

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 REVIEW IT CAREFULLY.

WHO WILL FOLLOW THIS NOTICE. This Notice describes the privacy practices of Morgan County Health Council, Inc. ("MCHC") health care facilities, as well as any health care professional authorized to enter information into a healthcare record at a MCHC facility; all departments and units of each MCHC facility performing covered functions; any member of a volunteer group that a MCHC facility allows to help patients while in the care of a MCHC facility; business associates of the MCHC facilities; and all MCHC facility employees, staff, and personnel.

Each MCHC facility, their employees, staff and personnel, and the health care professionals providing services at the facility participate in an "organized health care arrangement" that permits sharing of **protected health information ("PHI")** to carry out treatment, payment, and health care operations related to the arrangement. Additionally, each MCHC facility and the members of such facility's organized health care arrangement participate in a master organized health care arrangement that permits all of the MCHC facilities to share PHI for the same purposes under similar arrangements. Each of the participants in the organized health care arrangements remains solely responsible and liable for its/his/her own acts and omissions. These organized health care arrangements do not create a joint venture, partnership, agency, or employment relationship, and joint and several liability is not intended.

WHEN THIS NOTICE APPLIES. This Notice applies to all of the records of your care generated by a MCHC facility, whether made by MCHC facility personnel or your personal doctor

OUR OBLIGATIONS. The MCHC facilities are required by law to make sure that PHI is kept private, to provide this Notice of our legal duties and privacy practices with respect to PHI, to follow the terms of the Notice currently in effect, and to notify affected individuals following certain breaches of unsecured PHI.

HOW WE MAY USE AND DISCLOSE PHI. The following categories describe different ways that the MCHC facilities use and disclose PHI. Although not every use or disclosure in a category will be listed, all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

Treatment. We may use PHI to provide or arrange for medical treatment. We may disclose PHI to doctors, nurses, technicians, medical students, or other healthcare personnel or facilities involved in a patient's care. For example, different departments of a MCHC facility may share PHI to coordinate the different things a patient needs, such as prescriptions, lab work and x-rays. MCHC is an integrated care company; that means that if you are a medical patient, your PCP may think it is in your best interest to share your information with one of your "Behavioral Health Consultants", a specially trained clinician who may be able to help you and your PCP in the course of your treatment. If you are a Behavioral patient, your clinician may see the advantage of involving a PCP in your treatment. In either of these cases, there will be some sharing of your information among our professional staff to maximize the benefits of your treatment possibilities. Staff will have access to your records to the extent that it is necessary to assist the clinician in your care. We may also use and disclose PHI to arrange for health care (e.g., referrals to specialists; transfers or referrals to other health care providers, including arranging for care once a patient is discharged from a hospital, etc.) We may also use and disclose PHI to send treatment-related communications concerning treatment alternatives or other health-related products or services.

Payment. We may use and disclose PHI to create bills and process payments. For example, we may provide a health insurer with information about a surgery a patient received so the insurer will pay for the surgery. We may

also tell a health insurer about a treatment a patient will receive to obtain prior approval, or to determine whether the insurer will cover the treatment.

Health Care Operations. * We may use and disclose PHI for the operation of the MCHC facilities. These uses and disclosures are necessary to run the MCHC facilities and to ensure that all patients receive quality care. For example, we may use PHI for internal review of treatment and services and to evaluate staff performance. We may combine PHI about many of our patients to decide what additional services the MCHC facilities should offer, what services are not needed, and whether certain new treatments are effective. The MCHC facilities may share PHI with each other to conduct overall quality assessment and improvement activities, to review the competence or qualifications of health care professionals, and to conduct fraud and abuse detection programs. We may also disclose PHI to doctors, nurses, technicians, medical students, and other MCHC facility personnel for review and learning purposes. We may also combine the PHI we have with PHI from other healthcare systems to compare how we are doing and see where we can make improvements in the care and services we offer. **Note. We may remove from PHI information that identifies individuals so it may be used without learning the identity of specific patients.*

Patient Contacts. We may contact patients to remind them of appointments for treatment or medical care or to recommend possible treatment options or alternatives. We may also contact patients to discuss health-related benefits or services of interest. For example, we may call to remind patients about follow-up services and tasks to help manage a disease or to obtain opinions of the service received.

Fundraising. We may use and disclose certain PHI for our fundraising activities. Such disclosures would be to associates of, or a foundation related to, the MCHC facility where the patient obtained services. You have the right to opt out of receiving such communications.

Storage. Your medical records are maintained in a secure location, available only to those who need access to them and then only to the minimum necessary extent to accomplish their job to help in your treatment, pursuit of payment or success of our healthcare operations. If maintained or shared electronically, reasonable and appropriate security measures will be in place to protect the privacy of your information. All staff is trained in the methods of protection of your privacy and all staff has agreed in writing to abide by the practices as set forth in this notice. In the event that a breach of your personal health information occurs, you have the right to be notified.

Individuals Involved in Patient Care or Payment for Care; Disaster Relief Agencies. We may release PHI to a family member or friend involved in a patient's medical care or payment for such care. Additionally, we may release PHI to notify a family member, a friend, or a person responsible for a patient's care of the patient's location and general condition, and we may disclose PHI to a disaster relief agency so a patient's family can be notified of the patient's condition, status, and location.

Research. * We may use and disclose PHI necessary for research purposes. We may disclose PHI to people preparing to conduct a research project (for example, to help them look for patients with specific medical needs), so long as the medical information they review does not leave the MCHC facility. In almost all other cases, we will obtain specific authorization if the researcher will have access to a patient's name, address, or other information that reveals who the patient is. **Note. We may remove from PHI information that identifies individuals so that it may be used without learning the identity of specific patients.*

As Required By Law or To Avert a Serious Threat to Health or Safety. We will disclose PHI when required by law. We also may use and disclose PHI if necessary to prevent or lessen a serious threat to a patient's 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 or lessen the threat.

Public Health Activities. We may disclose PHI for certain public health activities, including prevention or control of disease, injury, or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with products; providing recall notification for products; notifying a person who may have

been exposed to a disease or may be at risk for contracting or spreading a disease or condition; notifying employers for workplace safety purposes or to provide information regarding work-related injury or illness; and notifying the appropriate government authority if we believe a patient is the victim of abuse, neglect, or domestic violence (unless the patient is a child, has a disability, or is elderly, we generally will make this disclosure only if the patient consents).

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure actions.

Law Enforcement. We may release PHI to law enforcement to comply with a court order, subpoena, warrant, summons or similar process authorized by law; in emergencies, to report crimes (e.g., child sexual abuse), the location of the crime or victims, or the identity, description, or location of the person who committed the crime; to comply with laws regarding the reporting of suspicious wounds and deaths; to identify a victim of a crime; to report criminal conduct on the premises of a MCHC facility; and to identify or locate a suspect, fugitive, material witness, or missing person.

Lawsuits and Disputes. We may disclose PHI in response to a court or administrative order. We may also disclose PHI in response to a subpoena or other lawful process.

Specialized Government Functions. We may release PHI for specialized government functions. For example, if a patient is a member of the armed forces, we may release PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority. We may release PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations. If a patient is an inmate of a correctional institution or in the custody of law enforcement, we may release that patient's PHI to such institution or to a law enforcement official.

Worker's Compensation. We may release PHI as required by worker's compensation or similar programs providing benefits for work-related injury or illness.

Coroners; Medical Examiners; and Funeral Directors. We may release PHI to a coroner or medical examiner. With consent or under other circumstances permitted by law, we may release PHI to funeral directors.

Organ and Tissue Donation. We may release PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU. You have the following rights regarding the PHI we maintain about you:

Right to Inspect and Copy. You may inspect and copy PHI used to make decisions about your care. Usually, this includes medical and billing records, but does not include certain psychotherapy notes and certain other materials excepted by law. To inspect and copy PHI used to make decisions about you, you must submit your request in writing to a MCHC facility (contact 423-346-6221 for more information). If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the MCHC facility 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 PHI 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 MCHC facility. To request an amendment, your request must be submitted in writing and submitted to a MCHC facility (contact 423-346-6221 for more information). 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 valid 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 PHI kept by or for the MCHC facility; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures. You may request an "accounting of disclosures." This is a list of certain disclosures we made of your PHI. To request this list or accounting of disclosures, you must submit your request in writing to a MCHC facility (contact 423-346-6221 for more information). Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost 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 PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to a request for restrictions on uses and disclosures of PHI for treatment, payment, and health care operations purposes, except as such requests pertain to certain disclosures to health plans for purposes of payment and health care operations. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to a MCHC facility (contact 423-346-6221 for more information). 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.

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. To request confidential communications, you must make your request in writing to a MCHC facility (contact 423-346-6221 for more information). 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 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, <http://www.morgancountymedical.com>. To obtain a paper copy of this Notice, please request it from the admissions or registration area of the MCHC facility treating you.

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 PHI we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice in each MCHC facility and provide you with a new notice on request. The Notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with the pertinent MCHC facility or with the Secretary of the Department of Health and Human Services. To file a complaint with a MCHC facility, contact a MCHC facility (call 423-346-6221 for more information). We may request that your complaint be submitted in writing. You will not be penalized for filing a complaint.

Approval Dates: *Board of Directors* _____

MCMC CEO _____