

LRGHealthcare Notice of Privacy Practices

Effective January 1, 2010

**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.**

Each time you visit your doctor, a hospital, or other healthcare provider, a record of your visit is made. This record usually contains your symptoms, examination or test results, diagnosis, treatment, a plan for any future care or treatment you may need, and often, it also includes payment information. This is called your health or medical record.

Although your medical record is the physical property of the healthcare provider or facility that compiled it, the information it contains belongs to you. For the purpose of this document, we will refer to that information as “Protected Health Information,” or “PHI.”

I. YOUR HEALTH INFORMATION RIGHTS

You have the right to:

- Obtain a paper copy of this notice, or upon your request, any future revisions of this notice.
- Request a restriction on certain uses and disclosures of your PHI (though we are not required to agree to any such request).
- Review and get a copy of your PHI.
- Request that we correct or update your PHI if you believe that there is a mistake in your record, or an important piece of information is missing.
- Obtain a list of disclosures of your PHI made after April 14, 2003, for purposes other than treatment, payment, or healthcare operations.
- Receive confidential communications of PHI, choose how we send PHI to you if you prefer an alternate form of communications to traditional mail, and choose if you wish to have your PHI sent to a different address.
- Withdraw your authorization to use or disclose your PHI except to the extent that action has already been taken.

All requests for the release of PHI must be made in writing, and must be signed by the patient or responsible party. Requests may be made through Health Information Management Services of the LRGHealthcare hospital, physician, or practice where you were seen and treated.

II. OUR RESPONSIBILITIES REGARDING YOUR PHI

LRGHealthcare is required to:

- Maintain the privacy of your PHI.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, and abide by the terms of this notice.
- In the event that we deny your request to review and get a copy of your PHI, we will inform you in writing and explain whether you can appeal your denial, and if so, how that process works.
- Notify you in writing if we deny your request to change your PHI, which we may do if we find that your medical record is accurate and complete; it was not created by us; your requested change is to information to which we are not required to provide access; or if your requested change is to information that is not part of our records.
- 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 privacy practices and to make those changes effective for all protected health information we have collected prior to the date of the change. Should our information practices change, we will make available to you, at your request, a revised paper copy of our Notice of Privacy Practices. Our current Notice of Privacy Practices will always be posted on our website at www.lrgh.org.

III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

There are many ways in which hospitals and providers use and disclose patient PHI. For some of these uses, we are required to get your written consent; for others, we are not. Below please find a list of how we may use and disclose your PHI:

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

We may use and disclose your PHI without your prior consent for the following reasons:

- 1. For treatment.** We use your health information to provide you with healthcare treatment and services. For example, information collected 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 note 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, your physician will know how you are responding to treatment.
- 2. For payment.** We may use or disclose your health information so that we may bill and receive payment from you, an insurance company, or another third party for the healthcare services you receive from us. For example, a bill may be sent to you or your insurance company. The information sent with the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- 3. For health care operations.** We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance, and business functions of our facilities. For example, members of the medical staff, the risk management director, 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 improve the quality and effectiveness of the healthcare and services we provide. While we may also provide your PHI to our accountants, attorneys, consultants, business associates, and others in order to make sure we are complying with the laws and business practices that affect us and to conduct hospital business, we will make every effort to protect the privacy of your PHI.

B. Uses and Disclosures for Patient Directories and to Persons Assisting in Your Care.

Generally, we will get your verbal consent before using or disclosing PHI in the following ways. However, in certain situations, such as an emergency, we may use and disclose your PHI for these purposes without your consent.

- 1. Patient directories.** We may include your name, location, general condition, and religious affiliation in a patient directory. Clergy members who ask for you by name may be given this information. Visitors who ask for you by name may be given your location and general condition. Members of the media who ask for you by name may receive confirmation that you are a patient, and be provided with your general condition.
- 2. Disclosures to family, friends or others.** We may provide your PHI, including your condition and status, to a family member, friend, or other person that you

indicate is involved in your care or the payment for your health care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that a family member or other person responsible for your care can be notified about your condition, status and location.

C. Other Uses and Disclosures that Do Not Require Your Authorization

We may use and disclose your PHI without your consent or authorization for the following reasons:

- 1. Appointment Reminders:** We may use and disclose PHI to contact you as a reminder that you have an appointment for tests or treatment.
- 2. Treatment Alternatives:** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- 3. Health-Related Benefits and Services:** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- 4. 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.
- 5. To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any such disclosure, however, would be to someone able to help prevent the threat.
- 6. Organ and Tissue Donation:** If you are an organ donor, we may release PHI about you 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.
- 7. Military and Veterans:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities.
- 8. Workers' Compensation:** We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. The exception to this occurs when the information is particularly sensitive (such as drug and alcohol testing results and AIDS results): in those cases, a written release is required.

9. Public Health Risks: We may disclose PHI about you for public health activities. These activities generally include the following:

- a. Preventing or controlling disease, injury or disability;
- b. Reporting births and deaths;
- c. Reporting child abuse or neglect;
- d. Reporting reactions to medications or problems with products;
- e. Notifying people of recalls of products they may be using;
- f. Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

10. Victims of Abuse, Neglect or Domestic Violence: We may notify the appropriate agencies if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make such disclosures if you agree or when required or authorized by law.

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

12. As Required By Law: We will disclose your PHI when required to do so by federal, state or local law. We may also disclose PHI about you in response to a court or administrative order, in response to a subpoena, discovery request, or other lawful process.

13. Law Enforcement: We may release your PHI for law enforcement purposes as required by law or in response to valid legal process. We are also required to report to law enforcement all information regarding the treatment of injuries believed to be caused by a criminal act. The exception to this is in the case of sexual assault victims over the age of 18, unless that patient is also being treated for a life-threatening injury.

14. Coroners, Medical Examiners and Funeral Directors: We may release PHI to a coroner or medical examiner. We may also release PHI to funeral directors as necessary to carry out their duties.

15. National Security and Intelligence Activities: We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

16. Protective Services for the President and Others: We may disclose your 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.

17. Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution and its agents health information necessary for your health and the safety of other individuals.

D. All Other Uses and Disclosures

Fundraising and Marketing: While at times we may use PHI to provide you with information regarding health-related benefits or services that may be of interest to you, we do not use PHI to build our databases for general marketing and fundraising purposes. However, our marketing and fundraising materials give recipients the opportunity to opt-out of receiving subsequent mailings.

In any situation not described in sections III. A, B, C and D above, we will ask for your written consent before using or disclosing any of your PHI.

IV. For More Information or to Report a Problem

If you would like more information, or you believe your privacy rights have been violated, please call the LRGHealthcare Privacy Officer at 524-3211, ext. 3186, or write to her attention at LRGHealthcare, 80 Highland Street, Laconia, NH 03246.

You may also file a complaint with the Secretary to the Department of Health and Human Services at:

Department of Health and Human Services
Office for Civil Rights—Region I
JFK Federal Building, Room 1875
Government Center
Boston, MA 02203-0002

Phone: (800) 368-1019 or (617) 565-1340

Fax: (617) 565-3809

TDD: (800) 537-7697 or (617) 565-1343

Web site: www.hhs.gov/ocr

Click on link “How to file a complaint”

Government regulations require that healthcare organizations must state in their privacy notices that no retaliation will be taken against any person for filing a complaint. Consistent with this regulation, LRGHealthcare will not take any action that would penalize you for exercising your rights as outlined in this privacy notice. Your choice to file a complaint will not affect your current or future care at LRGHealthcare or any of our providers.

We welcome your feedback.