

YOUR HEALTH INFORMATION RIGHTS

(Continued)

Right to an Accounting of Disclosures:

You have the right to request a list of disclosures we made of your PHI. To request a list, submit a written request to the Chief Compliance Officer. Your request must state the time period which may be no longer than 6 years, and may not include dates before April 14, 2003. The first request in a 12 month period is provided at no cost. There may be a charge for subsequent requests within the same 12 month period. We will notify you of the costs involved so you may withdraw or modify your request before incurring any costs.

Right to Receive Notification in the Event of a Breach:

You have a right to receive notification if there is a breach of your PHI within 60 days of discovery of the breach. This notice will include the date of the breach, what happened, type of information breached, brief description of the investigation, steps to help you protect yourself, steps to prevent further breaches, and who to contact for additional information.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint. All complaints must be in writing. **You will not be penalized or retaliated against for filing a complaint.** To file a complaint, contact the Chief Compliance Officer. You may also file a complaint with the Department of Health and Human Services Office of Civil Rights. Information on *Filing a Complaint*, complaint requirements, and forms are available at <http://www.hhs.gov/hipaa/filing-a-complaint/>.

NONDISCRIMINATION

Nanticoke Memorial Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Nanticoke Memorial Hospital cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-302-629-6611.

Nanticoke Memorial Hospital konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-302-629-6611.



Notice of Privacy Practices

(Effective Date: 01/16/2017)

THIS NOTICE OF PRIVACY (“Notice”) DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

We understand your health and your health information is personal. We are committed to protecting your health information.

Please review this Notice carefully. *If you have questions about this Notice, you may contact our Chief Compliance Officer.*

Contact Information:

Nanticoke Memorial Hospital
Chief Compliance & Risk Officer
801 Middleford Road
Seaford, DE 19973
Phone: 1-302-629-6611 ext. 2472

Nanticoke Memorial Hospital (“Hospital”) is required by law to maintain the privacy of a patient’s Personal Health Information (“PHI”) and to provide you the Notice of our legal duties with respect to your PHI. The Hospital and its employees (“We”) are required to:

- Maintain the privacy of your PHI.
- Provide you this Notice of legal duties and privacy practices with respect to your PHI.
- Abide by the terms of this Notice.
- Notify you if we are unable to agree to an amendment or requested restriction on how your PHI is used or disclosed.
- Accommodate reasonable requests you make to communicate your PHI by alternative means or at alternative locations.
- Obtain your written authorization to use or disclose your PHI for reasons other than payment, billing, operations, treatment, and/or as permitted under law.
- Provide a mechanism for you to request an amendment to your record.

ORGANIZED HEALTH CARE ARRANGEMENTS

The Hospital and its medical staff present this document to you as a joint Notice. Information will be shared by the Hospital to health care providers as needed to carry out treatment, payment, and health care operations. Non-employee physicians and caregivers may have access to your PHI in their offices to assist in reviewing past treatment that may affect your present treatment.

YOUR PERSONAL HEALTH INFORMATION

Your PHI is contained in a medical record which is the physical property of the Hospital. Typically this record contains diagnosis, symptoms, test results, treatment, location of future care or treatment, and information related to billing. This Notice of Privacy Practices applies to all of the records about your care at the Hospital. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of PHI created in the doctor’s office or clinic.

PLEASE NOTE: The Hospital is not responsible for any non-employee provider or provider’s employees who care for you in the Hospital. Your personal doctor, their nurse practitioners, or other caregivers providing health care services to you in the Hospital, may or may not be employees or agents of the Hospital

HOW NANTICOKE MEMORIAL HOSPITAL MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

Treatment:

We may disclose your PHI to provide you medical treatment or services to individuals involved in your care at the Hospital (nurses, care coordinators, and Accountable Care Organization (“ACO”) participants. For example, a doctor treating you for a broken leg may need to know you have diabetes since diabetes may slow the healing process. Departments of the Hospital may share your PHI to coordinate services you may need such as prescriptions, meals, lab work, and x-rays. We may disclose PHI to people outside of the Hospital who provide medical care to you such as other doctors and nursing homes.

Payment:

We may use or disclose health information about your treatment to bill and collect payment from you, your insurance company, or a third party payor. For example, we may need to give your insurance company information about your surgery to receive payment for performing the surgery.

Health Care Operations:

Your health information may be used and disclosed for purposes of operating the Hospital. These uses and disclosures are necessary to make sure that our patients receive quality care and cost effective services.

Individuals Involved in Your Care:

We may disclose your PHI to people involved in your care such as family members or friends, unless you ask us not to disclose your PHI. We may disclose your PHI to someone who helps pay for your care, with other health care professions, government representatives, or disaster-relief organizations such as the Red Cross during emergency or disaster-relief situations to coordinate disaster relief efforts and to provide a means for contacting family or friends.

OTHER USE OR DISCLOSURE OF YOUR HEALTH INFORMATION

Affiliated Covered Entity:

We may use and disclose your PHI with other Hospital affiliated facilities to carry out treatment, payment, and health care operations.

Armed Forces Services:

If you are a veteran or active member of the military, your PHI may be used or disclosed as required by the Armed Forces Services.

OTHER USE OR DISCLOSURE OF YOUR HEALTH INFORMATION (Continued)

Business Associates of the Hospital:

Business Associates provide services for the Hospital through contracts. Employees of these companies are not Hospital employees. When services are contracted, we may disclose your PHI to our Business Associates so they can perform the job we have asked them to do. All Business Associates agree in writing to implement appropriate safeguards to protect the confidentiality of your PHI in accordance with privacy requirements.

Contact You for Information:

Your PHI may be used to provide appointment reminders, information about treatment alternatives, or other health related benefits and services that may be of interest to you.

Coroners and Funeral Directors:

We may disclose PHI to a coroner or medical examiner to identify a deceased person, determine cause of death, or permit the medical examiner to fulfill legal duties. We may disclose information to a funeral director.

Correctional Institutions of Inmates:

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official.

Directory:

We maintain a Hospital directory listing your name, room number, and religious affiliation. We may disclose this information, with the exception of your religious affiliation, to others who ask for you specifically by name. Directory information may be given to clergy or their representative. You may restrict this information at the time of your admission.

Fundraising:

Only limited demographic information (name and address) may be used by Nanticoke Health Services Foundation to solicit support for the Hospital. If you wish to opt out of this solicitation, please advise the Chief Compliance Officer in writing.

Government Functions / National Security:

Your PHI may be used or disclosed for specific government functions such as the protection of public officials, investigations, civil or criminal proceedings, or security measures authorized by law.

Health Information Exchanges (“HIE”):

We participate in HIEs to facilitate the secure exchange of your electronic health information for treatment, payment, or other health care operations. We may share information with outside organizations such as other hospitals, pharmacies, doctor offices or other HIEs. We participate in the Delaware Health Information Network (“DHIN”) and CommonWell HIEs.

Health Information Exchanges (Continued):

HIE participation allows us to exchange information so we can provide better treatment and coordination of health care. You have the right to opt out of sharing information through HIEs. If you do not wish to allow authorized physicians, nurses, and individuals involved in your care to electronically share your PHI with one another, you can opt out by completing a Non-Participation Form. Information regarding the DHIN is available at www.DHIN.org/consumer. Information regarding CommonWell is available upon request during your stay at the Hospital or by contacting the Chief Compliance Officer.

Law Enforcement:

We may disclose your PHI in response to a court order, subpoena, or similar process authorized under state or federal law. We may disclose your PHI to identify or locate a suspect, fugitive, material witness, or missing person, or to obtain information about the victim of a crime or criminal conduct on its premises. We may disclose your PHI in emergency circumstances, to report a crime, location of a crime, victims, or the identity or description or location of the person that committed the crime.

Legal Proceedings Required by Law:

We may disclose your PHI in the course of any judicial or administrative proceeding or in response to a court or administrative order. We may disclose PHI in response to a subpoena, discovery request, reporting of product failures, recalls, Centers for Medicare & Medicaid Services (“CMS”), Physician Review Organization (“PRO”), or Department of Health & Human Services Office of Civil Rights (“OCR”).

Organ/Tissue Donation:

Your PHI may be disclosed for cadaver or organ, eye, or tissue donation purposes.

Public Safety or Health Activities:

We may disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of others such as for the purpose of preventing or controlling disease, etc. We may disclose PHI to persons subject to the jurisdiction of the Food and Drug Administration for the purposes of product safety or effectiveness, and to report births, deaths, or other health oversight activities including audits, inspection and licensure. We may disclose your PHI to report abuse or neglect of children, elders, and dependent adults, or to report domestic violence.

Research:

We may use or disclose PHI for research if approved by an institutional review or privacy board in order to ensure the appropriate steps have been taken to protect the confidentiality of the PHI.

Train Staff and Students:

We may disclose your PHI to train staff and students.

Workers Compensation:

Your PHI may be disclosed to comply with Workers Compensation laws and regulations.

OTHER USES OF PHI

Your written authorization is required for most uses and disclosures of psychotherapy notes; for uses of PHI for marketing purposes; and for disclosures that constitute the sale of PHI. If you provide permission to disclose your PHI, you may revoke your permission at any time and we will no longer disclose your PHI for the reasons covered by your written authorization. You must revoke your permission in writing to the Chief Compliance Officer.

Required Uses and Disclosures:

Under the law, disclosures must be made to you upon your request unless medically contraindicated, and when required by the Secretary of the Department of Health and Human Services to investigate or determine compliance with the Health Information Portability and Accountability Act (“HIPAA”).

Nondisclosure:

It is our practice to disclose information to your health plan to obtain pre-approval of coverage and payment of services. If you wish to restrict items or services to your health plan you must notify us in advance and the request must be confirmed in writing.

Requesting Restrictions:

You have a right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or healthcare operations. We are not required to agree to your request, except when the request is for a restriction or disclosures to a health plan for services that you pay for out-of-pocket in full. In such cases, we may be required to agree to your request if certain other conditions are met, such as an emergency. You must advise Registration of any restrictions or disclosures to a health plan when you self-pay for these services.

ADDITIONAL PROTECTION OF YOUR PERSONAL HEALTH INFORMATION

Special state and federal laws apply to specific types of PHI. For example, protections may apply to information about sexually transmitted diseases, drug and alcohol abuse treatment records, genetic information, and HIV/AIDS information. When required by law, we will obtain your authorization before releasing this type of information.

INCIDENTAL DISCLOSURES

While we take reasonable steps to safeguard the privacy of your PHI, certain disclosures of your PHI may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your PHI, for example, during the course of treatment, other patients in the treatment area may see or overhear discussion of your health information

YOUR HEALTH INFORMATION RIGHTS

To exercise any of the following rights, please obtain the required forms from the Chief Compliance Officer and submit your request in writing.

Right to Inspect and Copy:

With some exceptions you have the right to inspect and obtain a copy of your PHI maintained in your designated Hospital medical record. If such information is maintained in electronic format you have the right to a copy in an electronic format if readily producible. Nanticoke may charge a fee for a copy of the health record to include associated costs of labor, mailing, or other supplies. For certain limited circumstances we may deny your request. If denied you may request a review of the denial.

Amend Your Record:

If you believe the health information we have about you is incorrect or incomplete, you have the right to request we amend the existing information. You must provide the request and your reason(s) for the request in writing to the Chief Compliance Officer. You will be notified in writing if your request is denied. You have the right to submit a written statement disagreeing with the denial, which will be appended or linked to the health information in question. If you are requesting we amend your record because you believe you are a victim of medical identity theft, we will use reasonable efforts to assist you in making corrections to your record determined to be appropriate under the circumstances.

Request Confidential Communications:

You have the right to request to receive communications of your PHI by alternate means or at alternate locations. For example, you may ask us to contact you at work or by U.S. mail. Requests must be in writing and include a mailing address where you receive bills or correspondence regarding payment for services rendered by us. We reserve the right to contact you by other means or at other locations if you fail to respond to Hospital communications requiring a response.

A Paper Copy of This Notice:

You have the right to a paper copy of this Notice. You may ask us for a paper copy at any time. If you have agreed to receive this Notice electronically, you may still request a paper copy at any time.

Posting of Changes to This Notice:

We will post this Notice in the Hospital and online at <http://www.nanticoke.org/privacy-policy> with the effective date. We reserve the right to change this Notice. A current copy will be provided to new patients and to established patients following a revision.