

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.

Understanding Your Health Record/Information

Each time you receive medical services, a record of your services is made. Typically this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Means by which you or third-party can verify that services billed were actually provided
- A tool in the education of health professionals
- A source of data for medical research
- A source of information for public health officials who oversee the delivery of health care in the United States
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and outcomes we achieve

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. This notice applies to all of the records of your care generated by the facility, whether made by the facility personnel or your personal doctor.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

The Facility is required by law to:

- Make sure that medical information that identifies you is kept private.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.

We reserve the right to change our practice and make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail you a revised notice.

We will not use or disclose your health information without your authorization, except as described in this notice.

How We Will Use or Disclose Your Health Information

1. Treatment. 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 physician or subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from our facility.

2. Payment. We will use your health information for payment. For example, a bill may be sent to you or a third-party payer, including Medicare or other insurance. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, procedures, and supplies used.
3. Health Care Operations. We will use your health information for regular health care operations. For example, members of the medical staff, the risk or Quality Assurance Director, or members of the quality assurance 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 health care and service we provide.
4. Business Associates. There are some services provided in our organization through contacts with business associates. Examples could include accountants and consultants. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.
5. 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, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.
6. Communication With Family. 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.
7. 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.
8. Law Enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
9. Reports. Federal law make provision for your health information to be released to an appropriate health oversight agency (such as Medicare), public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.
10. Military and Veterans. If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
11. Public Health Risks. We may disclose health information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report abuse or neglect;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Customer or Responsible Party Signature

Date Signed