

# HIPAA Notice of Privacy Practices

Health Information Portability and Accountability Act



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## ANNA JAQUES HOSPITAL

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**Effective Date: April 14, 2003**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

### **Please review this notice carefully**

If you have any questions about this notice, please contact the Privacy Office at 978-463-1108

#### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the privacy practices of the Anna Jaques Hospital, including *all entities, sites and locations*.

- ◆ Any health care professional authorized to enter information into your medical record
- ◆ All departments, clinics and units
- ◆ Any member of a volunteer group we allow to help you while you are a patient
- ◆ All hospital employees, staff and other personnel and students

All of the above entities, sites and locations (the "Hospital") may share medical information with each other for treatment, payment or operation purposes described in this notice.

#### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

Anna Jaques Hospital understands 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. 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 generated at the hospital, whether made by hospital 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.

#### **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 with respect to medical information about you;

- ◆ Maintain hospital medical record for 20 years after your discharge or after your final treatment; other records are maintained in accordance with state and federal regulations. A copy of the Anna Jaques Hospital records retention guideline is available upon request.
- ◆ Follow the terms of the notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosure we will explain what we mean and give examples. Not every use of 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 the categories.

### **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 which may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work or x-rays. We may use and disclose medical information about you in order to communicate with you about available treatment – for instance, to send you appointment reminders, offer wellness and other educational programs or to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

We also may disclose medical information about you to people outside the hospital who provide services that are related to your care, such as home health agencies 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 in order to obtain prior approval or to determine whether your plan will cover the treatment.

### **For Health Care Operations:**

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the 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 the hospital should offer, what services are not needed, and whether certain new treatments are effective. 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 and services 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 use certain information (name, address, age and gender) to contact you in the future to raise money for our hospital. The money will be used to expand and improve the services and programs we provide in the community.

**Business Associates:**

There are some services provided in our organization through contracts with business associates. Examples include computer maintenance by outside companies, billing and transcription of medical records by outside medical record services. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. We require business associates to appropriately safeguard your information.

**Patient Information:**

Unless you notify us that you object, we will use your name, location in the hospital, general condition and religious affiliation to respond to questions about you from persons who ask for you by name, if you are an inpatient. Should the inquiry come from a media source, we will not provide this information without specific patient permission. This information and your religious affiliation also may be provided to members of the clergy. If you do not want some or all of this information used for this purpose, you can state your preference during the admission interview.

**As Required By Law:**

We will disclose medical information about you when required to do so by federal, state or local law.

**Military and Veterans:**

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Worker's Compensation:**

We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:**

We may disclose medical information about you for public health activities. These activities generally include the following:

- ◆ To prevent or control disease, injury or disability;
- ◆ To report births and deaths;
- ◆ To report endangering disabilities of drivers and pilots;
- ◆ To report abuse or neglect of children, the elderly and incompetent patients;
- ◆ To report reactions to medications or problems with products;
- ◆ To notify people of recalls of products they may be using;

**Lawsuits and Disputes:**

If you are involved in a lawsuit or a 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 lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**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 copy your medical and billing records. To inspect and copy your medical records, you must submit your request in writing to Privacy Office, Anna Jaques Hospital, 25 Highland Ave., Newburyport, MA 01950. To inspect and copy your billing records you may write to Patient Accounts Department, 24 Morrill Place, Amesbury, MA 01913, or call (978) 834-8080. If you request a copy of the information, we may charge a fee for costs of copying and mailing.

**Right to Amend:**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to Privacy Office, Anna Jaques Hospital, 25 Highland Ave., Newburyport, MA 01950. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- ◆ Was not created by us, unless you can show the person or entity that created the information is no longer available to make the amendment; if so, we will add your request to the information record;
- ◆ Is not part of the medical information kept by or for the hospital;
- ◆ Is not part of the information which you would be permitted to inspect and copy; or
- ◆ Is accurate and complete.

**Right to an Accounting of Disclosures:**

You have the right to request an “accounting of disclosures”. This is a list of disclosures of medical information about you that were not for treatment, payment of health care operations and of which you were not previously aware.

To request this list of accounting of disclosures, you must submit your request in writing to Privacy Office, Anna Jaques Hospital, 25 Highland Ave., Newburyport, MA 01950.

Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost 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 Request Restrictions:**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the 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.

**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 emergency treatment. To request restrictions, you must make your request in writing and submit to Privacy Office, Anna Jaques Hospital, 25 Highland Ave., Newburyport, MA 01950. 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.

**Right to Request Alternative 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.

**To Request Alternative Communications:**

You must make your request in writing and submit to Privacy Office, Anna Jaques Hospital, 25 Highland Ave., Newburyport, MA 01950. We will not ask you the reason for your request. We will accommodate all reasonable requests within our technical capabilities. Your request must 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. 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, contact the Admitting Office at (978) 463-1044.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and make the 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 in registration and admission areas of the hospital. The notice will contain on the first page, the effective date. In addition, each time you register at or are admitted to the Anna Jaques Hospital for treatment or health care services as an inpatient or outpatient, we will have copies of the current notice available.