



*A Critical Access Hospital*

## **Joint Notice of Privacy Practices**

### **New London Hospital**

As required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AS A PATIENT OF THIS ORGANIZATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

**If you have any questions about this notice please contact our Privacy Office, (603) 526-5203.**

The notice covers inpatient and outpatient services provided to you by New London Hospital and the members of its Medical Staff together as an organized health care arrangement pursuant to the Federal Privacy Rule. It applies to the medical record of all services provided to you in the Hospital's clinically integrated care setting, regardless of whether specific services are provided by Hospital employees or by independent members of our Medical Staff.

### **Understanding Your Health Record/Information**

Each time you visit a hospital, physician, 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, which we refer to as your health or medical record, is an essential part of the health care we provide for you. It 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.
- Tool in educating health professionals.
- Source of data for medical research.
- Source of information for public health officials charged with improving the health of the nation.
- Source of data for facility planning and marketing.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Your health record contains personal health information, the confidentiality of which is protected under both state and federal law. Understanding how we expect to use and disclose your health information helps you to:

- Ensure its accuracy,
- Better understand who, what, when, where, and why your health care providers and others may access your health information, and
- Make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property of the healthcare organization that compiled it, the information belongs to you. Under the Federal Privacy Rules, 45 CFR Part 164, you have the right to:

- Receive notice of the uses and disclosures we expect to make of your health information, including a paper copy of the notice if requested, as provided in Rule 520.
- Request additional restrictions on uses and disclosures of your health information (though we are not required to agree to any such request), or request that we send you confidential communications by alternative means or at alternative locations, as provided in Rule 522.
- Inspect and obtain a copy of your health record, as provided in Rule 524.
- Request that your health record be amended, as provided in Rule 526.
- Obtain an accounting of disclosures of your health information made after April 13, 2003, for purposes other than treatment, payment, or health care operations, or as authorized by you, as provided in Rule 528.

Please direct requests to: Privacy Office, New London Hospital, 273 County Road, New London, NH 03257, (603)526-5203; Email: [privacy.office@newlondonhospital.org](mailto:privacy.office@newlondonhospital.org)

### **Our Responsibilities**

We are required by the Federal Privacy Rules to:

- Maintain the privacy of your health information,
- Provide you with notice as to our legal duties and privacy practices with respect to health information we collect and maintain about you,
- Abide by the terms of this notice, subject to the following reservation of rights.

We reserve the right to change our health information practices and the terms of this notice, and to make the new provisions effective for all protected health information we maintain, including health information created or received prior to the effective date of any such revised notice. Should our health information practices change, we will post and/or provide a revised notice. We will not use or disclose your health information without your consent or authorization, except as described in this notice.

### **Uses and Disclosures for Treatment, Payment and Health Operations Without Your Consent**

*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 how you are responding to treatment.

We will also provide your primary care 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 this hospital. We may also send relevant portions of your medical record to specialists to whom you are being referred for care, or to physicians whom your providers here may want to consult on a care issue.

We may use and disclose health information about you (for example, by calling you or sending you a letter) to remind you that you have an appointment with us for treatment or that it's time for you to schedule a regular checkup with us, or to provide you with information about treatment alternatives.

*We will use your health information for payment.*

For example: A bill may be sent to you or your insurance company or health plan. The information on or accompanying 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, risk managers, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

*Business associates:* We provide some services through business associates, who are independent professionals that use patient health information provided by us in order to perform these services. Examples include quality assurance consultants, transcription services, a copy service we may use when making copies of your health record, or a billing service. When these services are contracted, we may disclose 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 insurer for services rendered. Other examples of business associates include independent accrediting agencies and state hospital associations, to whom we disclose comparative statistics as required by our certifying/accrediting agencies. To protect your health information, however, we require the business associate to appropriately safeguard your information.

### **Uses and Disclosures that We May Make Unless You Object**

*Directory:* Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation in our facility directory. This information may be provided to members of your family, friends, members of the clergy and, except for religious affiliation, to other people who ask for you by name.

*Family or friends involved in care:* Unless you object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Fundraising.* We may use or disclose your health information in connection with limited fund-raising communications permitted under the Federal Privacy Rules. Any such communication addressed to you will contain instructions describing how you may "opt out" of receiving further such communications.

### **Required Disclosures**

The Federal Privacy Rules require us to disclose your personal health information in two instances: to you at your request under Rule 524 or Rule 528, and to the Secretary of Health and Human Services when requested as part of an investigation or compliance review under Rule 502.

## **Disclosures Permitted Without Consent for National Priority Purposes**

In addition, Rule 512 permits uses and disclosure of your health information without your consent or authorization for certain “national priority” purposes, including:

- When required by state or federal law.
- To state and federal public health authorities, including state medical officers, the Food and Drug Administration (FDA), and other agencies charged with preventing or controlling disease.
- To government authorities, including protective service agencies, authorized to receive reports of abuse, neglect, or domestic violence pursuant to state law.
- To government health oversight agencies, such as the state and federal Departments of Health and Human Services, Medicare/Medicaid Peer Review Organizations (PRO’s), state Boards of Medicine, Nursing, and Pharmacy, and other licensing authorities.
- When required by court order in a judicial or administrative proceeding.
- To law enforcement officials for certain law enforcement purposes, including the reporting of certain types of wounds or injuries, or pursuant to a warrant, subpoena, or other legal process, or for the purpose of identifying or locating a subject, fugitive, material witness, missing person, or victim, provided that the conditions in the rule are met and the disclosure is permitted under state law.
- To coroners, medical examiners, or funeral directors for purposes of identifying a deceased person or carrying out their duties as required by law.
- To organ procurement organizations for purposes of organ or tissue donation and transplantation, consistent with applicable law.
- For research approved by an Institutional Review Board (IRB) or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- When required to avert a serious threat to health or safety.
- When requested for certain specialized government functions authorized by law, including military and similar situations.
- As authorized by law in connection with workers compensation programs.

## **Uses and Disclosures Specifically Authorized By You**

We expect to make other uses and disclosures of your protected health information only on the basis of specific written authorization forms signed by you. You have the right to revoke any such authorization at any time, except to the extent we have already relied on it in making an authorized use or disclosure.

## **For More Information or to Report a Problem**

If you have questions you may contact the Privacy Office at New London Hospital, 273 County Road, New London, NH 03257, (603) 526-5203; Email: [privacy.office@newlondonhospital.org](mailto:privacy.office@newlondonhospital.org)

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Office at the above address, or with the Secretary of Health and Human Services, Washington, D.C. There will be no retaliation for filing a complaint.

Effective Date: April 14, 2003