

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.

*This Notice describes the privacy practices of Princeton Community Hospital (PCH) and our affiliates, physicians, nurses, and other personnel.
It applies to services furnished to you at Princeton Community Hospital.*



We are required by law to maintain the privacy of your health information (“**Protected Health Information**” or “**PHI**”), to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information, and to notify you following a breach of unsecured Protected Health Information. When we use or disclose your PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure.)

In certain situations, we must obtain your written authorization in order to use and/or disclose your PHI. However, unless the PHI is Highly Confidential Information and the applicable law regulating such information imposes special restrictions on us; we may use and disclose your PHI without your written authorization for the following purposes:

A. *Treatment, Payment and Health Care Operations.* We may use and disclose PHI in order to treat you, obtain payment for services provided to you and conduct our health care operations as detailed below:

- **Treatment.** We use and disclose your PHI to provide treatment and other services to you—for example, to diagnose and treat your injury or illness. In addition, we may generally contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment.

- **Payment.** We may use and disclose your PHI to obtain payment for services that we provide to you—for example, disclosures to claim and obtain payment from Medicare, Medicaid, your health insurer, HMO, or other company or program that arranges or pays the cost of some or all of your health care insurance(s) to verify that your insurance will pay for health care.
- **Health Care Operations.** We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other health care workers.

We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, to receive payment for services they render to you, or, in certain circumstances, to conduct certain health care operations, such as quality assessment and improvement activities, reviewing the qualifications and competence of health care professionals or for health care fraud and abuse detection or compliance.

B. Facility Directory. We may include your name, location in PCH, general health condition and religious affiliation in a patient directory without obtaining your authorization unless you object to inclusion in the directory or are located in our Behavioral Health Pavilion, or are receiving treatment for HIV / AIDS or substance abuse. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy; provided, however, that religious affiliation will only be disclosed to members of the clergy.

C. Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for or otherwise available prior to the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, or other relative or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

Following your death, we may disclose your health information to a family member or others identified above who were involved in your care or payment for your care prior to your death, if information is relevant to the person's involvement and not inconsistent with any of your prior expressed preferences known to us.

- D. Fund Raising Communications.** We may contact you to request a tax-deductible contribution or for other fund raising activities to support important undertakings of Princeton Community Hospital Association. In addition, in connection with fund raising for our benefit, we may use or disclose to our fund-raising staff and/or to our institutionally related foundation and its staff and/or to our institutionally related foundation and its staff, demographic information about you (for example your name, address and phone number) and the dates on which we provided health care to you, without your written permission. If you wish to make a tax deductible contribution now, or if you do not wish to receive any fund-raising requests in the future, you may contact Princeton Community Hospital at 304-487-7507.
- E. Public Health Activities.** We may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to the West Virginia Department of Children and Family Services or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- F. Victims of Abuse, Neglect or Domestic Violence.** If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to the West Virginia Department of Children and Family Services, the West Virginia Department of Human Services or other governmental authority, including a social service or protective services agency authorized by law to receive reports of such abuse, neglect, or domestic violence.
- G. Health Oversight Activities.** We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.
- H. Judicial and Administrative Proceedings.** We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- I. Law Enforcement Officials.** We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.
- J. Decedents.** We may disclose your PHI to a coroner or medical examiner as authorized by law. A decedent's PHI is protected for fifty years from the date of death.
- K. Organ and Tissue Procurement.** We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

- L. *Research.*** We may use or disclose your PHI without your consent or authorization if our Institutional Review Board approves a waiver of authorization for disclosure.
- M. *Health or Safety.*** We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- N. *Specialized Government Functions.*** We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.
- O. *Workers' Compensation.*** We may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.
- P. *Inmates.*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or law enforcement official as may be necessary for the institution to provide you with health care, to protect the health and safety of you or another person, or for the safety and security of the correctional institution.
- Q. *Business Associates.*** We contract for certain services or functions with business associates who need your health information to perform those functions or provide those services. Examples are an accounting firm, law firm or consultants providing services to us, where the information is needed to provide the services. We maintain business associate agreements with these business associates under which they agree to abide by various privacy requirements including requirements that business associates enter into similar agreements with their subcontractors.
- R. *As required by law.*** We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

Uses & Disclosures Requiring Your Written Authorization

- A. *Use or Disclosure with Your Authorization.*** For any purpose other than the ones described above, we only may use or disclose your PHI when you grant us your written authorization on a valid authorization form. For instance, you will need to execute an authorization form before we can send your PHI to your life insurance company or to the attorney representing the other party in litigation in which you are involved.
- B. *Marketing.*** We must also obtain your written authorization prior to using your PHI to send you any marketing materials. (We can, however, provide you with marketing materials in a face-to-face encounter without obtaining Your Marketing Authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining Your Marketing Authorization.) In addition, we may generally communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings without Your Marketing Authorization.

C. *Uses and Disclosures of Your Highly Confidential Information.* In addition, federal and West Virginia laws impose special privacy protections for “Highly Confidential Information”, which includes Psychotherapy Notes and the subset of Protected Health Information that is related to: (1) treatment or evaluation of a mental illness; (2) alcohol and drug abuse treatment program services; (3) HIV/AIDS testing; (4) child abuse and neglect; (5) sexual assault; and (6) in the case of a patient who is a minor, birth control, prenatal care, drug rehabilitation or related services and venereal disease. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law regulating Highly Confidential information, we must obtain your written authorization.

D. *Sale of PHI.* PCH must generally obtain your authorization prior to any sale of your PHI.

Your Rights Regarding Your Protected Health Information

A. *For Further Information; Complaints.* If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer at the address or number identified below. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

B. *Right to Request Additional Restrictions.* You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations; (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Privacy Officer at the address or number identified below and submit the completed form to the Privacy Officer. We will send you a written response.

You also have the right to request a restriction of information going to your health plan for payment or health care operation purposes, where the disclosure is not otherwise required by law, if you request a restriction and payment in full for the items and services has been made by you or someone on your behalf (other than your health plan). To exercise this right, contact the Privacy Officer at the address or number indicated below.

C. *Right to Receive Confidential Communications.* You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations. To exercise this right, contact the Privacy Officer at the address or number indicated in this Notice.

- D. Right to Revoke Your Authorization.*** You may revoke Your Authorization, Your Marketing Authorization or any written authorization obtained in connection with your Highly Confidential Information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Officer identified below.
- E. Right to Inspect and Copy Your Health Information.*** You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request from the Health Information Management Department. You have the right to request a paper copy or in certain circumstances an electronic copy of any of your PHI. If you request copies, we may charge a reasonable, cost-based fee for costs of copying, including certain supplies associated with your request. A postage charge will be assessed only if you request that we mail a copy to you.
- F. Right to Amend Your Records.*** You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request from the Health Information Management Department. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply. In the case of a requested amendment concerning information about the treatment of a mental illness or developmental disability, you have the right to appeal our decision not to amend your Protected Health information to a West Virginia court.
- G. Right to Receive an Accounting of Disclosures.*** Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, we will charge you a reasonable cost-based fee for each such additional request. To exercise this right, contact the Privacy Officer at the address or number indicated in this Notice.
- H. Right to Receive Paper Copy of this Notice.*** Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically. To exercise this right, contact the Privacy Officer at the address or number indicated in this Notice.

Use of E-Mail Communications

- A. You have the right to use e-mail to communicate with PCH regarding your care and treatment and regarding certain administrative matters arising from health care services rendered to you.*** You shall not use e-mail to communicate with PCH for emergencies or other time-sensitive issues, inquires which deal with sensitive information and situations in which PCH's response is delayed. PCH shall make a reasonable attempt to return all e-mail messages received within two (2) business days. If you do not receive a response by the close of the second business day following your e-mail, you are to use other means of communication to contact PCH.

B. *Composing E-mail Messages.* E-mail messages should provide a brief description of the nature of the request within the subject line. The message should also include the patient's full name and any other necessary information, such as social security number, service date and account number. You should keep copies of e-mail messages sent and received. When requested, you should send a reply to acknowledge receipt and review of e-mail messages from PCH.

C. *Access to Patient's E-Mail Communications.* You should understand and acknowledge that it may be necessary for someone else at PCH other than the person to whom the message is addressed to access e-mail messages sent by you in order to help organize and respond to e-mail messages received from you, to cover during the addressee's absence and in some cases, to assist in generating a response.

D. *No Liability.* You agree that e-mail communication with PCH is offered as a convenience to you and you shall not hold PCH responsible for any expense, loss or damage caused by, or resulting from a delay in hospital's response to you or any damage to you resulting from such delay, due to technical failures, including, but not limited to, technical failures attributed to PCH's internet service, power outages, etc.

E. *Confidentiality.* PCH shall exercise reasonable efforts to ensure the confidentiality of your e-mail communications, however, you understand that e-mail communications to PCH are not secure and there is therefore some possibility that the confidentiality of such communications will be breached by a third party. If you access PCH through an employer's e-mail system, the employer has the right to review any e-mail communications transmitted through the employer's e-mail system.

F. *Archiving.* PCH may keep copies of e-mail messages that you send to PCH and may include such messages in the patient's medical records.

G. *Termination.* If you fail to comply with these provisions, PCH will no longer respond to your e-mail communications in the regular course of providing services to you. However, PCH shall reserve the right to respond to any e-mail communications from you if PCH determines that such a response is appropriate or practical.

Effective Date and Duration of This Notice

A. *Effective Date.* This Notice was first effective on April 14, 2003, with the most recent revisions effective September 23, 2013.

B. *Right to Change Terms of this Notice.* We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the new Notice in waiting areas around PCH and on our Internet site at www.pchonline.org. You also may obtain any new notice by contacting the Privacy Officer noted below or a Registrar.

Privacy Officer

You may contact the Privacy Officer at:

Privacy Officer – Princeton Community Hospital

P.O. Box 1369, Princeton, WV 24740-1369

Telephone Number: 304-487-7670

E-mail: pofficer@pchonline.org