



## Health Insurance Portability and Accountability Act of 1996 (HIPAA)

### 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 DOES NOT REPLACE A CONSENT FOR TREATMENT.*

#### I. Who We Are

We understand that you are concerned about the privacy of your healthcare information. This notice describes the privacy practices of Sturdy Memorial Hospital, Inc., Mansfield Health Center, and the School Based Health Center at Attleboro High School and the individuals that work at these institutions. These practices apply to any health care professional authorized to enter information into your hospital chart, all departments and units of the hospital, any volunteer working in the hospital, and all employees, staff, other hospital personnel and the medical staff in the Hospital.

#### II. Our Privacy Obligations

We are required by law to maintain the privacy of your **Protected Health Information** (information about you, that may identify you, and which relates to past, present, or future physical and mental health conditions and related healthcare services), and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose Protected Health Information, we are required to abide by the terms of this Notice or other notice in effect at the time of the use or disclosure.

#### III. Uses and Disclosures Without Your Authorization

A. Use or Disclosure for Treatment, Payment and Health Care Operations Without Your Authorization. We may use and disclose Protected Health Information for purposes of treatment, obtaining payment, and other health care operations without your authorization except as noted in Section IV. Examples include:

- a. Treatment: to diagnose and treat your injury or illness. We may also disclose your Protected Health Information to other providers such as nursing homes and home health care providers to be sure they have the information for treatment activities after your discharge from Sturdy Memorial Hospital.
- b. Obtaining payment: to verify coverage or submit claims to your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care.
- c. Health care operations: for administration, planning, and various activities that improve the quality and cost effectiveness of the care we deliver to you. For example, we may use protected health information to evaluate the quality and competence of our physicians, nurses, and other health care workers or to resolve complaints. We may also contact you to provide appointment reminders.

B. Use or Disclosure for Directory of Individuals in Sturdy Memorial Hospital. Unless you disagree or object, we may include your name, location in the Hospital, general health condition (e.g. good, fair, etc.), and religious affiliation in a patient directory. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy. Your religious affiliation will only be disclosed to members of the clergy.

C. Disclosure to Individuals Involved in Your Care (e.g. Relatives and Close Friends) We may use or disclose Protected Health Information 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 we cannot obtain your consent because of your incapacity or in an emergency circumstance, we may exercise our professional judgement to determine whether a disclosure is in your best interest. For example, we may decide to call your family to notify them of your admission and general condition. We also may disclose limited information to those who may be involved in your care following discharge (e.g. explaining limits on your mobility or dietary restrictions to your spouse.)

D. Fundraising Communications. The Sturdy Memorial Foundation may contact you to request a tax-deductible contribution to support important activities of Sturdy Memorial Hospital. In connection with any fundraising, we may disclose limited demographic information about you (e.g. your name, address, and gender) and dates that we provided health care to you.

E. Treatment Alternatives and Health Related Benefits and Services. We may use or disclose Protected Health Information to identify health-related services and products offered by the Hospital that may be beneficial to your health and then contact you about the services and products.

F. Public Health Activities. We may disclose Protected Health Information to state or federal authorities or agencies for public health purposes including, but not limited to: (1) to report health information to the public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products 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 to the extent authorized by law; (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; (6) to report births to the Division of Vital Statistics; (7) to report deaths as required by law; and (8) to report required data to the Division of Healthcare Finance and Policy.

G. Victims or Abuse or Neglect. If permitted by law, we may disclose Protected Health Information to a government authority without your authorization if we reasonably believe you are a victim of abuse or neglect, including a social service or protective services agency, authorized by law to receive reports of such abuse or neglect. Mandatory reporting of abuse or neglect includes elder abuse, child abuse and disabled persons abuse.

H. Health Oversight Activities. We may disclose Protected Health Information to a health oversight agency in connection with an accreditation, audit, inspection, investigation, or licensing process.

The Joint Commission on Accreditation of Healthcare Organizations, and the Massachusetts Department of Public Health are examples of such agencies.

I. Judicial and Administrative Proceedings. We may disclose Protected Health Information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

J. Law Enforcement Officials. We may disclose Protected Health Information to the police or other law enforcement officials as required by law (e.g. to identify or locate a missing person, to report criminal conduct at the hospital or a death believed to be the result of a crime) or in compliance with a court order or grand jury or administrative subpoena.

K. In the Event of Your Death. We may disclose Protected Health Information to a coroner or medical examiner as authorized by law in order to assist in identifying you or determining the cause of death. We also may disclose Protected Health Information to a funeral director to assist him in performing his duties.

L. Organ or Tissue Donation. If you are an organ donor or proposed organ or tissue recipient, we may disclose Protected Health Information to organizations that handle organ procurement, organ, eye or tissue transplants, or to an organ donation bank in order to help facilitate a donation or transplant.

M. Research. Usually, use or disclosure of your protected health information for research purposes requires your specific permission. However, in certain instances we may use and disclose Protected Health Information about you without it. For example, a research project may look to compare the outcome of all patients who had a specific illness or who received a particular medication or treatment. All research projects must go through a special approval process before information about you may be used or disclosed for research purposes. This process looks at the reasons for the research and the information to be used and tries to balance the needs of the researchers with your right to privacy. In some cases we may disclose medical information about you to people preparing to do a research project (for example, to look for patients with a specific medical problem that they are trying to study), so long as that information does not leave the hospital.

- N. Health or Safety. We may use or disclose Protected Health Information to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.
- O. Military, Veterans, or National Security. We may use and disclose Protected Health Information to units of the government with special functions, such as the U.S. military, Secret Service, or the U.S. Department of State in accordance with military command authorities or to protect the President and/or other officials.
- P. Lawsuits and Disputes. If you are involved in a lawsuit or dispute we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other appropriate process from a third party, but only if permitted under state and/or federal law. In other cases, we may be required to tell you about the request in advance or obtain an order to protect the information that the third party requested.
- Q. Inmates. If you are an inmate of a correctional facility or under the custody of a law enforcement official, we may release medical information about you to the correctional facility or law enforcement official in order to (1) provide for your health care following your discharge; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional facility or law enforcement official.
- R. Workers' Compensation. We may disclose Protected Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.
- S. Other Providers with Whom You have a Healthcare Relationship. We may disclose Protected Health Information to other providers with whom you have a healthcare relationship for the purpose of billing or quality assessment related to services provided with your care at Sturdy Memorial Hospital. For example, we may disclose information about you to the ambulance company that brought you to the Hospital that will allow them to process a bill to you.
- T. As required by law. We may use and disclose your Protected Health Information when required to do so by any other law not already referred to in the preceding categories.

#### IV. Uses and Disclosures With Your Authorization

- A. Use or Disclosure with Your Authorization. For any purpose other than the ones described above in Section III, we only may use or disclose your Protected Health Information when you grant us your written authorization. For instance, you will need to execute an authorization form before we can send your Protected Health Information to your life insurance company or to an attorney for litigation in which you are involved.

B. Marketing. We must also obtain your written authorization prior to using your Protected Health Information to send you any marketing materials on services or products not offered by the Hospital. We can, however, provide you with marketing materials in a face-to-face encounter without obtaining your authorization.

V. Use and Disclosure of Sensitive Protected Health Information

Federal and State law require special privacy protections for certain highly confidential information about you.

The following types of Protected Health Information are considered Sensitive Information by Federal or State Law:

- Documentation or analysis of any communication between you and your psychiatrist, psychologist, social worker, psychiatric nurse, mental health specialist, sexual assault counselor, domestic violence counselor, or other allied mental health or human service professional (mental health communications)
- Venereal Disease
- Genetic testing results and/or records
- Treatment for Substance Abuse/Alcohol Dependence
- AIDS, ARC or HIV (including the fact that an HIV test was ordered, performed or reported, regardless of whether the results of such tests were positive or negative)

In order for us to disclose your Sensitive Protected Health Information for a purpose other than those permitted or required by law or regulation, we must obtain your written authorization. We may use or disclose Sensitive Protected Health Information for treatment, payment and healthcare operations with the exception of AIDS, ARC or HIV testing (regardless of the result) which requires your written authorization to be used for payment or discharge planning.

VI. Your Individual Rights

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 Protected Health Information, you may contact the Sturdy Memorial Hospital Risk Manager (508) 236-7903 or Medical Director (508) 236-7905. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Risk Manager or Medical Director will provide you with the correct address for the Director of the Office of Civil Rights. We will not retaliate against you if you file a complaint.

- B. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of Protected Health Information (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, in most cases we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Medical Record Department and submit the completed form to the Medical Record Department. We will send you a written response.
- C. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive Protected Health Information by alternative means of communication or at alternative locations (e.g. at work instead of at home or by mail only and not by telephone.)
- D. Right to Revoke Your Authorization. You may revoke your authorization, your marketing authorization, or any other written authorization obtained in connection with your Sensitive Protected Health Information, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Medical Records Department.
- 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. There is an appeals process should you be denied access to your medical record. Please contact the Medical Record Department for information about an appeal. If you desire access to your records you must submit your request in writing, please obtain a record request form from the Medical Record Department and submit the completed form to the Medical Record Department. If you request copies, there will be a charge to cover the costs of producing the copies. The amount will be given to you prior to the copies being made.
- 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 form from the Medical Record Department and submit the completed form to the Medical Record Department. A copy of your amendment (requested change) will become a permanent part of the medical record. At no time will any original documentation be removed from the record.

- G. Right to Receive an Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of Protected Health Information 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, there may be a charge. The amount will be given to you prior to the request being filled.
- H. Rights to Receive Paper Copy of this Notice. We will make every attempt to supply you with a paper copy of this notice upon your first registration at Study Memorial Hospital after April 14, 2003. Upon request, you may obtain additional paper copies of this Notice.

VII. Effective Date and Duration of This Notice

- A. Effective Date. This Notice is effective on April 14, 2003 as revised effective February 16, 2010.
- 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 the Hospital and on our Internet site at [www.sturdymemorial.org](http://www.sturdymemorial.org). You may also obtain any new notice by contacting the Privacy Office.

VIII. Privacy Office

You may contact the Privacy Office at: (508) 236-8175.