

Notice of Our Health Information 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.

WHO WILL FOLLOW THIS NOTICE:

This notice describes our hospital's practices and that of:

- Any health care 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 including radiologist, pathologist, cardiologist or any other entity who provides services for Franklin Medical Center. In addition, these entities may share medical information with each other for treatment, payment of hospital operations purposes described in this notice.

Understanding Your Health Record/Information: Each time you visit a hospital, physician, or other healthcare provider, 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. It may also contain correspondence and other administrative documents. All of this information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- 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 facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Your Health Information Rights: Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. you have the right to:

- Inspect and obtain a copy of your health. To do that, you must go to our Health Information Management department and sign an authorization form requesting your records. A nominal fee may be charged for this service.
- Request that your health information be amended when you believe it is incorrect or incomplete. To do that, you will need to contact the Privacy Officer and fill out a Request for Amendment of health Information form. We may then amend your record if we agree that it is incorrect and/or incomplete.
- Request a restriction on certain uses and disclosures of your information, although we are not required to agree to those restrictions. To do that, you will need to contact the Privacy Officer and fill out a Request for Additional Privacy Protection form. We will respond to your request and we may or may not agree to your request.
- Obtain a paper copy of the notice of information practices upon request. To do that, you must

request one from the Privacy Officer or from Admissions.

- Obtain an accounting of disclosures of your health information. To do that, you will need to contact the Privacy Officer and request that we give you an accounting of disclosures of your health information.
- Receive your health information through a reasonable alternative means or at an alternative location. To do that, you will need to contact the Privacy Officer and obtain a Request for Additional Privacy Protection form. After this form is filled out, we will then communicate with you in any reasonable manner.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. To do that, you must present your revocation in writing to our Health Information Management department.

Our Responsibilities: This organization is required to:

- Maintain the privacy of your health information
- Provide you with a 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 will not use or disclose your health information without your consent or authorization except as described in this notice.

We reserve the right to change our practices and to make the new changes effective for all protected health information created or received prior to the effective date of the notice revision. Should our information practices change, we will make the new version available to you upon request.

For More Information or to Report a Problem: If you have questions and would like additional information, you may contact the Privacy Officer at 435-9411 Ext. 265. *If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer 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: Pursuant to law and the consent form which you have signed:

We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

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. In the event that payment is not made, we may also provide limited information to collection agencies, attorneys, credit reporting agencies and other organizations as is necessary to collect for services rendered.

We will use your health information for regular health operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team 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 healthcare and service we provide.

Business associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and collection agencies. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Facility Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy, and except for religious affiliation, to other people who ask for you b name.

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.

Communication with Family: Health professionals, 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.

Health oversight activities: We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

Coroners, medical examiners and funeral directors: We may disclose health information to funeral directors, coroners or medical examiners consistent with applicable laws to carry out their duties.

Public safety: We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Specialized government functions: We may disclose your health information for military and national security as authorized by law.

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.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplement, product and product defects, or post marketing surveillance information to enable product recall, 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 certain health information for law enforcement purposes as required by law or in response to a valid subpoena.

Change of ownership: In the event that this organization is sold or merged with another organization, your health information will become the property of the new owner.

Other disclosures: 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 of business 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.

Effective Date: May 23, 2003

Revised: January 25, 2008