

The Health Care Authority of the City of Anniston
400 East Tenth Street
Anniston, Alabama 36207
WWW.RMCCARES.ORG
WWW.STRINGFELLOWMEMORIAL.COM

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.

THE EFFECTIVE DATE OF THIS PRIVACY NOTICE IS APRIL 14, 2003, AS AMENDED ON FEBRUARY 2011, SEPTEMBER 1, 2012, FEBRUARY 20, 2013, MAY 30, 2013, OCTOBER 2016, MARCH 20, 2017, MAY 1, 2017 AND AUGUST 20, 2018

PRIVACY NOTICE

The Health Care Authority owns and operates (“we” or “us”) hospitals and physician practices and clinics. This notice covers the hospitals, physician offices or clinics and the health care providers listed on the last page who may provide services to you at the hospitals, physician offices or clinics. We are part of an organized health care arrangement ("OHCA"). This Privacy Notice is a joint notice that covers the functions of the OHCA and any health care professional working within the hospitals, physician offices or clinics.

We are required under the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and their implementing regulations, as may be amended from time to time (collectively, “HIPAA”), to protect the privacy of your health information, which includes information about your health history, symptoms, test results, diagnoses, treatment, and claims and payments history (collectively, “Health Information”). We are also required to provide you with this Privacy Notice regarding our legal duties, policies and procedures to protect and maintain the privacy of your Health Information. This Privacy Notice will be posted in a prominent location and will be posted on our website.

We are required to follow the terms of this Privacy Notice unless (and until) it is revised. We reserve the right to change the terms of this Privacy Notice and to make the new notice provisions effective for all Health Information that we maintain and use, as well as for any Health Information that we may receive in the future. Should the terms of the Privacy Notice materially change, we will make a revised copy of the Privacy Notice available to you. Revised Privacy Notices will be available for individuals to take with them and we will post a copy of the revised Privacy Notice in a prominent location. Revised Privacy Notices will also be posted and made available electronically on our website.

PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION.

1. **General Uses and Disclosures.** Under applicable law, we are permitted to use and disclose your Health Information for the following purposes and in support of the following, without obtaining your permission or Authorization:

- **Treatment.** We are permitted to use and disclose your Health Information in the provision and coordination of your health care. For example, we may disclose your Health Information to your physician and to other health care providers who have a need for such information for your care and treatment.

- **Payment.** We are permitted to use and disclose your Health Information for the purpose of determining coverage, billing, and reimbursement. This information may be released to Medicare, an insurance company, a third party payor, or other authorized entity or person involved in the payment of your medical bills and may include copies or portions of your medical record which are necessary for payment of your bill. For example, a bill sent to your insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used in your treatment. We may also disclose medical information about you to the responsible party of your account. If you are listed as a dependent on another person's insurance policy or if another person is financially responsible for your account, financial information regarding medical care provided to you may be disclosed to the responsible party.
- **Health Care Operations.** We are permitted to use and disclose your Health Information for certain administrative, legal and quality improvement activities that are necessary to run our facilities and to support our functions of treatment and payment, including, but not limited to: quality assurance, auditing activity, credentialing activity, licensing activity, and for educational purposes. For example, we can use your Health Information to internally assess the quality of care we provide.
- **Health Care Providers Working in the OHCA.** The hospitals and physician clinics listed on the last page and the various health care providers who render services to you are part of an "organized health care arrangement." These providers have agreed, as permitted by applicable law, to share your Health Information among themselves as necessary to carry out treatment, payment and/or health care operations. This enables us to better address your health care needs.
- **Uses and Disclosures Required by Law; Judicial and Administrative Proceedings; Law Enforcement Purposes.** We may use and disclose your Health Information when required to do so by law, including disclosure to the Department of Health and Human Services. We may also disclose your Health Information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request. We may disclose your Health Information to law enforcement officials when required to do so by law, including, but not limited to reporting abuse, neglect and domestic violence or to alert law enforcement to criminal conduct on our premises or of a death that may be the result of criminal conduct.
- **Public Health Activities.** We may disclose your Health Information for public health reporting, including, but not limited to: reporting child abuse and neglect; reporting communicable diseases and vital statistics; reporting product recalls and adverse events; or notifying person(s) who may have been exposed to a disease or are at risk of contracting or spreading a disease or condition.
- **Abuse, Neglect, or Domestic Violence.** We may disclose your Health Information to a local, state, or federal government authority if we have a reasonable belief that abuse, neglect or domestic violence has occurred.
- **Regulatory Agencies.** We may disclose your Health Information to a health care oversight agency for activities authorized by law, including, but not limited to, licensure, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs, and compliance with civil rights. We may be required to disclose protected

patient health information to the Secretary of the Department of Health and Human Services.

- **Coroners, Medical Examiners, Funeral Directors.** We may disclose your Health Information to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your health information to funeral directors, as necessary, to carry out their duties.
- **Research.** Under certain circumstances, we may disclose your Health Information to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your Health Information.
- **Avert Threats to Health and Safety.** We may use or disclose your Health Information if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, or is necessary for law enforcement to identify or apprehend an individual.
- **Specialized Government Functions.** We may disclose your Health Information to authorized federal officials for national security reasons and the Department of State for medical suitability determinations. We may also disclose your Health Information to authorized federal officials for the provision of protective services to the President of the United States or to foreign heads of state or to conduct related investigations. If you are a member of the U.S. Armed Forces, we may disclose your Health Information as required by military command authorities.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your Health Information to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety, or the health or safety of others; or for the safety and security of the correctional institution.
- **Workers' Compensation.** We may disclose your Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illnesses without regard to fault.
- **Marketing.** We may use or disclose your Health Information to make a marketing communication that occurs in a face-to-face encounter with us or which concerns a promotional gift of nominal value provided by us.
- **Fundraising.** We may use or disclose your Health Information to make a fundraising communication to you for the purpose of raising funds for our own benefit. With each fundraising communication, we will provide you with an opportunity to elect not to receive any further fundraising communication. We will also make reasonable efforts to ensure that if you opt out of such communications you are not sent future fundraising communications. We may also use, or disclose to a business associate or to an institutionally related foundation, the following Health Information for the purpose of raising funds for our own benefit: (a) demographic information relating to you, including your name, address, other contact information, age, gender, and date of birth; (b) the dates of health care provided to you; (c) the department or area of service that provided you treatment; (d) your treating physician; (e) outcome information; and (f) your health insurance status.

- **Organ or Tissue Donations.** We may disclose your Health Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue.
 - **Refill Reminders, Care Coordination, Alternative Therapies.** We may provide you with refill reminders about a drug or biologic that is currently being prescribed for you, but only if any financial remuneration received by us in exchange for making the communication is reasonably related to our cost of making the communication. Except where we receive financial remuneration in exchange for making the communication, we may communicate with you for the following treatment and health care operations purposes: (a) for your treatment including case management or care coordination, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care; (b) to describe a health-related product or service (or payment for such product or service) that is provided by, or included in a plan of benefits, including communications about a health care provider network or health plan network; replacement of or enhancements to, a health plan; and or (c) for case management or care coordination, contacting of individuals with information about treatment alternatives, and related functions to the extent these activities are not considered treatment.
 - **Business Associates.** Other individuals and companies provide management assistance and other services to us. Under HIPAA, these individuals and companies are called Business Associates. We may disclose your Health Information to Business Associates who provide services to us. Our Business Associates are required to protect the confidentiality of your Health Information.
 - **Other Uses and Disclosures.** In addition to the items outlined above, we may use and disclose your Health Information (without your written permission) for other purposes permitted by HIPAA.
2. **Uses and Disclosures Which Require an Opportunity to Verbally Agree or Object.** Under HIPAA, we are permitted to use and disclose your Health Information: (i) for the creation of facility directories, (ii) to disaster relief agencies, and (iii) to family members, close personal friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your Health Information.
3. **Uses and Disclosures Which Require Written Authorization.** As required by applicable law, all other uses and disclosures of your Health Information (not described above) will be made only with your written permission, which is called an Authorization. For example:
- **Psychotherapy Notes.** If we maintain psychotherapy notes, we must obtain your Authorization for any use or disclosure of such psychotherapy notes, except: to carry out the following treatment, payment, or health care operations: (a) use by the originator of the psychotherapy notes for treatment; (b) use or disclosure by us for our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (c) use or disclosure by us to defend ourselves in a legal action or other proceeding brought by you.
 - **Certain Marketing Purposes.** If we receive financial remuneration in exchange for making a marketing communication we must obtain your Authorization for any use or

disclosure of protected health information other than a face-to-face communication made by us to you, or for a promotional gift of nominal value provided by us.

- **Sale of Health Information.** We must obtain your Authorization for any sale of your Health Information and such Authorization will state that the disclosure will result in our receiving remuneration.
4. **Revoking Your Authorization.** You may revoke your Authorization in writing at any time. The revocation of your Authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your Health Information; if the Authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself; or where your Health Information was obtained as part of a research study and is necessary to maintain the integrity of the study.

PATIENT RIGHTS.

You have the following rights concerning your Health Information:

1. **Right to Receive Written Notification of a Breach of Your Unsecured Health Information.** You have the right to receive written notification of a breach of your unsecured Health Information if it has been accessed, used, acquired, or disclosed in a manner not permitted by HIPAA, which compromises the security or privacy of your Health Information. We will provide this notification by first-class mail or, if necessary, by such other substituted forms of communication allowable by law or you may request in writing to receive a notification of a breach by electronic mail.
2. **Right to Inspect and Copy Your Health Information.** Upon written request, you have the right to inspect and copy your own Health Information contained in a designated record set maintained by or for us. A “designated record set” contains medical and billing records and any other records that we use for making decisions about you. You may also request that we transmit a copy of such Health Information to a designated third-party, provided the designation is clear, specific, and contained in a writing signed by you. Under most circumstances, a request will be responded to within 30 days. However, we are not required to provide you access to all the Health Information that we maintain. For example, this right of access does not extend to psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding. Instead of copies, we can provide you with a summary of your Health Information if you agree to the form and cost of such summary. We may charge you a reasonable cost-based fee for your copies, which may include copying costs, supplies, postage, and other costs associated with preparing a summary or explanation. We may, in some cases, deny your request to inspect and copy your Health Information and will notify you in writing of the reasons for our denial and provide you with information regarding your rights to have our denial reviewed. Where permitted by HIPAA, you may request that we review certain denials to inspect and copy your Health Information.
3. **Right to Request Restrictions on the Use and Disclosure of Your Health Information.** You have the right to request restrictions on the use and disclosure of your Health Information for treatment, payment and health care operations. We will consider, but do not have to agree to, such requests in all circumstances. However, we must agree to restrict a disclosure of Health Information about you to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (b) the Health

Information pertains solely to a health care item or service for which you, or someone other than the health plan on your behalf, has paid in full.

4. **Right to Request an Amendment of Your Health Information.** You have the right to request an amendment of your Health Information. We may deny your request if we determine that you have asked us to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not Health Information maintained by or for us in a designated record set; is Health Information that you are not permitted to inspect or copy; or we determine that the information is accurate and complete. If we disagree with your requested amendment, we will provide you with a written explanation of the reasons for the denial, an opportunity to submit a statement of disagreement, and a description of how you may file a complaint.
5. **Right to an Accounting of Disclosures of Your Health Information.** You have the right to receive an accounting of disclosures of your Health Information made by us. With respect to Health Information contained in paper form, our accounting will not include: disclosures related to treatment, payment or health care operations; disclosures to you; disclosures based upon your Authorization; disclosures to individuals involved in your care; incidental disclosures; disclosures to correctional institutions or law enforcement officials; disclosures for facility directories; disclosures that are part of a Limited Data Set; or disclosures that occurred prior to April 14, 2003 or as otherwise allowed by HIPAA. With respect to Health Information contained in an electronic health record, unless otherwise specified by law, the accounting will not contain disclosures made to you upon your request; based upon your Authorization; to individuals involved in your care; or as allowed by law. You may request an accounting of applicable disclosures made by us within six (6) years prior to the date of your request for Health Information stored in paper form and made within three (3) years prior to the date of your request (but not for any disclosures made prior to implementation of our electronic health records system) for Health Information stored in an electronic health record. If you request an accounting more than once in a 12-month period, we may charge you the reasonable cost-based expenses incurred to comply with your additional request.
6. **Right to Alternative Communications.** You have the right to receive confidential communications of your Health Information by a different means or at a different location than currently provided. For example, you may request that we only contact you at home or by mail. Such requests should be made in writing.
7. **Right to Receive a Paper Copy of this Privacy Notice.** You have the right to receive a paper copy of this Privacy Notice upon request, even if you have agreed to receive this Privacy Notice electronically.

If you want to exercise any of these rights, please contact our Privacy Officer at the address below. We ask that all requests be submitted to us in writing on a designated form (which we will provide to you) and returned to the attention of our Privacy Officer at the address below.

CONTACT INFORMATION AND HOW TO REPORT A PRIVACY RIGHT VIOLATION.

If you want to exercise any of these rights, have any questions, or feel that your privacy rights have been violated, please contact us. All requests must be submitted to us in writing and returned to the address below.

Regional Medical Center (Health Care Authority of the City of Anniston)
400 East Tenth Street
P.O. Box 2208
Anniston, Alabama 36202
Attn: Privacy Officer
Telephone: (256) 235-5373
Facsimile: (256) 231-8874
E-mail: DCrew@Rmccares.org

If you believe that your privacy rights have been violated or that we have violated our own privacy practices, you may file a complaint with us. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Our Privacy Officer can provide you with the address. Complaints filed directly with the Secretary must be made in writing, name us, describe the acts or omissions in violation of applicable law or our privacy practices, and must be filed within 180 days of the time you knew or should have known of the violation. Complaints submitted directly to us must be in writing and sent to the attention of our Privacy Officer. There will be no retaliation for filing a complaint.

The following health care providers may provide services to you as part of our organized health care arrangement and are covered by this Privacy Notice: Physicians; Dentists; Podiatrists; Optometrists; Physical, Occupational, Respiratory and Speech Therapists and Assistants; Rehabilitation Attendants; Dietary Consultants; Nurses; Psychologists and Social Workers; Hospice Workers; Pharmacists; Medical Equipment Suppliers; Diagnostic Providers; Lab Technicians and Providers; Physician Assistants; Allied Health Professionals; Students; Volunteers and other health care providers. These individuals may not all be employees.

The Health Care Authority of the City of Anniston is comprised of the following hospitals and physician clinics: Northeast Regional Medical Center, Stringfellow Memorial Hospital, RMC Neurology, RMC Urology, RMC Cardiology and the Mediplex and includes the other physician offices are operated by the Regional Health Management Corporation.

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE RECEIPT OF THIS NOTICE OF PRIVACY PRACTICES.

Printed Name of Patient

Date

Signature of Patient

Printed Name of Parent/Patient's Representative (If Applicable)

Signature of Parent/Patient's Representative (If Applicable)

Representative's Relationship to Patient (If Applicable)