

NOTICE OF PRIVACY PRACTICES

AT EPHRAIM MCDOWELL HEALTH WE CARE ABOUT YOUR PRIVACY. 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.

WHO WE ARE

This Notice describes the privacy practices of covered entities within the Ephraim McDowell Health system that are subject to HIPAA, including but not limited to Ephraim McDowell Regional Medical Center, Ephraim McDowell Fort Logan Hospital, Ephraim McDowell James B. Haggin Hospital, McDowell Home Health Agency, MedSource, and clinics operated by the hospitals, Ephraim McDowell Health Resource and other affiliated providers. Collectively, these entities are referred to as “we” or “us.” We have designated ourselves as a single Affiliated Covered Entity under HIPAA. This means that we may share your medical information among ourselves as necessary for treatment, payment, health care operations, and other purposes. The information privacy practices in this notice will be followed by us and by:

All health care professionals who treat you at any of our locations

All of our employees, staff, contractors, students, or volunteers.

Our Responsibilities:

We are required to maintain the privacy of “Protected Health Information” (PHI). PHI is information that you provide us or that we create or receive about your health care or payment for care. We are also required to provide you with this Notice of our privacy practices. When we use or disclose (share) PHI, we will follow the terms of the Notice that is in effect at that time. Finally, the law provides you with certain rights as described in this Notice.

OUR PLEDGE REGARDING YOUR PHI

We understand that PHI about you is personal, and we are committed to protecting it. We create a record of the care and services that you receive from us each time you visit our physicians or receive treatment from our entities. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice tells you about the ways in which we may use and share PHI about you.

HOW WE MAY USE AND SHARE PHI ABOUT YOU

The following categories describe different ways that we use and share PHI. For each category of uses or disclosures in this document, we will explain what we mean and try to give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and share PHI will fall within one of the categories. Please be aware that once information is shared, then it may no longer be protected by HIPAA.

A. For Treatment We may use and share PHI to provide you with medical treatment. We may use and share PHI with doctors, nurses, technicians, health students, or other Ephraim McDowell Health 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 because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of Ephraim McDowell Health also may share PHI about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. We also

may share PHI with people outside Ephraim McDowell Health who may be involved in your medical care after you leave here, such as family members, clergy or others who provide services that are part of your care. In addition, we may share PHI about you with another physician or health care provider (e.g., a specialist) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

We also participate in the Kentucky Health Information Exchange (KHIE). This means that your electronic medical record (EMR) will be available to other health care organizations who also participate in the KHIE. This exchange is a way for health care organizations to share PHI in order to take better care of you. For example, if you were hurt in an accident in Western Kentucky, and the hospital you were taken to for care participates in the KHIE, then their physicians will have access to your EMR from our organization.

B. For Payment We may use and share PHI about you to bill and collect payment from you, an insurance company, or a third party for the treatment and services you receive at Ephraim McDowell Health. For example, we may share PHI to your health plan about surgery performed at Ephraim McDowell Health so we may receive payment from your health plan. 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.

C. For Health Care Operations We may use and share PHI about you for our operations. These uses and disclosures are necessary to run Ephraim McDowell Health and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI of many Ephraim McDowell Health patients to decide what additional services Ephraim McDowell Health should offer, what services are not needed, and whether certain new treatments are effective. We may also share PHI with doctors, nurses, technicians, students, and other Ephraim McDowell Health personnel for review and learning purposes. We may also combine the PHI we have with PHI from other health care entities 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 PHI so others may use it to study health care and health care delivery without identifying specific patients. We will share PHI with third party “business associates” that perform various activities (e.g., billing, transcription services) for us. Whenever an arrangement between our office and a business associate involves the use or disclosure of PHI, we will have a written contract that contains terms that will protect the privacy of PHI.

D. Appointment Reminders We may use and share PHI to contact you as a reminder that you have an appointment for medical care.

E. Treatment Alternatives We may use and share PHI to tell you about treatment options or alternatives that may be of interest to you.

F. Health-Related Benefits and Services We may share PHI to tell you about health-related benefits or services that may be of interest to you.

G. Organized Health Care Arrangement Because our hospitals are clinically integrated care settings, our patients receive care from hospital staff and from independent practitioners on the medical staff. This integrated care setting is an Organized Health Care Arrangement. It allows each hospital and its medical staff to share PHI for treatment, payment and health care operations. This is a joint Notice for the services provided at Ephraim McDowell Health by the Organized Health Care Arrangement. Your physician may have different privacy practices and notices for information created in their private office.

USES AND DISCLOSURES YOU HAVE THE RIGHT TO RESTRICT

A. Fundraising Activities We may use PHI to contact you to raise money for Ephraim McDowell Health and its operations. We may share PHI with a foundation related to Ephraim McDowell Health so that the foundation may contact you in raising money for us. We would release information, such as your name, address and other contact information, demographic information, the department in which the services were provided, the name of your

treating physician, outcome information, health insurance status, and the dates you received treatment or services at any of our entities. If you do not want Ephraim McDowell Health to contact you for fundraising efforts, please notify the Executive Director of the Ephraim McDowell Health Care Foundation, in writing, at 217 South Third Street, Danville, KY 40422.

B. Facility Directory We may include certain limited PHI about you in the facility directory while you are a patient. This PHI may include your name, your location (e.g., room number), your general condition (e.g., fair, critical, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may also be given to a member of the clergy, such as a minister, priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. You may opt out of inclusion in the hospital directory by contacting the Privacy Officer and/or designee in the facility where you are receiving treatment.

C. Individuals Involved in Your Care or Payment for Your Care We may share PHI about you to a relative, close friend, or other person you name who is involved in your medical care or payment for your care if we (1) first provide you with the chance to object to the disclosure and you do not object; (2) infer that you do not object to the disclosure; or (3) obtain your agreement. If you are unable to object or there is an emergency, then we may use our professional judgment to decide whether sharing the PHI is in your best interest. We may also use or share your PHI to notify (or assist in notifying) these individuals about your location and general condition. In addition, we may share PHI about you with an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have the option to object to the sharing of this information, in its entirety, or restrict what information may be shared or to whom the information may be given.

D. Certain Disclosures to Health Plans You have the right to restrict certain disclosures of PHI to a health plan if (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the PHI pertains solely to a health care item or service for which you (or any person other than the health care plan) pays for “out of pocket” and in full.

SPECIAL SITUATIONS

We are NOT required to seek your written authorization to share PHI about you under the following limited circumstances:

A. As Required by Law We may share PHI about you when required to do so by federal, state or local law.

B. Public Health Activities We may share PHI for public health activities to a public health authority that is permitted by law to receive the information, such as:

- To prevent or control disease, injury or disability;

- To report births and deaths;

- To report child abuse or neglect;

- 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 of contracting or spreading a disease or condition; and/or

- 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 by law.

The following are more detailed examples of the Public Health Activities mentioned above:

Abuse or Neglect: We may share PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may share PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food & Drug Administration (FDA): We may share PHI to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

Communicable Diseases: We may share PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

C. Health Oversight Activities We may share PHI with 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.

D. Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may share PHI about you in response to a court or administrative order. We may also share PHI 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 PHI requested.

E. Law Enforcement We may release 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 at the hospital; and

In emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

F. Coroners, Medical Examiners and Funeral Directors We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

G. Organ and Tissue Donation We may release 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.

H. Research We may use and share PHI for research purposes. For example, a research project may involve comparing the health and recovery of patients who received one medication to those who received another. Before we use or share PHI for research, we will obtain your authorization or the project will have been approved through a special research approval process. We may also share PHI about you with people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the PHI they review does not leave the hospital.

I. To Avert a Serious Threat to Health or Safety We may use and share PHI about you 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.

J. Specialized Government Functions The following are examples of specialized government functions for which we may be required to share PHI about you:

Military and Veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities.

National Security and Intelligence Activities: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may share PHI about you with authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, then we may release PHI about you to the correctional institution or law enforcement official. This release would be 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.

K. Workers' Compensation We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

L. State Specific Requirements Some states have separate privacy laws. If those state laws are more stringent than federal laws, then the state law is followed. For example, Kentucky has more stringent laws than HIPAA with respect to HIV/AIDs status, mental health and chemical dependency, and in those situations, we follow Kentucky law.

M. Substance Use Disorder (SUD) Records Federal regulations, 42 CFR Part 2, provide additional protections for records from a SUD treatment program ("Part 2 Program"). Although Ephraim is not a Part 2 Program, we may receive treatment records from Part 2 Programs. We may use and redisclose these SUD treatment records in accordance with HIPAA. However, SUD treatment records received from Part 2 Programs, or testimony relaying the content of such records, shall not be used or shared in civil, criminal, administrative, or legislative proceedings against you unless based on written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or shared.

If we intend to use or share SUD treatment records for fundraising purposes, you will first be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

YOUR RIGHTS REGARDING PHI ABOUT YOU

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

A. Right to Inspect and Copy You have the right to inspect and copy PHI in your designated medical record. Usually, this includes medical and billing records but does not include psychotherapy notes.

To inspect and copy your designated medical record, you must submit your request in writing to the area within the organization responsible for the specific records you wish to inspect. If you request a paper copy of the information, the first copy will be provided to you without charge. If additional paper copies are requested, we may charge a reasonable, cost-based fee for copying (not to exceed \$1.00 per page) and for mailing or other supplies associated with your request.

If the information is maintained electronically and if you request an electronic copy, we will provide you with an electronic copy in the form and format requested by you, if it is readily producible in that form and format (if it is not, then we will agree with you on a readable electronic form and format).

We may deny your request to inspect and copy in limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.

B. Right to Request an Amendment If you believe that information in your designated medical record is incorrect or incomplete, you may ask us to amend it. You have the right to request an amendment for as long as the information is kept by or for Ephraim McDowell Health.

To request an amendment, submit a written request, and the reason for the request, to the Privacy Officer and/or designee in the facility where the document was created.

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

Is accurate and complete;

Was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;

Is not part of the PHI kept by or for Ephraim McDowell Health; or

Is not part of the PHI that you would be permitted to inspect and copy.

C. Right to an Accounting of Disclosures You have the right to request an “accounting of disclosures.” This is a list of certain disclosures we made of PHI about you.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer and/or designee. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or 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.

D. Right to be Notified of a Breach of Your Unsecured Protected Health Information You have the right to and will be notified of any breaches of your unsecured PHI.

E. Right to Request Restrictions You have the right to request a restriction on the PHI we use or share about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we share about you with 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 share information about a surgery you had.

You must submit a written request for a restriction to the Privacy Officer and/or designee in the facility where you would like to make the request for a restriction. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, sharing or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

If your request is agreed to by us, then we will comply with your request unless the PHI is needed to provide you with emergency treatment.

F. Right to Request Confidential Communications You have the right to request that we communicate with you about PHI 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 and/or designee at the facility where you are receiving treatment. 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.

G. Right to a Paper Copy of This Notice You have the right to a paper copy of this Notice. You may ask us for 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. You may obtain a copy of this Notice at our website, www.emhealth.org, or by visiting any Ephraim McDowell Health facility.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or share PHI, then you may revoke that permission, in writing, at any time. If you take back your permission, we will no longer use or share PHI about you 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 permission, and that we are required to retain our records of the care that we provided to you.

Some typical situations that require your written permission include:

A. Marketing We may ask you to sign a written authorization to use or share PHI as part of a marketing effort when required by law. If the marketing involves any direct or indirect compensation to us from a third party, we will share that information in the authorization. Simply put, we will not sell PHI to a third party or other business associate for that party's own purpose unless prior written authorization is obtained from you. Your authorization is not needed for face-to-face communications made by us to you or for promotional gifts of nominal value provided by us to you. For example, it is not needed to provide a free baby formula or other baby products to new mothers as they leave the maternity ward.

Marketing is defined as a communication about a product or service that encourages the purchase or use of the product or service. Marketing does not include communications made: (1) to describe a health-related product or service (or payment for such product or service) that is provided by us (e.g., using our patient list to announce the arrival of a new specialty group or the acquisition of new equipment through a general mailing or publication); (2) for your treatment (e.g., mailing prescription refill reminders to you); or (3) for your case management or care coordination, or to direct or recommend alternative treatments, therapies, providers, or settings of care to you (e.g., an endocrinologist sharing your medical record with several behavior management programs to determine which program best suits your ongoing needs). The communications described in those three (3) exceptions often are considered to be within the definition of "health care operations" under HIPAA, and thus permissible without your authorization.

B. Sale of Electronic Health Records or PHI We will not sell PHI without your signed, written authorization.

C. Psychotherapy Notes We will not share psychotherapy notes without your written authorization except: (1) to carry out the following treatment, payment, or health care operations: (a) use by the originator of the psychotherapy notes for treatment; (b) use or disclosure by us for our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (c) use or disclosure to defend ourselves in a legal action or other proceeding brought by you; and (2) a use or disclosure required by law.

CHANGES TO THIS NOTICE

We may change our privacy practices at any time. Before we make a significant change, we will change this Notice. The revised or changed Notice will be 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 on our website and in our facilities. The effective date is found on the bottom of this Notice. You can receive a paper copy of the current notice at any time by requesting one.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Ephraim McDowell Health or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Patient Experience System Manager and/or designee at any Ephraim McDowell Health facility or the Privacy Officer for Ephraim McDowell Health at (859) 239-1000. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the practices the Ephraim McDowell Health Affiliated Covered Entity and that of:

All entities and individuals participating in the Organized Health Care Arrangement.

Any health care professional authorized to enter information into your health record.

All employees, medical staff, volunteers, and other personnel of the Ephraim McDowell Health Organized Health Care Arrangement.

These entities and individuals follow the terms of this Notice and may share protected health information with each other, as necessary, to carry out treatment, payment, or health care operations relating to Ephraim McDowell Health.

NONDISCRIMINATION AND AVAILABILITY OF LANGUAGE SERVICES AND AUXILIARY AIDS

We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, disability, age or sex.

We provide free aids and services to deaf and hard of hearing individuals to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. For additional information, please see the attached Notice of Availability of Language Assistance Services and Auxiliary Aids and Services.

***If you have any questions about this Notice,
please contact the Privacy Officer at (859) 239-2339
or Ephraim McDowell Health (859) 239-1000.***