



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE USE OF CALDWELL MEMORIAL HOSPITAL REFERS TO THE HOSPITAL AND ITS' FAMILY OF HEALTHCARE PROVIDERS

CALDWELL MEMORIAL HOSPITAL is here to serve your health care needs. We appreciate the trust you have placed in us, and we are committed to using protected health information about you responsibly.

UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit **CALDWELL MEMORIAL HOSPITAL** a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- A basis for planning your care and treatment
- A means of communication among the many health professionals who contribute to your care
- A legal document describing the care you received
- A means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for our practice planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

An understanding of what is in your record and how your health information is used will help you to (1) ensure its accuracy, (2) better understand who, what, when, where, and why others may access your health information, and (3) make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of **CALDWELL MEMORIAL HOSPITAL**, the information belongs to you. As provided for in the HIPAA Privacy Regulation, 45 CFR Part 160, you have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of this Notice of Privacy Practices upon request
- Inspect and copy your health record
- Request an amendment to your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

RESPONSIBILITIES OF CALDWELL MEMORIAL HOSPITAL

Caldwell Memorial Hospital is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a copy in our office in a prominent location. We will provide you with a copy of the revised Notice upon your request. We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM CONTACT

**Privacy Officer
c/o Administration
CALDWELL MEMORIAL HOSPITAL
PO Box 1890
Lenoir, NC 28645
(828) 757-5562**

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer of **CALDWELL MEMORIAL HOSPITAL** or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

We will use your health information for treatment. For example: information obtained by the physician or another member of our staff will be recorded in your record and used to determine the course of treatment that should work best for you. Your provider will document in your record any expectations he or she has for the members of our staff. Our staff will then record the actions they took and their observations. In that way, the provider will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations. For example: Members of our staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

We may also use your health information in the following circumstances:

Directories: We may maintain a directory of patients that includes your name and location within the facility, your religious designation, and information about your condition in general terms that will not communicate specific medical information about you. Except for your religion, we may disclose this information to any person who asks for you by name. We may disclose all directory information to members of the clergy. You may request restrictions on this use.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition. You may request restrictions on this use.

Communication with family: Our staff, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Notice of Organized Health Care Arrangement between Hospital and Medical Staff

Caldwell Memorial Hospital, its Family of Healthcare Providers, and independent members of its medical staff (including your physician / provider) have agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment, or healthcare operations. This enables us to better address your healthcare needs.

EFFECTIVE DATE: April 14, 2003