



Notice of Privacy Practices

I. 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.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

We, Claiborne County Hospital and Nursing Home and its affiliates* (hereinafter referred to as CCH) are legally required to protect the privacy of your health information. We call this information "protected health information" or "PHI" for short and it includes information that can be used to identify you that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice at all registration areas in the hospital. You can also request a copy of this notice from the contact person listed in Section VI below at any time and can view a copy of this notice on our Web site at claibornehospital.org.

III. Acknowledgement of Receipt of This Notice

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

IV. Who Will Follow This Notice

This notice describes the practices of Claiborne County Hospital and Nursing Home (CCH) entities and any health care professional authorized to enter information into your chart, including practicing physicians and other credentialed individuals who are part of the Organized Health Care Arrangement that participate in providing care and assisting in hospital operation activities.

V. How We May Use And Disclose Information

We use and disclose health information for many different reasons. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

*For policy purpose affiliates of Claiborne County Hospital and Nursing Home shall refer to Claiborne County Home Health and Hospice, Claiborne County Rehabilitation and Claiborne County EMS

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

We may use and disclose your PHI for the following reasons:

1. **For treatment.** We may use PHI (including information from previous treatment) to provide medical treatment or services. We may disclose information to your doctors, nurses, technicians, students, other health care personnel who provide you with health care services or are involved in your care or to business associates affiliated with the hospital to provide treatment related services. For example, if you're being treated for a knee injury, we may disclose your PHI to the rehabilitation department in order for them to coordinate your care. We may also disclose PHI to people who may be involved in your medical care after you leave.
2. **To obtain payment for your treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.
3. **For health care operations.** We may disclose your PHI in order to operate this hospital. We may use PHI for internal review of treatment and services and to evaluate staff performance. We may also disclose information to doctors, students, nurses, technicians, and other employees for review and learning purposes. We may also provide your PHI to business associates affiliated with the hospital to provide business operations related services. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you.

B. Patient Contacts

We may contact you in the following situations:

1. **For appointment reminders:** We may use PHI to contact you to remind you of appointments.
2. **For clinical follow-up:** Clinical staff may contact you to follow your progress after services.
3. **For customer service:** You may be contacted for your opinion of the service you received.

C. Special Situations Regarding Certain Uses and Disclosures of PHI.

We may use and disclose your PHI without your authorization for the following reasons:

1. **When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement agencies.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
2. **For public health activities.** For example, we report information about births, deaths, and various diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
3. **For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
4. **For purposes of organ donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants in accordance with Tennessee state law
5. **For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
6. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
7. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations, and may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
8. **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.

9. **Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.
10. **Fundraising activities.** We may use PHI to raise funds for our organization. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as part of our fundraising efforts, please contact the person listed in section VIII below.

D. Two Uses and Disclosures Require You to Have the Opportunity to Object.

1. **Patient directories.** We may include your name, location in this facility, general condition, and religious affiliation, in our patient directory for use by clergy and visitors who ask for you by name, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.
2. **Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

E. All Other Uses and Disclosures Require Your Prior Written Authorization. for any other use or disclosure beyond treatment, payment and healthcare operations, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions as described above in Section V. An authorization to disclose your PHI can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

VI. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

- A. **The right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. **The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you to an alternate address (*for example, sending information to your work address rather than your home address*) or by alternate means (*for example, e-mail instead of regular mail*). We must agree to your request so long as we can easily provide it in the format you requested.

The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 10 days after receiving your written request. If your request copies of your PHI we will charge you in accordance with Tennessee state law. We also require photo identification before we can release records (ex. Drivers License or state identification). Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

- C. **The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

D. The Right to Correct or Update Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the changes to your PHI.

E. The Right to Get This Notice by e-mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

VII. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about the access to your PHI, you may file a complaint with the person listed in Section VIII below. You also may send a written complaint to the Secretary of the Department of Health and Human Services.

Office of Civil Rights
The U. S. Department of Health and Human Services
61 Forsyth Street, SW.-Suite 3B70
Atlanta, GA. 30323
(404)562-7886
(404) 562-7881 FAX

We will take no retaliatory action against you if you file a complaint about our privacy practices.

VIII. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact:

HIPAA Coordinator
Claiborne County Hospital and Nursing Home
1850 Old Knoxville Road.
Tazewell, TN 37879
(423) 526-2279
Or confidential HIPAA Hotline
(423) 626-2572

IX. EFFECTIVE DATE OF THIS NOTICE

January 31, 2007