



## PRIVACY NOTICE

### 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.**

If you have any questions about this notice, please contact the Privacy Officer, 225 E. Jackson Street, Jonesboro, AR. (870) 207-4422.

The terms of this Privacy Notice apply to Protected Health Information (defined below) associated with the Clinic (defined below). This Notice describes how the Clinic may use and disclose Protected Health Information ("PHI") to carry out treatment, payment and health care operations and for other purposes that are permitted or required by law.

#### DEFINITIONS

For purposes of this Notice, the following definitions apply:

**HIPAA** means Health Insurance Portability and Accountability Act of 1996. **Clinic** means, for purposes of this Notice:

- All departments and units of the Clinic.
- Any member of a volunteer group we allow to help you while you are in the Clinic.
- All employees, staff, and other Clinic personnel.
- Any health care professional authorized to enter information into your Clinic chart.
- All Clinic remote sites and locations.

**Protected Health Information (PHI)** means individually identifiable health information, as defined by HIPAA, that is created or received by the Clinic as it relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe information can be used to identify the individual. PHI includes information of persons living or deceased.

#### OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting your PHI. We create a record of the care and services you receive at the Clinic. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all PHI generated by the Clinic, whether made by the Clinic personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your

medical information created in the doctor's office or clinic.

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

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us (such as marketing or sale of PHI), will be made only with your written authorization. Additionally, psychotherapy notes will not be disclosed without your written authorization. If you provide us authorization to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of that care that we provided to you.

St. Bernards Surgical Associates  
c/o SBMC  
225 East Jackson St.  
Jonesboro, Arkansas 72401  
Privacy Officer  
Phone: 870-207-4422

We are required by law to:

- Make sure that your PHI is kept private;
- Give you this notice of our legal duties and privacy practices with respect to PHI; and
- Follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE YOUR PHI**

The following categories describe different ways that we use and disclose PHI. For each category of uses and 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 the categories.

**Uses and Disclosures for Treatment** We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, medical students, or other Clinic personnel who are involved in taking care of you at the Clinic. 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 dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of the Clinic also may share your PHI in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose your PHI to people outside the Clinic who may be involved in your medical care after you leave the Clinic, such as family members, clergy or others we use to provide services that are part of your care.

**Uses and Disclosures for Payment** We may use and disclose your PHI so that the treatment and services you receive at the Clinic may be billed to 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 surgery you received at the Clinic 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 or to determine whether your plan will cover the treatment.

**Uses and Disclosures for Health Care Operations** We may use and disclose your PHI for Clinic operations. These uses and disclosures are necessary to run the Clinic and make sure that all of our patients receive quality care. For example, we may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many Clinic patients to decide what additional services the Clinic should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose your PHI to doctors, nurses, technicians, medical students and other Clinic personnel for review and learning purposes. We may also combine your PHI information we have with medical information from other Clinics 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 who the specific patients are.

**Appointment Reminders** We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care.

**Treatment Alternatives** We may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services** We may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

**Fundraising Activities** We may disclose medical information to St. Bernards Hospital Development Foundation which is related to the Clinic so that the Foundation may contact you in an effort to raise money for the Clinic. We only would release contact information, such as your name, address, phone number, and the dates you received treatment or services at the Clinic. If you do not want the Clinic or Foundation to contact you for fundraising efforts, you must notify the President of St. Bernards Hospital Development Foundation, 870-207-2500.

**Individuals Involved In Your Care or Payment for Your Care** We may release your PHI about you to a friend or family member who is involved in your medical care. We may also give your PHI to someone who helps pay for your care. We may also tell your family and friends your general condition and that you are in the Clinic. In addition, we may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Business Associates** Certain aspects and components of our services are performed through contracts with outside persons or organizations. At times it may be necessary for us to provide certain elements of your PHI to one or more of these outside persons or organizations.

**Research** Under certain circumstances, we may use and disclose your PHI 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 PHI, trying to balance the research needs with patients' need for privacy of their PHI. Before we use or disclose PHI for research, the project will have been approved through this research approval process, but we may, however, disclose your PHI 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 review is not removed from the clinic. 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 the Clinic.

**As Required By Law** We will disclose your PHI when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### **SPECIAL SITUATIONS**

**Organ and Tissue Donation** We may release your PHI 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.

**Military and Veterans** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

**Worker's Compensation** We may release your PHI for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks** We may disclose your PHI 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 child abuse or neglect;

To report adverse events, product defects, or problems;

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; To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government 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 may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement** We may release your PHI if asked to do so by a law enforcement official:

In response to a court order, subpoena, warrant, summons, or similar process;

To identify or locate a suspect, fugitive, material witness, or missing person;

About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;

About a death we believe may be the result of criminal conduct;

About criminal conduct occurring on the premises of the Clinic; and

In emergency circumstances, to report the commission and nature of the crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners, and Funeral Directors** We may release your PHI to a coroner or medical examiner for purposes of identifying a deceased person or determine the cause of death. We may also release PHI about patients of the Clinic to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities** We may release your PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others** We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

**Security Clearances** We may use your PHI to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the Department of State who need access to that information for these purposes.

**Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. If necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Video Surveillance** Some of our treatment areas and patient rooms are equipped with video surveillance equipment, which may be used in some circumstances. Should it be needed in the course of your care our staff will notify you.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding your PHI we maintain about you:

**Right to Inspect and Copy** You have the right to inspect and copy your PHI that we maintain. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation for use in a civil, criminal or administrative proceeding. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Clinic's Medical Records Department. 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. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

**Right to an Electronic Copy of Electronic Medical Records** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. If the PHI is not readily producible in the form or format you request, your record will be provided in either our standard electronic format; or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Amend** If you feel that your PHI 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 the Clinic. To request an amendment, your request must be made in writing and submitted to the Privacy Officer, 225 E. Jackson Street, Jonesboro, AR 72401; (870) 207-4422. 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 person 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 entity that created the information is no longer available to make the amendment.

Is not part of the medical information kept by or for the Clinic;

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 of your PHI." This is a list of the disclosures we made of your PHI, except for certain matters for which we are not required to disclose.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer, 225 E. Jackson Street, Jonesboro, AR 72401; (870) 207-4422. Your request in writing must state a time period which may not be longer than six years prior to the date of your request. 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 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 Request Restrictions** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

**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 to the Privacy Officer, 225 E. Jackson Street, Jonesboro, AR 72401; (870) 207-4422. 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.

**Out-of-Pocket Payments** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request, unless we are required by law to make the disclosure.

**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.

To request confidential communications, you must make your request in writing to the Privacy Officer, 225 E. Jackson Street, Jonesboro, AR 72401; (870) 207-4422. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Receive Notice of a Breach** We will notify you if your unsecured PHI has been breached, unless there is low probability that the PHI has been compromised based upon a risk assessment.

**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.

**In addition you may obtain a copy of this Notice at our website [stbsurgical.com](http://stbsurgical.com)**

**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 post a copy of the current Notice in the Clinic. The effective date of the Notice will be shown on the first page, in the top right-hand corner, of the Notice. In addition, each time you register at or are admitted to the Clinic for treatment or health care services as an inpatient or outpatient, we will make available upon request a copy of the current Notice in effect.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Clinic or with the Secretary of the Department of Health and Human Services. To file a complaint with the Clinic, contact the Privacy Officer, 225 E. Jackson Street, Jonesboro, AR 72401; (870) 207-4422. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**