the future, use/disclose your patient information for fundraising efforts unless you choose to opt out. If you do not want to participate in fund-raising efforts please opt out by writing to CMH and address to the attention of the Privacy Officer, PO Box 516, Homerville, GA 31634.
- **Marketing-** Presently we do not use your patient information for marketing activities. If we think you will benefit from our services or products, we will get your authorization before we contact you with any marketing information. If you'd rather not receive marketing communication from our hospital, please notify in writing Clinch Memorial Hospital addressed to the attention of the Privacy Officer, PO Box 516 Homerville, GA 31634.
- **Hospital Directory-** We may include certain limited information about you in the hospital directory/census. You have a right to request your name be removed (opt out) from the hospital directory/census, hospital auxiliary and clergy list. If you wish to opt out you must do this at time of admission.



## Individual Rights:

**You have certain rights under the federal privacy standards regarding medical information we maintain about you:**

- **Right to Inspect Copy-** You have the right to inspect and to request a copy of your medical information. This includes medical and billing records maintained and used by CMH to make decisions about your care. To obtain or inspect a copy of your medical information, submit a written request to Clinch Memorial Hospital and address the request to the attention of Health Information Department. You may request your records in paper or electronic form. We may charge a reasonable cost-based fee to cover the expense of providing copies. CMH may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. CMH has 30 days to meet your request.
- **Right to Amend-** You have the right to request that your protected health information at CMH be amended. If you wish to request an amendment of the information in your record, submit a written request to Clinch Memorial Hospital and address the request to the attention of Health Information Department. The request must include a reason to support the amendment. CMH may deny a request for amendment based upon any of the following circumstances:
  - The request is not in writing or does not include a supporting reason.
  - The information you want to change was not created by CMH, and the originator of the information is not available to make the amendment.
  - The information is not part of the designated medical record.
  - The information in the record is accurate and complete.
- **Right to An Accounting of Disclosures-** You have the right to request from CMH a list of the persons or organizations to which your protected health information has been disclosed. This list would provide you with a summary of certain disclosures CMH has made that you would not otherwise be in a position to know about. The following are examples of disclosures that would not be included in the list:
  - Disclosures to carry out treatment, payment and health care operations
  - Disclosures made directly to you (the patient) or disclosures that you have specifically authorized
  - Disclosures made from the facility directory/patient census
  - Disclosures to person involved in your care
  - Disclosures to a use or incident that is otherwise permitted or required by law
  - Disclosures made for national security or intelligence purposes
  - Disclosures made to correctional institutions or law enforcement officials having custody over a patient
  - Disclosures made longer than six years

To receive a copy of the list, submit a written request to Clinch Memorial Hospital and address the request to the attention of Health Information Department. You may request your list in paper form or electronically.

- **Right to Request Restrictions-** You may ask to restrict the use or disclosure of protected health information about you for treatment, payment or health care operations. You also have the right to request restrictions of your health information to your payer if you pay for your hospital bill when presented. Your request must be in writing and submitted to Clinch Memorial Hospital to the attention of Health Information Department. However, we are not required to agree to your request and due to the nature of medical information CMH is not generally able to honor most requests, nor is CMH legally required to do so.
- **Right to Request Confidential Communications-** You have the right to request that we communicate with you in certain ways (such as a letter, by phone, email) or at a certain location. For example, you may ask that we contact you only at home or only at your place of business. To request confidential communications, you must make your request known at registration or admission time and specify how or where you wish to be contacted. CMH will accommodate reasonable request, however; if the request could result in CMH not being able to collect payment for services, CMH reserves the right to require you to provide additional information about how payment for services will be handled.

**Privacy Complaints:** If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to: Clinch Memorial Hospital and address it to the attention of the Privacy Officer, PO Box 516, Homerville GA 31634. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. **The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.**

## Other Uses of Medical Information:

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission (authorization). If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Contact Information for further questions about your privacy rights:** Clinch Memorial Hospital and addressed to the attention of the Privacy Officer, PO Box 516, Homerville, GA 31634 or by telephone at 912-487-5211 extension 4346.