

MERCY HEALTH LOVE COUNTY

Notice on 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.

If you have any questions about this notice, please contact Mercy Health System Oklahoma (MHSO) Compliance/Privacy Officer at:

4300 W. Memorial Road
Oklahoma City, Oklahoma 73120
1-866-833-7283

Understanding Your Health Record/Information

Each time you visit a hospital, doctor, 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. 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 look at and work to improve the care we give you and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ? Make sure it is correct
- ? Better understand who, what, when, where and why other may read your health information
- ? Make more informed decisions when giving permission to release information to others

Who will follow this notice?

This notice describes our health system's practices and that of:

- Any health care professional allowed to enter information into your hospital record
- All departments and units of the hospital
- Any member of a volunteer group we allow to help you while you are under our care
- All co-workers

Acknowledgement of receipt of this notice

You will be asked to sign an acknowledgement when you present to Mercy Health Love County. Our promise is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. Mercy Health Love County will care for you even if you refuse to sign the acknowledgment. If you refuse to sign the acknowledgment, **we will** use and disclose your protected health information for treatment, payment and health care operations when necessary.

Our Responsibilities

Mercy Health Love County is required to:

- Keep your health information private
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Follow the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Permit reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised copy on our website at www.mercyok.com. Each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

We will not release your health information without your permission, except as described in this notice.

Mercy Health Love County, the independent contractor members of its Medical Staff (including your physicians), and other health care providers that practice at Mercy Health Love County has agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This allows us to better address your health care needs. Mercy Health Love County, its medical staff members, and other health care providers who give care within the hospital make up an organized health care arrangement. The members of this arrangement will follow this Notice of Privacy Practices when they treat you at Mercy Health Love County. The

members of this arrangement will be able to use and disclose your Protected Health Information as stated in this Notice. However, the members of this arrangement are legally separate, and one member will not have any responsibility for the medical care or professional judgment provided by another, independent members.

Mercy Health Love County is an affiliated covered entity of the Sisters of Mercy Health System.

Your Health Information Rights

Although your health record is the physical property of Mercy Health Love County, the information belongs to you. You have the right to:

- **Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must make your request in writing to:

Mercy Health Love County
Health Information Management Department
300 Wanda Street
Marietta, OK 73448

The request must include:

- Your name
- Date of birth
- Reason for needing your information
- Social Security Number
- Date of treatment(s) at Mercy Memorial Health Center
- Specific information needed (i.e. progress notes, history and physical, etc.)
- Your signature

Your authorization can be revoked at any time, except to the extent that disclosure made in good faith has already occurred. We will charge you \$0.25 per page for copies of your medical information. We will charge you \$5.00 for radiology film copies. We may deny your request to inspect and copy in certain very limited events. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will obey with the outcome.

- **Right to Amend.** If you feel that medical information 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 hospital.

To request an amendment, your request must be made in writing and submitted to the HIM Manager at:

Mercy Health Love County
Health Information Management Department
300 Wanda Street
Marietta, Oklahoma 73448

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 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 medical information kept by or for the hospital;
 - 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 have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. This excludes disclosures we may have made to you and disclosures for payment, treatment and healthcare operations. This also excludes disclosures made according to your written authorization, disclosures of facility directory information or disclosures to family members or friends involved in your care, for notification purposes, for national security purposes, and disclosures of limited data sets, which do not directly identify you.

To request this list or accounting of disclosures, you must make your request in writing to:

Mercy Health Love County
Health Information Management Department
300 Wanda Street
Marietta, OK 73448

Your request must state a time frame that may not be longer than six years and may not include dates before April 14, 2003. Your request will be sent to you in paper form. The first list you request within a 12-month period will be free. For additional lists, we will charge you \$10.00 per request.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information 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 your request. If we do agree, we will obey your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to:

Mercy Health Love County
Health Information Management Department
300 Wanda Street
Marietta, OK 73448

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **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:

Mercy Health Love County
Health Information Management Department
300 Wanda Street
Marietta, OK 73448

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.

You may obtain a copy of this notice at our website, www.mercyok.com. To obtain a paper copy of this notice, please call 1-580-276-3347.

Examples of Disclosures for Treatment, Payment, and Health Operations

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 you are responding to treatment.

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 Mercy.

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 go with the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality management department may use information in your record to assess the care and outcomes in your case and others like it. This information will then be used in effort to continually improve the quality and effectiveness of the healthcare and service Mercy provides.

Following your treatment at Mercy Health Love County, you may receive a follow up call.

Business associates: There are some services provided at Mercy through contacts with business associates. Examples include services by doctors in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may release 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 given. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the hospital, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people such as family members who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person in charge of your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may release to a family member, other relative, close personal friend or any other person you identify, health information related to that person's involvement in your care or payment related to your care.

Funeral directors: We may release health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may release 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 health-related benefits and services that may be of interest to you.

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. These programs provide benefits for work-related injuries or illness.

Food and Drug Administration (FDA): We may release to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or displacement.

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 military authority.

Public health: As required by federal and Oklahoma state law, we may release your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law enforcement: We may release health information for law enforcement purposes as required by law or in response to a valid subpoena, court order or search warrant.

Correctional institution: Should you be an inmate of a correctional institution, we may release to the institution or agents thereof health information necessary for your health and the health safety of other individuals.

As required by law: We will release medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Safety or Health: We may use and release 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.

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 co-worker or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially harming one or more patients, workers or the public.

Other uses of Your 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. If you provide us permission to use or release medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer release 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 keep our records of the care that we provided you.

For more information or to Report a Problem

If you have more questions and would like more information, you may contact the MSHO Compliance/Privacy Officer at:

4300 W. Memorial Road
Oklahoma City, Oklahoma 73120
1-866-833-7283

If you believe your privacy rights have been violated, you can file a complaint with the MHSO Compliance/Privacy Officer or with the Office for Civil Rights, Region VI, U. S. Department of Health and Human Services at:

1301 Young Street, Suite 1169
Dallas, Texas 75202

All complaints to the hospital must be made in writing.

You will not be penalized for filing a complaint.

Effective Date: 4-14-03

