

Lexington Memorial Hospital
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**

Effective Date: 2-17-2010

If you have any questions about this notice, please contact the Lexington Memorial Hospital Privacy Officer at (336) 238-4908.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of:

- Lexington Memorial Hospital.
- Any health care professional authorized to enter information into your medical record maintained by Lexington Memorial Hospital, including members of Lexington Memorial Hospital's medical staff and allied health staff.
- All departments and units of Lexington Memorial Hospital that have access to your medical record.
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes and other purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from Lexington Memorial Hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care and billing for that care that are generated or maintained by Lexington Memorial Hospital, whether made by Lexington Memorial Hospital personnel or other health care providers. Other health care providers may have different policies or notices regarding confidentiality and the use and disclosure of your medical information that apply to medical information created in their offices or at locations other than Lexington Memorial Hospital.

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 your medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices at Lexington Memorial Hospital, and your legal rights, with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

If you do not give your consent for Lexington Memorial Hospital to use and disclose your medical information as outlined in this Notice, we will only use and disclose your medical information in the following circumstances:

- To providers who are personally involved in providing care pursuant to your consent to treatment (whether such consent is express, implied by law, or through substituted consent as authorized by law), but only during the period of time they are providing care to you;
- To bill you for the charges you incurred while you were a patient of Lexington Memorial Hospital;
- To third parties when required by law or by appropriate legal process issued by a court or governmental agency with jurisdiction;
- If you are a Medicare, Medicaid, CHAMPUS/TriCare, or other federal or state program beneficiary or enrollee, for treatment and payment purposes as outlined in this Notice;
- In the case of an emergency, when we are transferring you to a receiving facility for care; and
- In the case of an emergency, in order to provide you with care that is required by federal and state law.

Should you give your consent, we will use and disclose your medical information as outlined in this Notice. The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, volunteers, or other personnel who are involved in taking care of you at Lexington Memorial Hospital. For example, a doctor treating you for a broken hip may need to know if you have diabetes because diabetes may slow the healing process. We also may disclose medical information about you to people outside Lexington Memorial Hospital who may be involved in your medical care after you have been treated by Lexington Memorial Hospital, such as friends, family members, or employees or medical staff members of any hospital or skilled nursing facility to which you are transferred or subsequently admitted.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from Lexington Memorial Hospital may be billed by Lexington Memorial

Hospital and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received from Lexington Memorial Hospital so your health plan will pay us or reimburse you for the treatment. We also may disclose information about you to another health care provider, such as a receiving facility, for their payment activities concerning you.

- **For Health Care Operations.** We and our business associates may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run Lexington Memorial Hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services Lexington Memorial Hospital should offer, and what services are not needed. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel affiliated with Lexington Memorial Hospital for review and learning purposes. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identities of specific patients. We also may disclose information about you to another health care provider for its health care operations purposes if you also have received care from that provider, and we also may disclose information about you to other providers for use in their health care operations.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend different ways to treat you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. You may elect not to receive any communications from us that encourage you to purchase or use any particular product or service by notifying Lexington Memorial Hospital's Privacy Officer in writing. **Beginning on February 17, 2010**, if we receive direct or indirect payment in exchange for such communications to you, we will obtain your written authorization to use or disclose your medical information before advising you in writing about such benefits or services, unless the communication either describes a drug you currently are being prescribed and the payment we receive for that communication is reasonable, or the communication to you is made by a business associate of Lexington Memorial Hospital acting on our behalf and in accordance with a written agreement between the business associate and Lexington Memorial Hospital.
- **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for Lexington Memorial Hospital and its operations. We may disclose medical information to a business partner or a foundation related to Lexington Memorial Hospital so that the business partner or the foundation may contact you in raising money for Lexington Memorial Hospital. We only would release contact information, such as your name, address and phone number, and the dates you received treatment or services at Lexington Memorial Hospital. If you do not want Lexington Memorial Hospital to contact you for fundraising efforts, you must notify Lexington Memorial Hospital's Privacy Officer in writing. **Beginning on February 17, 2009**, if you have not already done so, we must ask you each time we contact you for fundraising efforts if you wish to opt out of all future fundraising communications. If you do opt out of future fundraising communications, we will not disclose your information for fundraising purposes unless in the future we receive your written authorization to do so.

- **Hospital Directory.** Unless you tell us otherwise, we may include certain limited information about you in a hospital directory while you are a patient at Lexington Memorial Hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in Lexington Memorial Hospital and generally know how you are doing. This same limited information about you may be made available in press releases to the media. If you do not want anyone to know this information about you, if you want to limit the amount of information that is disclosed, or if you want to limit who gets this information, you must notify Lexington Memorial Hospital's Privacy Officer in writing.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave Lexington Memorial Hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at Lexington Memorial Hospital. **Beginning February 17, 2010**, we will not be permitted to receive any money or other thing of value in connection with the use or disclosure of your medical information for research purposes unless the money we receive reflects the costs to prepare and transmit the medical information to the researcher, or unless we notify you in advance and we obtain your written authorization.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. This would include persons named in any durable health care power of attorney or similar document provided to us. We may also give information to someone who helps pay for some or all of your care. In addition, we may disclose medical information about you to an Lexington Memorial Hospital assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an Lexington Memorial Hospital assisting in a disaster relief effort.
- **As Required or Permitted By Law.** We will disclose medical information about you when required or permitted to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when it appears necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would be to someone who appears able to help prevent the threat and will be limited to the information needed.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.
- **Active Duty Military Personnel and Veterans.** If you are an active duty member of the armed forces or Coast Guard, we must give certain information about you to your commanding officer or other command authority so that your fitness for duty or for a particular mission may be determined. We may also release medical information about foreign military personnel to the appropriate foreign military authority. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.
- **Workers' Compensation.** In accordance with state law, we may release without your consent medical information about your treatment for a work-related injury or illness or for which you claim workers' compensation to your employer, insurer, or care manager paying for that treatment under a workers' compensation program that provides benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose without your consent medical information about you for public health activities. These activities generally include but are not limited to the following:
 - To prevent or control disease, injury, or disability;
 - To report deaths;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - 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; and
 - To report suspected abuse or neglect as required by law.
- **Health Oversight Activities.** We may disclose without your consent medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The government uses these activities to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process from someone involved in a civil dispute.
- **Law Enforcement.** We may release without your consent medical information to a law enforcement official:
 - In response to a court order, warrant, summons, grand jury demand, or similar process;
 - To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds, and poisonings;

- In response to a request from law enforcement for certain information to help locate a fugitive, material witness, suspect, or missing person;
 - To report a death or injury we believe may be the result of criminal conduct;
 - To report suspected criminal conduct committed at Lexington Memorial Hospital facilities; or
 - Concerning your name, current location, and whether you appear to be impaired if you were involved in a motor vehicle accident.
- **Coroners and Medical Examiners**. We may release without your consent medical information to a coroner or medical examiner. This may be done, for example, to identify a deceased person or determine the cause of death. We also may release medical information about deceased patients of Lexington Memorial Hospital to funeral directors to carry out their duties.
- **National Security and Intelligence Activities**. We may release without your consent medical information about you as required by applicable law to authorized federal or state officials for intelligence, counterintelligence, or other governmental activities prescribed by law to protect our national security.
- **Protective Services for the President and Others**. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.
- **Psychotherapy Notes**. Regardless of the other parts of this Notice, psychotherapy notes will not be disclosed outside the Lexington Memorial Hospital except as authorized by you in writing or pursuant to a court order, or as required by law. Psychotherapy notes about you will not be disclosed to personnel working within Lexington Memorial Hospital, other than to the person who wrote the notes, except for training purposes or to defend a legal action brought against Lexington Memorial Hospital, unless you have properly authorized such disclosure in writing.
- **Inmates**. If you are an inmate of a correctional institution or in the custody of law enforcement, we may release medical information about you to the correctional institution or law enforcement official who has custody of you, if the correctional institution or law enforcement official represents to Lexington Memorial Hospital that such medical information is necessary: (1) to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) to protect the safety and security of officers, employees, or others at the correctional institution or involved in transporting you; (4) for law enforcement to maintain safety and good order at the correctional institution; or (5) to obtain payment for services provided to you. If you are in the custody of the Georgia Department of Corrections (“DOC”), and the DOC requests your medical records, we are required to provide the DOC with access to your records.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy**. You have the right to inspect and receive a copy of your medical record unless your attending physician has determined that information in that record, if disclosed to you, would be detrimental to your mental or physical health. If we deny your request to inspect and receive a copy of your medical information on this basis, you may request that the denial be reviewed. Another licensed health care professional chosen by Lexington Memorial Hospital will review your

request and the denial. The person conducting the review will not be the person who denied your request. We will do what this reviewer decides.

Your health information is contained in records that are the property of Lexington Memorial Hospital. To inspect or receive a copy of medical information that may be used to make decisions about you, you must submit your request in writing to Lexington Memorial Hospital's Privacy Officer. If you request a copy of the information, **we may charge a fee** for the costs of copying, mailing, or other supplies associated with your request and may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.

Beginning February 17, 2010, if we have all or any portion of your health information in an electronic format, you may request an electronic copy of those records or request that we send an electronic copy to any person or Hospital you designate in writing.

- **Right to Amend.** If you feel that medical information we have about you in your record is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Lexington Memorial Hospital.

To request an amendment, your request must be made in writing and submitted to Lexington Memorial Hospital's Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or Lexington Memorial Hospital that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for Lexington Memorial Hospital;
- Is not part of the information that you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

If we deny your request for an amendment, you may submit in writing a statement of disagreement and ask that it be included in your medical record.

- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of medical information about you during the prior six years.

To request this list or accounting of disclosures, you must submit your request in writing to Lexington Memorial Hospital's Privacy Officer and state whether you want the list on paper or electronically. Your 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. We may collect the fee before providing the list to you.

- **Right to Request Restrictions.** Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could revoke any and all authorizations you had given to us relating to disclosure of your protected health information.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to Lexington Memorial Hospital's Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Beginning February 17, 2010, you may request that we not disclose your medical information to any persons or entities that may be responsible for paying all or any portion of the charges you incur while a patient of Lexington Memorial Hospital. If you pay all such charges *in full* at the time of such request, we are required to agree to your request.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, or at another mailing address other than your home address. We will accommodate all reasonable requests. We will not ask you the reason for your request. To request confidential communications, make your request in writing to the Privacy Officer and specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice or any revised notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, request a copy from Lexington Memorial Hospital's Privacy Officer in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at Lexington Memorial Hospital's home office. The notice will contain on the first page, in the top right-hand corner, the effective date. If the notice changes, a copy will be available to you upon request.

INVESTIGATIONS OF BREACHES OF PRIVACY

We will investigate any discovered unauthorized use or disclosure of your protected health information to determine if it constitutes a breach of the federal privacy or security regulations governing unsecured protected health information. If we determine that such a breach has occurred, we will provide you with notice of the breach and advise you what we intend to do to mitigate the damage (if any) caused by the breach, and about the steps you should take to protect yourself from potential harm resulting from the breach.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Lexington Memorial Hospital or with the Secretary of the United States Department of Health and Human Services. You can file a written complaint at Lexington Memorial Hospital P.O. Box 1817 Lexington, NC 27293-1817 Attention: Privacy Officer or you can also call the HIPAA Hotline at 336-238-4908.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice may be made in accordance with your written permission or as required by law. If you provide us with permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to Lexington Memorial Hospital's Privacy Officer. If you revoke your permission, we will no longer use or disclose medical information about you for the purposes that you had authorized in writing. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.