



APPALACHIAN REGIONAL HEALTHCARE SYSTEM

Joint Notice of Privacy Practices

Effective September 23, 2013

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.

Our Pledge Regarding Health Information

Appalachian Regional Healthcare System, Inc. (“ARHS”) uses and shares health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

We are committed to protecting health information about you.

Who Will Follow this Notice?

This notice describes the practices of ARHS at all its locations (including, but not limited to: Watauga Medical Center, Charles A. Cannon, Jr. Memorial Hospital, and Appalachian Regional Medical Associates at all its locations) and the practices of:

- All employees, staff, volunteers and other members of the ARHS work force at all of its locations.
- All members of its medical staff, including physicians and their representatives and other health care providers who may be independent practitioners/independent contractors/physicians in private practice not employed by ARHS and the professional practices to which they belong.
- Contracted business associates of ARHS, including but not limited to certain physician practices and providers of professional services.

In this Notice of Privacy Practices, “ARHS” and “We” include all of the above listed persons and entities.

How We May Use Your Health Information

For Treatment: We may use your health information to provide, coordinate or manage your medical treatment or related services. Information obtained by a nurse, physician, or other member of your health care team will be recorded in your medical record and used to determine the course of treatment for you.

For example, a doctor treating you for a broken hip may need to know if you have diabetes because diabetes may

slow the healing process. Different ARHS departments or locations also may access your health information in order to coordinate services that you will need, such as prescriptions, lab work, and X-rays. We also may disclose your health information to other providers, such as home health providers or physicians who may be involved in your medical care after you leave ARHS.

For Payment: We may use and disclose your health information to bill and collect payment for treatment and services that you receive from us or from other health care providers. For example, a bill may be sent to you or to your insurance company. The bill will contain information that identifies you, as well as your diagnosis and procedures and supplies used in the course of treatment. In certain situations, you may request that we not send information about your treatment to your health plan or insurance company. See instructions below for requesting a restriction under Your Health Information Rights.

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

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your case and similar cases;
- Learn how to improve our facilities and services; and
- Determine how we can make improvements in the care and services we provide.

To the Hospital Directory: Unless you tell us otherwise, we may include limited information about you in the hospital directory while you are a patient there. The directory information (name, location, and general condition as fair, stable, etc.) will only be released to people who ask for you by name. We will ask about your religious preference so that we understand if any of your beliefs affect the way care should be delivered while you are here. We will ask you if you would like to have clergy visits. If you agree, your religious affiliation will be included in the directory but will only be given to clergy or to clergy appointed representatives of your own faith. If you want to

limit the amount of information that is disclosed or who gets this information, let us know by filling out the Patient Directory Instructions form that you will receive during the registration process.

To Individuals Involved in Your Care or Payment for Your Care: We may share information about your care or condition with an authorized representative, a family member, or another person identified by you or who is involved in your care or payment for your care, but we will only share information relevant to their involvement. If you do not want information about you released to those involved in your care or payment for your care, see instructions for requesting a restriction under Your Health Information Rights.

For Fundraising Activities: We may share certain health information with the Appalachian Regional Healthcare Foundation so that the Foundation may contact you about ARHS's fundraising efforts. We will only release limited information, such as your name, address, phone number, dates of service, type of service and attending physician. We will not release information about you to other fundraising organizations. If you do not want the Foundation to contact you for fundraising efforts, you must notify the Foundation by calling (800) 443-7385 and asking the switchboard to connect you to the Foundation.

Furthermore, each time we contact you for fundraising efforts we must ask you if you wish to opt out of all future fundraising communications. If you do opt out of future fundraising communications, we will not disclose your information for fundraising purposes unless in the future we receive your written authorization to do so.

Other Disclosures: Incidental disclosures of your health information may take place in the health care setting and are allowed by law. As an example, discussion of your treatment plan is permitted at a nurses' station or in other treatment settings where conversation may be overheard.

When We Must Get Your Authorization to Disclose Your Health Information

Psychotherapy Notes: Regardless of other parts of this notice, psychotherapy notes that are kept by your therapist separate from the medical record will not be disclosed outside of ARHS except as authorized by you in writing, by a court order, or as required by law. Psychotherapy notes about you will not be disclosed to personnel working within ARHS, except for training purposes or to defend a legal action brought against ARHS, unless you authorize such disclosure in writing.

How We May Disclose Your Health Information Outside of ARHS Without Your Authorization

When Required or Permitted by Law: We may disclose health information about you when required or permitted to do so by federal, state or local laws. For example, we may disclose your health information to respond to a court order, a court-ordered subpoena or other subpoenas in limited circumstances in accordance with applicable law. We also may disclose information about you to law enforcement in certain circumstances, such as to report violent injuries, to provide certain information about persons involved in motor vehicle accidents, to report suspected criminal conduct committed at ARHS, to locate a suspect, fugitive, victim or missing person, or concerning an incapacitated victim of a crime.

For Public Health Activities: We may disclose your information for the following public health activities:

- To prevent or control disease, injury or disability.
- To report births, deaths, and certain injuries or illnesses.
- To report child or elderly abuse or neglect as required by law.
- To report reactions to medications or recalls of products.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

For Health Oversight Activities: We may disclose health information to federal and state agencies for oversight activities authorized by law such as investigations, inspections, audits, surveys and licensing. Examples of such agencies include organizations that ensure the quality or safety of the care we provide and agencies that accredit our hospitals.

To Avert a Serious Threat to Health and Safety: We may disclose health information about you to avert a serious threat to your health or safety or that of any other person or the public.

To Coroners, Medical Examiners, and Funeral Directors: We may disclose health information to funeral directors, medical examiners or coroners to enable them to carry out their lawful duties.

For Organ and Tissue Donation: If you are an organ or tissue donor, after your death we are required by law to provide health information about you to organ procurement organizations, tissue banks and eye banks and upon request to the person or entity that you designated to be the recipient.

For Research: We may use and disclose your health information for research purposes when an institutional review board has reviewed and approved the research proposal. We also may disclose health information about

you to people preparing to conduct a research project (for example, to help them look for patients with specific medical needs), so long as the health information they review does not leave ARHS. Mental health information that identifies you will only be disclosed to researchers when you have given permission for us to do so.

For National Security and Intelligence Activities: We may disclose your health information to federal officials for intelligence, counterintelligence, and national security activities authorized by law.

Active Duty Military Personnel and Veterans: If you are an active duty member of the armed forces or Coast Guard, we must give civilian information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined, to comply with military health surveillance requirements, or for an activity necessary to carry out the military mission. We also may release health information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs health information about you to determine whether you are eligible for certain benefits.

Treatment Alternatives: We may use and disclose health information to tell you about or recommend different ways to treat you.

Inmates: We may disclose your health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.

Workers' Compensation: We may disclose your health information about your treatment for a workplace-related illness or injury in order to comply with laws and regulations related to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

To Health Information Exchange Organizations: To the extent permitted by law, we may disclose your health information to one or more health information exchange networks ("HIEs") in which ARHS participates. An HIE is an electronic system that allows other health care providers treating you to access and share your medical information if they also participate in the HIE. This access and sharing can help your doctors or other providers outside of ARHS to more quickly provide you with appropriate care because they know about your previous health conditions and treatments.

Other Uses and Disclosures of Health Information: Other uses and disclosures of health information not

covered by this notice, including disclosures for research projects that have not been reviewed and approved by an institutional review board, uses or disclosures for marketing purposes, or disclosures of your information in exchange for some form of payment, may be made only if you authorize the use or disclosure in writing, or if the use or disclosure is required by law. If you authorize us to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the purposes that you previously had authorized in writing. 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 to you.

Your Health Information Rights

You have the right to:

Request a restriction on uses and disclosures of your health information: Except where we are required by law to disclose the information, you have the right to ask us not to use or disclose certain health information we maintain about you. ARHS is not required to agree to your request, with the exceptions described below. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, complete a Request for Restriction of Protected Health Information form. 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.

Request to not disclose health information to your health plan or insurance company: You may request that we not disclose your health information to your health plan or insurance company for some or all of the services you receive during a visit to any ARHS location. If you pay the charges for those services you don't wish disclosed in full at the time of service, we generally are required to agree to your request unless the disclosure is for treatment purposes or is required by law. "In full" means the amount we charge for the service, not your co-pay, coinsurance, or deductible responsibility when your health plan or insurer pays for your care. There may be limitations on our ability to agree to your request, including, for example, if you want to restrict disclosure of only some of a group of items or services provided in a single visit where the group of services is typically bundled together for payment. Once information about a service has been submitted to your health plan or insurance company, we cannot agree to your request, so if you think you may wish to restrict the

disclosure of your health information for a certain service, please let us know as early in your visit as possible by completing a Request for Restriction of Protected Health Information form.

Request to inspect and obtain a copy of your health

record: Your health information is contained in records that are the physical property of ARHS. You have the right to request to inspect and obtain a copy of your health information and billing records. You also have the right to request that the copies be provided electronically on a disk. You may request that we send an electronic copy to any person or entity you designate in writing, and we will do so if you clearly identify the person or entity and where to send the information. To inspect, receive a copy, or have us send a copy of your health information to someone else, submit a request in writing to the Health Information Management Department. We may charge a fee for the costs associated with providing you or a third party paper or electronic copies of your records. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

Request to correct or amend information in your health

record: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a request in writing to the Health Information Management Department that provides a reason supporting your request. If we determine that the health information is incorrect or incomplete, we will revise your record. If we deny your request, you may submit a written statement of disagreement and ask that it be included in your medical record.

Request confidential communications: You have the right to request that we communicate with you about health information in a certain way or at a location other than your home address. For example, you may ask that we contact you by mail rather than by telephone, or at work rather than at home. We will accommodate all reasonable requests and will not ask you the reason for your request. It is your responsibility to make sure we have your correct address and contact information.

Receive a listing of how your information has been shared, with some exceptions under the law: You have the right to request a listing of disclosures we have made of your health information for purposes other than treatment, payment and health care operations. Your request must be submitted in writing to the Health Information Management Department and must state the time period

for which you want this listing, which may not be longer than six years before the date of your request.

Receive a paper copy of this notice: You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Investigation of Privacy Breaches: ARHS will investigate any discovered unauthorized use or disclosure of your health information to determine if it constitutes a breach of the federal privacy or security regulations protecting such information. If we determine that a breach has occurred, we will notify you in writing about the breach and tell you what we have done or intend to do to mitigate the damage (if any) caused by the breach, and about what steps you should take to protect yourself from potential harm resulting from the breach.

Changes to this Notice: ARHS reserves the right to change the terms of this notice and to make the new provisions effective for all protected health information it maintains about you. Revised notices will be made available to you by posting them in our facilities and posting them on our Web site at www.apprhs.org, and upon your request we will provide you with a copy of the most recent version of our notice. The notice will contain the effective date at the top of the first page.

Complaints: You may file a complaint with ARHS or with the United States Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be penalized for filing a complaint.

Contact Information

If you have any complaints, you may contact the Risk Management Department at (828) 263-1207.

If you have any questions about information in this document, you may contact the Privacy Officer at (828) 262-4239.