



COPLEY HOSPITAL HIPAA 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.

Copley Hospital uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Copley Hospital.

How Copley Hospital May Use or Disclose Your Health Information

For Treatment. Copley Hospital may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment.

For Payment. Copley Hospital may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations. Copley Hospital may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- evaluate the performance of our staff;
- assess the quality of care and outcomes in your cases and similar cases;
- learn how to improve our facilities and services; and
- determine how to continually improve the quality and effectiveness of the health care we provide.

Required by Law. Copley Hospital may use and disclose information about you as required by law. For example, Copley Hospital may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties.

Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities.

Decedents. Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Minors. Copley Hospital may disclose the protected health information of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Organ/Tissue Donation. If you are an organ or tissue donor, we may use or disclose your protected health information to organizations that handle organ procurement or transplantation, such as organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Research. Copley Hospital may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information and has approved the research.

Health and Safety. Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions. Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

Workers' Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation or similar programs that provide benefits for work related injuries or illness.

Other Uses. Other uses and disclosures not described in the notice will be made only with the individual's written authorization and he/she may revoke the authorization except to the extent Copley Hospital has taken action in reliance on such authorization.

Your Health Information Rights.

You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR §164.522; however, Copley Hospital is not required to agree to a requested restriction unless the requested restriction (i) relates to disclosures to a health plan for

payment and/or health care operations, and (ii) the PHI relates to a health care service or product for which you have paid in full and out of your own pocket.

- obtain a paper copy of the Notice of Privacy Practices upon request;
- inspect and obtain a copy of your health record (paper or electronic) as provided for in 45 CFR §164.524;
- amend your health record, as provided in 45 CFR §164.526, by submitting a written request;
- 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; and
- receive an accounting of disclosures made of your health information as provided by 45 CFR § 164.528 and the HITECH Act;
- be notified of any breach of your unsecured healthcare information.
- have your pain treated promptly and professionally.
- be informed about any hospice and palliative care services that may be available.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our office; Copley Hospital, Privacy Officer, HIM Dept., 528 Washington Highway, Morrisville, VT 0566. 802-888-8350; or with the Secretary of the Department of Health and Human Services, Office for Civil Rights, DHHS, JFK Federal Building - Room 1875, Boston, MA 02203. (617) 565-1340; (617) 565-1343 (TDD); (617) 565-3809 FAX

Obligations of Copley Hospital

Copley Hospital is required by law to:

- maintain the privacy of protected health information and notify you in the event of a breach if the breach poses a significant risk of financial, reputation, or other harm to you;
- provide you with this notice of its legal duties and privacy practices with respect to your health information;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and

- obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

Appointment Reminders

We may call you to remind you of an appointment at our facility. Please let us know if you do not wish to be called.

Marketing and Fundraising

We may also provide your contact information (name, address and phone number and email address) and the dates you received services from us to others in connection with our fundraising and marketing efforts. You have the right to opt-out of receiving fundraising and marketing communications.

Please notify us if you do not wish to be contacted during fundraising campaigns. If you advise us **in writing**, (address to Privacy Officer, Health Information Management, Copley Hospital, 528 Washington Highway, Morrisville, VT 05661) that you do not wish to receive such communications, we will not use or disclose your information for those purposes.

Copley Hospital reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you at Copley Hospital's website: <http://www.copleyvt.org>

Contact Information

If you have any questions or complaints please contact:

Copley Hospital
Privacy Officer, HIM Dept.
528 Washington Highway
Morrisville, VT 05661
802-888-8350

Acknowledgement of Receipt of Copley Hospital's Notice of Privacy Practices

By signing this document, I acknowledge that I have received a copy of Copley Hospital's Notice of Privacy Practices.

| Name (Print) | Signature | Date |
|--------------|-----------|------|
|--------------|-----------|------|

Copley Hospital Use Only

Date acknowledgment received: _____

-OR-

Reason acknowledgement was not obtained:

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