

NOTICE OF PRIVACY PRACTICES

PURPOSE

To describe the procedures for providing a notice of the Hospital's privacy practices to patients and their personal representatives, for obtaining their acknowledgement of receipt, and for modifying the notice from time to time.

POLICY

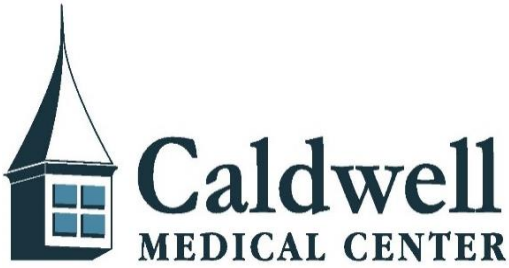
It is the policy of the Hospital to provide all the patients with a notice describing the Hospital's privacy practices and describing the patient's privacy rights with regard to Protected Health Information.

PROCEDURES

1. **Responsibility for Providing the Notice.** In routine situations, the out-patient/admissions clerk will be responsible for providing the form entitled "Notice of Privacy Practices", a copy of which is attached to this policy, and for obtaining written acknowledgement of receipt.

In non-routine situations, such as when the patient raises difficult questions or concerns about the Notice, a member of hospital administration will be responsible for discussing the Notice with the patient and obtaining written acknowledgement of receipt.

2. **Provision of Notice:** The Notice must be made available as follows:
 - A. The Notice will be given to all patients (or to their personal representative if the patient is not able to receive the Notice) the first time they receive treatment at the Hospital.
 - B. It is not necessary to give the Notice to inmates who are brought to the Hospital in the custody of correctional officers.



- C. The Notice may, but does not have to, be provided to the patient at subsequent visits.
- D. A copy of the Notice must be posted prominently in the waiting area, the admissions office, and the billing office where it can be easily read.
- E. Printed copies of the Notice must be made available to any person (whether or not a patient) who requests a copy.
- F. Copies of the Notice may be provided electronically as long as the patient is advised that he or she may request a written copy as well.

3. Acknowledgement of Receipt of Notice.

The first time the patient receives treatment at the Hospital, the patient or the patient's personal representative must be asked to sign a receipt acknowledging that the Notice was provided. If the person's signature cannot be obtained, document the Hospital's good faith attempt to obtain the acknowledgement and the reasons why it could not be obtained.

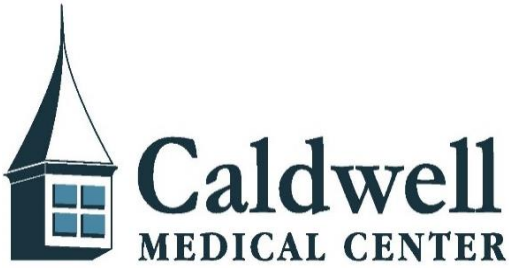
The Hospital's standard admission form will be used to obtain the acknowledgement or to document the Hospital's good faith attempt to obtain the patient's signature.

4. Emergencies.

In an emergency, it is not necessary to provide the Notice or to obtain acknowledgement until after the emergency has been resolved. The Privacy Officer or his or her designee is responsible for following up to obtain an acknowledgement.

5. Revisions to Notice.

Any changes to the Notice must be approved by the Privacy Officer and the Hospital's legal counsel to ensure that the revised Notice contains all required elements and accurately reflects state and federal law.



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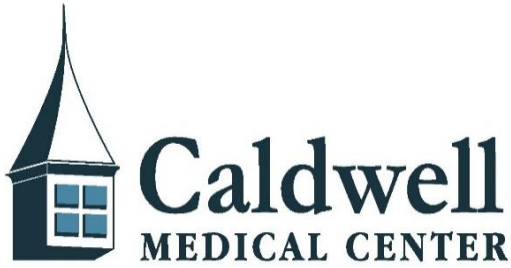
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- A. The Notice must be revised before the Hospital may change its privacy practices in any way inconsistent with the current description.
 - B. The Notice must be revised as necessary to reflect changes in state or federal privacy requirements.
 - C. The effective date of the new Notice must be printed on the Notice. The effective date may not be made retroactive.
 - D. Any time the Notice is revised, the revised copy must be posted prominently and printed copies must be made available upon request.

6. Documentation.

This version of the policy together with any forms and other documentation obtained in accordance with the policy, shall be retained for a minimum of six (6) years.



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NOTICE OF PRIVACY PRACTICES

The effective date of this Notice is June 11, 2020

This Notice describes the privacy practices of the Caldwell Medical Center and the physicians who provide services to patients at this Hospital. Please note that all physicians providing services at Caldwell Medical Center are independent contractors and are not employees of Caldwell Medical Center. Caldwell Medical Center and said physicians do not assume any liability for the services or conduct of the other.

Patient Health Information

Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related health information. Your health information also includes payment, billing, and insurance information.

How We Use Your Patient Health Information

We use health information about you for treatment, to obtain payment, and for healthcare operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your consent.

Examples of Treatment, Payment, and Healthcare Operations

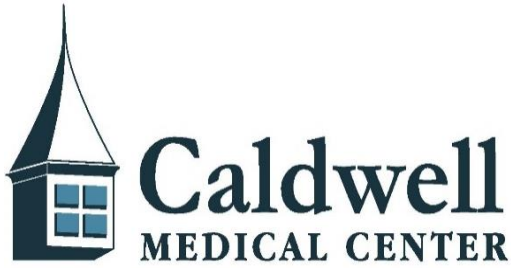
Treatment: We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other healthcare providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.

Payment: We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan.

Health Care Operations: We will use and disclose your health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcome of your case and others like it.

Special Uses

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



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Other Uses and Disclosures

We may use or disclose identifiable health information about you for other reasons, even without your permission. Subject to certain requirements, we are permitted to disclose your health information without your permission for the following purposes:

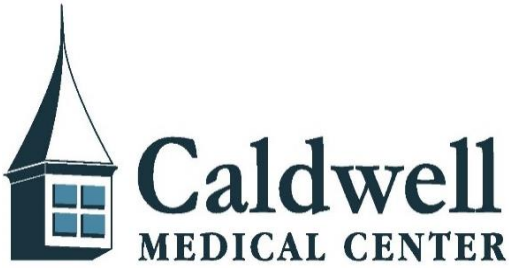
As Required by Law

We will use and disclose health 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 health information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect. We will comply with those state laws and with all other applicable laws.

National Priority Uses and Disclosures

When permitted by law, we may use or disclose health information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose health information that it is acceptable to disclose health information without the individual’s permission. We will only disclose health 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 health 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 health information about you for public health activities. Public health activities require the use of health 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 a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose health information about you to a government authority (such as the Cabinet for Families and Children) 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 health information about you to a health oversight agency – which is an agency responsible for overseeing the healthcare system or certain government programs. For example, a government agency may request information from us while it is conducting an investigation or audit related to a governmental program.



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- **Court proceedings:** We may disclose health information about you to a court or an officer of the court (such as an attorney) pursuant to a proper subpoena or court order.
 - **Law enforcement:** We may disclose health information about you to a law enforcement official for specific law enforcement purposes.
 - **Coroners and others:** We may disclose health 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 health information about you in order to comply with workers' compensation laws.
 - **Research organizations:** We may use or disclose health information about you to research organizations if the organization has satisfied certain conditions regarding the protection of the privacy of health information.
 - **Certain government functions:** We may use or disclose health 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 health information about you to a correctional institution in some circumstances.

We may also use or disclose limited information about you to clergy or include it in the Hospital directory. Under limited circumstances, we may disclose information in order to notify or locate your relatives or to assist disaster relief agencies.

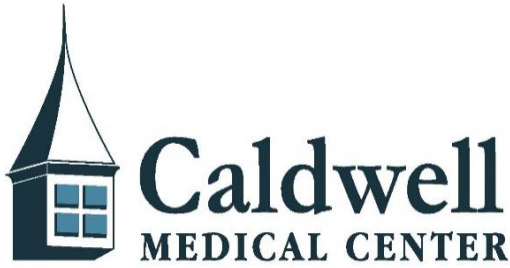
Authorizations

Other than the uses and disclosures described above, we will not use or disclose health information about you without the "authorization" – or signed permission – of you or your personal representative. In some instances, we may wish to use or disclose health 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 health information and we will ask you to sign an authorization form.

If you sign a written authorization allowing us to disclose health 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 must notify us in writing of the revocation. 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.

The following uses and disclosures of health information about you will only be made with your authorization (signed permission):

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of health information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.



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- Any other uses and disclosures not described in this Notice.

Individual Rights

You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate forms for exercising these rights.

Fundraising Communications: We may use certain information (name, address, telephone number or e-mail address, age, DOB, gender, health insurance status, dates of service, department of service, treating physician or outcome information) to contact you for the purpose of raising money for Caldwell Medical Center and you will have the right to opt out of receiving such communications with each solicitation. For the same purpose, we may provide your name to our institutionally related foundation. The money raised will be used to expand and improve the services and programs we provide the community. You are free to opt out of any such fundraising solicitation, and your decision will have no impact on your treatment or payment for services at Caldwell Medical Center.

Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. Except as specified below, we are not required to agree to such restrictions. However, if we do agree to your requested restrictions, we must abide by those restrictions.

Under federal law, we must agree to your request and comply with your requested restriction(s) if:

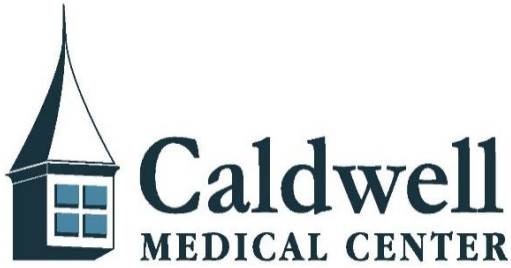
1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment or healthcare operations (and is not for purposes of carrying out treatment); and
2. The protected health information relates to a healthcare item or service for which the provider has already been paid in full by you.

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.

Right of Access to Inspect and Copy: You have the right to inspect (which means see or review) and receive a copy of health information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. We may charge you a reasonable fee for our costs for sending the electronic copy of your health information to a third party. If you would like to inspect or receive a copy of health information about you, you must complete a HIPAA request form.

We may deny your request in certain circumstances. If we deny your request, we will explain in writing our reason for the denial.

Amend Information: If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing



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information. We may deny your request in certain circumstances. If we deny your request, we will explain in writing our reason for the denial. 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.

Accounting of Disclosures: You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may do so by submitting a written request for the accounting. Except as provided below, the accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations.

If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that we include in the accounting disclosures for treatment, payment or healthcare operations.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

Right to Notification if a Breach of Your Protected Health Information Occurs:

You also have the right to be notified in the event of a breach of protected health information about you. If a breach of your protected health information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

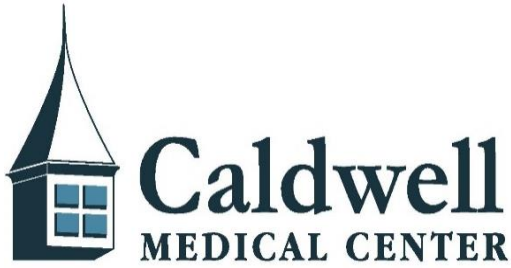
- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

Changes in Privacy Practices

We may change our privacy policies and this Notice at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the admissions area. You can also request a copy of our Notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. **We will not take any action against you or change our treatment of you in any way if you file a complaint.**



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To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Toll-Free Phone: 1-(877) 696-6775

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Email: OCRComplaint@hhs.gov

To file a written complaint with us, you may deliver or mail the complaint to the Contact Person listed below.

Contact Person

If you have any questions, requests, or complaints, please contact:

Rita Stewart

Health Information Manager/ HIPPA Privacy Officer

Caldwell Medical Center

100 Medical Center Drive

Princeton, Kentucky 42445

(270) 365-0393

Or utilize Caldwell Medical Center's Ethics Line 1-800-340-5877

YOU HAVE THE RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE UPON REQUEST.