



Mobile Infirmary • Thomas Hospital  
North Baldwin Infirmary

*Effective Date: September 23, 2013*

## 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 our network of providers who may share medical information about you as a patient, and that of:

- Any health care professional authorized to enter information into your medical chart.
- Health care providers and employees that make up our Organized Health Care Arrangement (OHCA) as listed at [www.infirmaryhealth.org/patients/forms](http://www.infirmaryhealth.org/patients/forms) (see OHCA).
- All members of a volunteer group we allow to help you while a patient in an identified hospital.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at each of our health care facilities. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our health care providers, whether made by our personnel or your personal doctor. If your doctor is not a member of one of our medical clinics, he or she may have different policies or notices regarding the use and disclosure of your medical information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- provide you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**FOR TREATMENT:** We may use your medical information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Companies that are part of our organization may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, x-rays, home care, medical supplies or equipment for home, and hospice care. We also may disclose medical information about you to people outside the organization who may be involved in your treatment, such as family members, clergy or others we use to provide services that are part of your care.

**FOR PAYMENT:** We may use and disclose medical information about you so that the treatment and services you receive from our providers may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to tell your health plan certain information about an office visit, surgery, or nursing care you received at one of our providers so your health plan will pay us or reimburse you for the service. We may also tell your health plan about home medical equipment or a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment or equipment.

**FOR HEALTH CARE OPERATIONS:** Any medical information about you that is maintained by our health care providers may be used and disclosed for health care operations. These uses and disclosures are necessary to run the business of each entity and make sure that our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many medical patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other healthcare personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**APPOINTMENT REMINDERS:** We may contact you as a reminder that you have an appointment for treatment at one of our providers.

**TREATMENT ALTERNATIVES:** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

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**HEALTH-RELATED BENEFITS AND SERVICES:** We may tell you about health-related benefits or services that may be of interest to you, such as, disease-specific support groups or childbirth education services and classes.

**HOSPITAL DIRECTORY:** We may include certain limited information about you in our hospital directory while you are a patient at a hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest, rabbi, or minister even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing. You may make a request to be excluded from the hospital directory by contacting the Admission Department at any time during your stay.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:** We may release medical information about you to a friend or family member who is involved in your medical care or who may help pay for your care. We may also tell your family or friends your condition and that you are in one of our hospitals. In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**RESEARCH:** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a strict approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will be approved through this research-approval process. We may, however, disclose medical information about you to our clinical research staff, as long as the medical information they review is limited to use by our facility, in preparation for a research project. This helps them look for patients with specific medical needs who may benefit from new treatments or procedures. We may release information that reveals who you are to researchers or others involved in your care at the facility. If a research project is identified that may benefit you, your physician will be contacted to advise him of the availability of the study. This information will be discussed only with your physician and the researcher.

**AS REQUIRED BY LAW:** We will disclose medical information about you when required to do so by federal, state, or local law.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose medical information about you when necessary to prevent a serious threat to your 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 the threat.

## **SPECIAL SITUATIONS:**

**ORGAN AND TISSUE DONATION:** If you are an organ or tissue donor, we may release medical information 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.

**MILITARY AND VETERANS:** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**WORKERS' COMPENSATION:** We may release medical information about you for workers' compensation or similar programs according to applicable law.

**PUBLIC HEALTH ISSUES:** We may disclose medical information about you for public health activities. The reasons we may disclose information would be in order to:

- prevent or control disease, injury or disability;
- report births and deaths;
- report child abuse or neglect;
- report reactions to medications or problems with products;
- notify people of recalls of products they may be using;
- notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- and notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.

We will only make this disclosure if you agree or when required or authorized by law.

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**HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**FUNDRAISING ACTIVITIES:** Limited information may be provided to a related foundation or business associate in an effort to raise money for our hospitals. Funds raised will be used to expand and support our effort to provide health care and related services to the community. You have a right to opt out of receiving such notices with each communication.

**LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we will disclose medical information about you, where required, in response to a court or administrative order. We will also, where required, disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after efforts have been made through the judicial process to tell you about the request or to obtain an order protecting the information requested.

**LAW ENFORCEMENT:** We reserve the right to release medical information to a law enforcement official or other governmental representative:

- for a non-binding administrative request;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at a provider; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** We may release medical information to coroners, medical examiners, or funeral directors consistent with applicable law to carry out their duties.

**NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**INMATES:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

With regard to your medical information that we maintain, you have the right to:

- Inspect and obtain a copy of your medical information from the provider that has your records as provided for in 45 CFR 164.524. Usually this includes medical and billing records, but does not include psychotherapy notes. We may charge a fee for the cost of copying mailing or other supplies associated with your request. Please contact the provider that treated you for assistance.
- Request an amendment of your medical information as provided for in CFR 164.526. The request must be in writing and submitted to the Health Information Management Department at the Infirmary Health facility at which care was provided or the Privacy Officer.
- Obtain an accounting of disclosures of your health information as provided for in 45 CFR 164.528. Contact the Privacy Office to make arrangements.

Request restrictions on certain uses and disclosures of protected health information as provided for in 45 CFR 164.522 (a).

- A) We will comply if the request relates to services paid for out-of-pocket and in full before the service is provided, the request is for nondisclosure to a health plan related solely to such services, and the request is submitted in writing prior to, or at the time of scheduling / registering for the service. Otherwise we are not required to agree to your request.
  - B) For other requests for restrictions, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. For requests (other than described in section A above), you must make your request in writing to HIPAA Privacy Office for consideration. If possible, the request will be accommodated.
- Request confidential communications by alternative means or at alternative locations as provided for in 45 CFR 164.522 (b). To request confidential communications, you must make your request in writing to the Privacy Office.
  - Receive notice of any breach of your unsecured personal health information.
  - Receive a copy of this notice upon request. You may obtain a copy of this notice at our website [www.infirmaryhealth.org/patients/forms](http://www.infirmaryhealth.org/patients/forms) (see Notice of Privacy Practices), at the Registration / Admission desk, or in the Medical Records Release of Information Office at any of our provider locations.

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#### **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 medical information 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 of our health care provider companies. The notice will contain the effective date in the top right hand corner of the first page. In addition, each time you register at or are admitted to a facility for treatment or health care services as an inpatient or outpatient, a copy of the current notice in effect will be available upon request.

#### **TO REPORT A PROBLEM**

If you believe your privacy rights have been violated, you may file a complaint with your health care provider as identified at [infirmaryhealth.org/patients/forms](http://infirmaryhealth.org/patients/forms) or with the Secretary of the Department of Health and Human Services. To file a complaint with your provider, contact the Privacy Officer or call the HIPAA Hotline 251/435-3900. There will be no retaliation for filing a complaint.

#### **RELATIONSHIPS**

The relationship represented by this Joint Notice of Privacy Practices is for the sole purpose of sharing medical information about you as appropriate medical care is provided. No Joint Venture, financial or similar liability related relationship is implied, expressed, or intended by this notice. This notice covers our hospitals, outpatient diagnostic services, medical clinics, and other medical related services available through other providers at Infirmary Health (IHS) locations in Mobile and Baldwin County. You may review the list of entities covered by this Joint Notice of Privacy Practices on our website [www.infirmaryhealth.org/patients/forms](http://www.infirmaryhealth.org/patients/forms) (see OHCA.)

#### **OTHER USES OF MEDICAL INFORMATION:**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. Examples of uses or disclosures requiring your authorization include most disclosures of psychotherapy notes, uses and disclosures for marketing activities, and disclosures that constitute a sale of protected health information. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

#### **Submit written requests to the following address:**

Infirmary Health System, Inc.  
P.O. Box 2226 Mobile, Alabama 36652  
Attention: HIPAA Privacy Officer

If you have questions about this notice, please call 251-435-3900.

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