



NOTICE OF PRIVACY PRACTICE

This is our Notice of Privacy. It is also available in the main Lobby of the Hospital, in the Emergency Department, affiliated Clinic's Lobby, Behavioral Health Units, and the hospital's website: www.lackeyhospital.com. This Notice describes how your medical information, also known as your "protected health information" (PHI), may be used and disclosed and how you get access to this information.

PLEASE REVIEW CAREFULLY.

If you have any questions about this Notice, please contact the Hospital's Privacy Officer at the contact information listed at the end of this Notice.

WHO WILL FOLLOW THIS NOTICE?

- ❖ All departments and units of S.E. Lackey Memorial Hospital including but not limited to, the Acute Care Critical Access Hospital, Community Health Clinic, Newton Family Clinic, Main Street Medical Clinic of Morton Lackey Peds Clinic, the Sleep Lab, Forest Family Practice Clinic, and the Behavioral Health Units.
- ❖ Any member of a volunteer group we allow to help you while you're in the Hospital.
- ❖ All Hospital staff and other Hospital personnel.
- ❖ Contracted Emergency Department Physician Staff.
- ❖ Our Business Associates.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal and confidential. We are committed to preserving the confidentiality of your PHI.

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

We are required by law to:

- ❖ Make sure that PHI that identifies you is kept private;
- ❖ Give you this Notice of our legal duties and privacy practices with respect to PHI; and
- ❖ Follow the terms of this Notice.

HOW WE MAY USE AND DISCLOSE PHI:

Uses and Disclosures:

- ❖ **For Treatment.** We may use PHI to provide you with medical treatment or services. We may disclose PHI to doctors, nurses, technicians, medical students or other personnel who are involved in taking care of you at the Hospital.
- ❖ **For Payment.** We may use and disclose PHI so that the treatment and services you receive at the Hospital may be billed to and payment may be collected from you, an insurance company, Medicare, Medicaid or other third parties.
- ❖ **For Health Care Operations.** We may use and disclose PHI for Hospital operations. These uses and disclosures are those necessary to run the Hospital and make sure that all of our patients receive quality care.
- ❖ **Secure Patient Portal (*Patient Access*).** We have established a web-based system, called *Patient Access*, which allows us to securely communicate and transfer PHI to you and allows you to securely communicate with us. *Patient Access* is located on our website at: www.lackeyhospital.com/patient-access
 - ❖ **Emails, text messages or other electronic communications outside of *Patient Access* may not be encrypted or secure, and could be read or otherwise assessed by another person or organization. We will assume that you understand these risks if you initiate electronic communication with us outside of *Patient Access* or agree to receive communications from us in a non-secure format.**

Uses or Disclosures requiring an opportunity for you to agree or object:

Hospital Directory. We may include certain limited information about you in the Hospital directory while you are a patient at the Hospital.

Individuals Involved In Your Care or Payment for Your Care. Unless you object, we may disclose to a close friend or family member or other relative PHI that directly relates to that person's involvement in your health care or in payment for your care.

Additional Use or Disclosures of PHI That May be Made without Your Express Authorization:

| | |
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| Disaster Relief | Lawsuits and Administrative Disputes |
| Appointment Reminders | Law Enforcement |
| Treatment Alternatives | Coroners, Medical Examiners and Funeral Directors |
| Health-Related Benefits and Services | National Security and Intelligence Activities |



Fundraising Activities

Research

As Required By Law

Eye, Organ and Tissue Donation

Military and Veterans

Public Health Activities

Protective Services for the President and Others

To Avert Serious Threat to Public Health/ Safety

Inmates

Emergency Situations

Victims of Abuse, Neglect and Domestic Violence Workers' compensation

Health Oversight Activities

To the Secretary of the Dept. of Health and Human Services

We May Disclose Your PHI to Our Business Associates:

We may disclose your PHI to certain other persons or companies with whom we contract to provide services on our behalf. These persons or companies are called "business associates". Our business associates are required to appropriately safeguard the PHI of our patients.

Uses and Disclosures Based on Your Written Authorization.

Any other use and disclosures of your PHI, as an example, for marketing purposes, disclosure of psychotherapy notes, or the sale of your PHI will be made only upon your written authorization.

Your Rights Regarding PHI

Right to Inspect and Copy

Right to Amend

Right to an Accounting of Disclosures

Right to Request Restrictions of Use and Disclosures

Right to a Paper Copy of this Notice

Right to Revoke Your Authorization

Right to Request Alternate Communication Methods

Right to Request Restrictions

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 PHI we already have about you as well as any information we receive in the future. We will make available a copy of the current Notice in the main Lobby of the Hospital, in the Emergency Department, and any affiliated clinics. The Notice will contain on the second page, in the lower right hand corner, the effective date. In addition, each time you register at or are admitted to the Hospital for treatment or health care services as an Inpatient or outpatient, we will offer you a copy of the current Notice in effect.

Complaints.

If you believe your privacy rights have been violated, or you disagree with a decision we make about access to your records or the other Individual rights listed in this Notice, you may file a complaint with us by contacting the Hospital's Privacy Officer at the address and telephone number listed below. You may also send a written complaint to the attention of the Secretary of the U.S. Department of Health and Human Services ("DHHS"). The person listed below can provide you with the appropriate information upon request. Under no circumstances will you be retaliated against for filing a complaint.

Our legal Duty.

We are required by law to protect the privacy of your PHI, provide this Notice about our privacy practices, and follow the privacy practices that are described in this Notice. We are prohibited from selling the PHI without express written authorization of the individual.

Breach of Information.

If an individual is involved in a breach, whether lost, stolen, or inappropriately accessed, the individual will be notified without reasonable delay, but in no case later than 60 days from the discovery of the breach, except in certain circumstances where law enforcement has requested a delay.

Privacy Officer.

If you have any questions or complaints, please contact the Privacy Officer at 601-849-6440.

Effective Date

The effective date of this Notice is April 14, 2003.

Revised 02/13/19