

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

EFFECTIVE DATE OF THIS NOTICE: April 14, 2003

This notice applies to Twin County Regional Healthcare, Inc. (TCRH). TCRH includes: Twin County Regional Hospital, Twin County Family Care Centers, Twin County Regional Home Health, Twin County Regional Hospice, all departments within our facility, and any physician or provider who treats you within any of our facilities.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We will provide medical information about you to doctors, nurses, technicians, students, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of TCRH also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may use and disclose medical information about you in order to communicate with you, for example, to send you appointment reminders, to tell you of treatment alternatives or other health related benefits and services that may be of interest to you, or to offer wellness and other educational programs. We also may disclose medical information about you to people outside of TCRH who provide services that are related to your care, such as your physician, other hospitals, home health agencies, hospice care services, long term care facilities, or medical equipment suppliers.

FOR PAYMENT: We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or another third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive, to obtain prior approval, for ongoing or concurrent review, or to determine whether your plan will cover the rest of the treatment.

FOR HEALTH CARE OPERATIONS: We may use and disclose medical information about you to support our daily operations. For example, members of the medical staff and/or 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 services we provide. We may use medical information to evaluate the performance of our staff in caring for you. We may also provide information to doctors, nurses, technicians, nursing students, and other personnel and trainees for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care we offer. We may remove information that identifies you from this set of medical information, so that others may use it to study health care and health care delivery without learning who you are. We may also provide information to quality improvement organizations and customer satisfaction survey organizations. We may also use your medical information to assist another health care provider who is treating you with their quality improvement activities, evaluations of health care professionals, or compliance purposes.

OTHER USES AND DISCLOSURES :

Business Associates: Some services provided at TCRH are performed for TCRH by our business associates. Examples include physician services in the Emergency Department and Radiology, certain laboratory tests, and a copy service we use when making copies of your health record. 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 for us and bill you or your third party payer for services rendered. So that your health information is protected, we require the business associate to appropriately protect your information, just as we would.

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

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Communication with Family: Health professionals, using their best judgement, 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.

Research: We may disclose information to researchers when the research has been established as required by Federal and State law.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Coroners: We may disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death, or for the coroner or medical examiner to perform other duties authorized by law.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Fund Raising: We may contact you as part of a fund-raising effort. You are not required to participate.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities for public health activities, including: to prevent or control disease, injury or disability; to report births and deaths; to report abuse or neglect of children, elderly and incompetent patients; to report problems with products; and to notify individuals of recalls.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law, for judicial and administrative proceedings, or in response to a valid subpoena.

Sign-in Sheets: We may use sign-in sheets in certain locations to check you into the facility. We also may call your name in the waiting area. If you do not wish to sign the sign-in sheet or have your name called, please tell the receptionist and we will make adjustments to meet your request.

Other uses and disclosures: We may disclose health information as required or authorized by law, including to a health oversight agency for health oversight activities, to a person who may have been exposed to a communicable disease, to your employer concerning a work related injury or illness, to an agency for child or adult abuse protective services, to military command authorities for military activities and national security purposes, to a correctional institution (if you are an inmate), to a person or law enforcement to avert a serious threat to health or safety, and to the Secretary of the Department of Health and Human Services for compliance purposes. We may also provide your health information to you upon your request. Any other use or disclosure will be made only with the individual's written authorization. The individual may revoke such authorization at any time, provided that the revocation is in writing and TCRH has not taken action on the authorization or if the authorization was obtained as a condition of obtaining insurance coverage.

INDIVIDUAL RIGHTS :

Right to request restrictions You have a right to request restrictions on certain uses and disclosures of information to carry out treatment, payment, or health care operations. You have a right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. If TCRH agrees to a requested restriction, we may not use or disclose information unless it is needed to provide emergency treatment to you. TCRH is not required to agree to a requested restriction.

Right to accommodation for confidential communications: You have a right to receive communications of information by alternative means, at alternative locations, or in a confidential manner. We will accommodate reasonable requests; however, we may ask for payment or other information necessary to honor your request. You must make your request in writing. Your request must specify how and where you wish to be contacted. We will not require an explanation as to why you are making the request.

Right to inspect and copy information: You have a right to inspect and copy medical and billing information, subject to a few limited exceptions, such as psychotherapy notes. Your request must be in writing. If you are denied access to information, you may request that the denial be reviewed by a licensed health care professional designated by TCRH. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. We will impose a reasonable fee for copying, mailing, and preparing a summary of the information.

Right to amend information: If you feel that medical information about you is incorrect or incomplete, you may ask us to amend the information. We may deny a request for amendment if the information was not created by TCRH, is not part of a designated record set, is not available for access by the individual, or is accurate and complete. Your request must be in writing and must include the reason for the request. You have a right to request an amendment for as long as the information is kept by TCRH. If your request for amendment is denied, you will be notified of the reason for the denial.

Right to accounting of disclosures: You have a right to receive an accounting of disclosures of information made for purposes other than treatment, payment, health care operations, or as described in this notice. Your request must be in writing. The request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to this notice: You have a right to obtain a paper copy of this notice upon request.

TCRH's DUTIES :

TCRH is required by law to maintain the privacy of health information and to provide individuals with notice of our legal duties and privacy practices with respect to such information. TCRH is required to abide by the terms of the Notice of Privacy Practices currently in effect.

TCRH reserves the right to change the terms of this notice and to make new notice provisions for all protected health information that we create, receive, and maintain. We will promptly revise this notice whenever there is a change to any practice stated in the notice. Whenever the notice is revised, the notice will be available upon request, will be posted in our facilities and on our web site (www.tcrh.org), and will include the effective date.

COMPLAINTS: You may make a complaint to TCRH if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint. To file a complaint, please contact the Customer Service Coordinator at (276) 236-1655. If you do not wish to file a complaint with TCRH, you may contact the Secretary of Health and Human Services.

ADDITIONAL INFORMATION: For additional information on this notice or your privacy rights, contact the Privacy Officer at (276) 236-1656.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

I understand that Twin County Regional Healthcare, Inc. (TCRH) is part of an organized healthcare system that includes Twin County Regional Hospital, Twin County Family Care Centers, Twin County Regional Home Health, Twin County Regional Hospice, and all departments within the organization. TCRH and providers affiliated with TCRH may share my health information for treatment, billing, healthcare operations, and other uses and disclosures as described in the Notice of Privacy Practices for Protected Health Information.

I understand that I have the following the rights:

- The right to request restrictions on certain uses and disclosures of information to carry out treatment, payment, or health care operations.
- The right to receive communications of information by alternative means, at alternative locations, or in a confidential manner.
- The right to inspect and copy medical and billing information, subject to a few limited exceptions, such as psychotherapy notes.
- The right to ask TCRH to amend information if I feel that medical information about me is incorrect or incomplete.
- The right to receive an accounting of disclosures of information made for purposes other than treatment, payment, health care operations, or as described in the notice.
- The right to obtain a paper copy of the Notice of Privacy Practices.

I understand that TCRH is required by Federal law to maintain the privacy of health information and to provide individuals with notice of legal duties and privacy practices. I understand that this notice may be changed at any time, and I may receive a current copy by contacting TCRH or visiting the web site (www.tcrh.org).

I understand that I may make a complaint by contacting the Customer Service Coordinator at (276) 236-1655, or by contacting the Secretary of Health and Human Services.

I understand that I may receive additional information by contacting the Privacy Officer at (276) 236-1656.

By signing below, I certify that the Notice of Privacy Practices has been made available for me to review and I have had the opportunity to ask questions about the use and disclosure of my protected health information.

Print Patient Name

Signature of Patient or Legal Representative

Date

If signed by Legal Representative, relationship to patient: _____