



# Marshall Medical Centers (MMC)

## Notice of Privacy Practices



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

If you have any questions about this Notice of Privacy Practices (“Notice”), please contact the Privacy Officer at: 256-894-6638.

**Organized Healthcare Arrangement:** The Hospital, its Medical Staff members, which may include your physician (as independent contractors), and other healthcare providers affiliated with the Hospital have agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or healthcare operations relating to their organized healthcare arrangement. This enables us to better address your healthcare needs.

**Who will follow this notice?** This Notice describes Marshall Medical Centers (“Hospital”) privacy practices and that of:

- Any healthcare professional authorized to enter information into your Hospital 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.
- Any entity providing services under the Hospital’s direction and control will follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or healthcare operations purposes described in this Notice.

### Marshall Medical Centers (MMC) Has a Legal Duty to Safeguard Your Protected Health Information (PHI)

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Hospital. 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 or maintained by the Hospital, whether made by Hospital personnel or your personal doctor. Your personal doctor may have different policies or Notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. Unless otherwise permitted by applicable laws or rules or by your written authorization, we will not directly or indirectly receive payment in exchange for your protected health information. When using or disclosing your protected health information or requesting your protected health information from another covered entity, we will make reasonable efforts to limit the use, disclosure, or request, to the extent possible, to the minimum necessary to accomplish the purpose of that use, disclosure, or request, respectively.

#### We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to protected health information about you;
- notify affected individuals following a breach of unsecured protected health information; and
- follow the terms of the Notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. We will obtain your consent for disclosures for payment, healthcare operations, or other disclosures explained on this Notice that require consent under state law.

- **Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, healthcare students, or other Hospital personnel who are involved in taking care of you at the Hospital. For example, if you are being treated for a knee injury, MMC may disclose your PHI to the physical rehabilitation department in order to coordinate your care or to a medical equipment company to provide you crutches. MMC will also provide your physician or subsequent healthcare providers with copies of various reports that would assist them in treating you once you are discharged from this facility. We may exchange your protected health information electronically for treatment and other permissible purposes.
- **Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the Hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **Healthcare Operations.** We may use and disclose medical information about you for Hospital operations. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. For example, MMC may use your medical information including pictures or diagnostic images to evaluate the quality of healthcare services, for process improvement activities, or to evaluate the health plan performance. MMC may also provide your medical information to our accountants, attorneys, consultants, health improvement agencies, and others in order to make sure that MMC complies with all laws and regulations. We may share your protected health information with affiliates and third party “business associates” and may allow our business associate to create, receive, maintain, or transmit your protected health information on our behalf, so the business associate can provide services to us, or for the proper management and administration of the business associate. Examples of our business associates include claim processors, records administrators, attorneys,

accountants, etc. Additionally, our business associate may redisclose your protected health information to business associates that are subcontractors so the subcontractors can provide services to the business associate. The subcontractors will be subject to the same restrictions and conditions that apply to the business associates. Whenever such an arrangement involves the use or disclosure of your protected health information, we will have a written contract with the business associate that contains terms designed to protect the privacy of your protected health information.

- **Appointment Reminders.** We may use and disclose medical information to contact you, a family member, or personal representative as a reminder that you have an appointment for treatment or medical care at the Hospital.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use information about you to contact you in an effort to raise money for the Hospital and its operations. We may disclose information to a foundation related to the Hospital so that the foundation may contact you in relation to raising money for the Hospital. We would release only contact information, such as your name, address and phone number and the dates you received treatment or services at the Hospital. You have the right to opt out of receiving such communications.
- **Emergencies.** We may use and disclose your medical information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.
- **Communication Barriers.** We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.
- **Hospital Directory.** We may include certain limited information about you in the Hospital directory while you are a patient at the Hospital. This information may include your name, location in the Hospital, and your general condition (e.g., fair, serious, etc.). The directory information may also be released to people who ask for you by name. If you do not want this information made available, you may request confidential status.
- **Individuals Involved in Your Care or Payment for Your Care.** Healthcare professionals, using their best judgment, may disclose health information relevant to your care or for payment to a family member, other relatives, a close personal friend or any other person you identify as a contact. We may disclose health information about you to an entity assisting in a disaster relief effort so your family may be notified about your condition or location.
- **Research.** MMC may disclose information to researchers that have been approved by an institutional committee. Also, MMC may disclose health information for independent studies that have been approved through the research approval process.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

We will only make this disclosure if you agree or when required or authorized by law.

- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare 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 medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - in response to a court order, subpoena, warrant, summons or similar process;
  - to identify or locate a suspect, fugitive, material witness, or missing person;
  - about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - about a death we believe may be the result of criminal conduct;
  - about criminal conduct at the Hospital; and
  - in emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Hospital to funeral directors as necessary to carry out their duties.
- **Protective Services, National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for protection of the President and other authorized persons or foreign heads of state, or to conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with healthcare, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

## YOU HAVE THE FOLLOWING INDIVIDUAL RIGHTS:

- **Right to Inspect and Copy.** You have the right to access, inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will provide you with a copy of your protected health information in the form and format requested, if it is easily producible in that form and format, or if not, in a readable hard copy form or another form and format as agreed to by the Hospital and you. You may request that we transmit the copy of your protected health information directly to another person, provided your request is in writing, signed by you, and you clearly identify the designated person and where to send the copy of the protected health information. We may deny your request to inspect and copy medical information in certain limited circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the Hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Hospital. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

### In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - is not part of the medical information kept by or for the Hospital;
  - is not part of the information that you would be permitted to inspect and copy; or
  - is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you. Your request must state a time period that may not be longer than six years before the request. Your request should indicate in what form you want the list (for example, on paper or electronically, if available). Depending on the compliance date required by law for a particular record, an accounting of the disclosures from an Electronic Health Record will include disclosures for treatment, payment, or healthcare operations. Records of these disclosures from an Electronic Health Record must be maintained for three years. The first list you request within a 12-month period will be complimentary. For additional lists, we

may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for payment or healthcare operations and/or to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure or both, and to whom you want the limits to apply, for example, disclosures to your spouse. We are not required to agree to these types of requests. We will not comply with any requests to restrict use of medical information for treatment purposes. We are required to agree to a request to restrict the disclosure of your medical information to a health plan if you submit the request to us and: (A) the disclosure is for purposes of carrying out payment or healthcare operational (not treatment) and is not otherwise required by law; and (B) the medical information pertains solely to a healthcare item or service for which you, or a person on your behalf other than the health plan, has paid the covered entity out-of-pocket in full. We will not accept your request for this type of restriction until you have completely paid your bill (zero balance) for this item or service.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Notification of a Breach.** You have the right to receive written notification of a breach where your unsecured protected health information has been accessed, used, acquired, or disclosed to an unauthorized person as a result of such a breach and which compromises the security and privacy of your protected health information. Unless specified in writing by you to receive the notification by electronic mail, we will provide such written notification by first-class mail or, if necessary, by other substituted forms of communication allowable under the law.
- **Right to Request Access Report.** You have the right to request the performance of an access audit on your protected health information that is maintained in the electronic medical record system. This request must be in writing and will only be performed for specific, not generalized, purposes, for example, a specific individual accessing your protected health information. Following audit performance and review, a letter will be mailed to you regarding the access audit findings.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website: [mmcenters.com](http://mmcenters.com).

To exercise the above rights, please contact the following individual to obtain a copy of the relevant form you will need to complete to make your request: **Privacy Official at 256-894-6638.**

## CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice or a summary of the Notice in the Hospital. You can also obtain a copy from our website at [mmcenters.com](http://mmcenters.com). In addition, each time you register at or are admitted to the Hospital for treatment or healthcare services as an inpatient or outpatient, you may request a copy of the current Notice in effect. You may also obtain a copy by contacting the privacy official at the number below.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Hospital. To file a complaint with the Hospital, contact the **Privacy Official at 256-894-6638** or **Marshall Medical Centers, 227 Brittany Avenue, Guntersville, AL**. You may also contact the secretary of the federal Department of Health and Human Services. All complaints must be filed in writing.

## OTHER USES OF MEDICAL INFORMATION

The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes (to the extent maintained by the Hospital); (ii) uses and disclosures of protected health information for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute the sale of protected health information; and other uses and disclosures of medical information not described in this Notice. If you provide us with 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.

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