



NOTICE OF PRIVACY PRACTICES

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

Please review it carefully.

PURPOSE OF THIS PRIVACY NOTICE

This notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, initiate payment, or conduct health care operations and for other purposes that are permitted or required by law.

Davis County Hospital reserves the right to make changes in the Notice of Privacy Practices. The notice describes your rights to access and control your protected health information. "Protected Health Information" or PHI, is information about you, including demographic information, that may identify you and that relates to your past, present and future physical or mental health or condition and related health care services.

Who will follow this notice:

This notice describes the privacy policies of Davis County Hospital and that of:

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

All employees of the hospital.

All business associates of the hospital.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal, and we are committed to protecting it. A record of the care and services you receive at Davis County Hospital is created and maintained at this location. This notice applies to all of those records of your care.

We are required by law to:

Make sure that medical information that identifies you is kept private.

Provide you with this notice of our legal duties and privacy practices regarding your medical information.

Follow the terms of the notice that is currently in effect. We may change the terms of our notice at any health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may obtain

a copy by calling the admissions office and requesting a revised Notice of Privacy Practices.

You may obtain a copy by calling the admissions office and requesting a revised copy be sent to you in the mail or asking for one at the time of your next hospital visit.

How we may use and disclose medical information about you:

The following categories describe ways that we use and disclose medical information. Not every use of disclosure in each category is listed; however, all of the ways we are permitted to use and disclose information falls into one of these categories;

For Treatment: We may use medical information about you to provide, coordinate, or manage your medical treatment or services. We may disclose medical information about you to other physicians or health care providers who are or will be involved in taking care of you. For example would disclose your PHI, as necessary, to a home health agency that provides care to you. Another example is that your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive at our practice may be billed to and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, to determine whether your plan will cover treatment, and for undertaking utilization review activities. For example, obtaining approval for hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission.

For Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business associates of the Hospital. These activities include, but are not limited to quality assessment activities, employee review activities, training of medical students, and conducting or

arranging for other business activities. We may call you by name in the lobby or waiting area when your physician is ready to see you. We may disclose your PHI, as necessary, to contact you to remind you of your appointment. We may share your PHI with third party "business associate" that performs various activities (e.g. billing, transcription services) for the Hospital.

Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about Davis County Hospital and the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you.

Uses and disclosures of PHI based upon your written authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that information has already been released by Davis County Hospital.

Other permitted and required uses and disclosures that may be made with your consent, authorization, or opportunity to object.

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of you PHI. If you are not present or able to agree or object to the use and disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Others involved in your healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is your best interest based on our

professional representative or any other person who is responsible for your care, general condition, or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your acknowledgment of receipt of the Notice of Privacy Practices as soon as reasonably practical after delivery of treatment.

Other permitted and required uses and disclosures that may be made without your consent, authorization or opportunity to object

We may use and disclose your PHI in the following situations without your consent or authorization to include:

Required by law: We may use or disclose your PHI to the extent that law requires the use of disclosure. The use of disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by the law, of any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your PHI, if directed by the public health, authority, to a foreign government agency that is collaborating with the public health authority.

Communicable disease: We may disclose your 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.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information included government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect.

In addition, we may disclose your 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 applicable with federal and state laws.

Food and Drug Administration: We may disclose our PHI to a person or company required by the Food and Drug Administration to report adverse effects, 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.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met for law enforcement purposes. These law enforcement purposes include 1) legal processes and otherwise required by law, 2) limited information requests for identification and location purposes, 3) pertaining to victims of a crime, 4) suspicion that death has occurred as a result of criminal conduct, 5) in the event that a crime occurs on the premises of the Hospital, and 6) medical emergency (not on the hospital premises) and is likely that a crime has occurred.

Coroners, Funeral Directors and Organ Donation: We may disclose PHI information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

Worker's Compensation: We may disclose your PHI as authorized to comply with workers compensation laws and other similar legally established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of section 164.500 et. Seq.

YOUR RIGHTS

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of your PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician and the hospital use for making decisions about you. Under federal law, however, you may not inspect or copy the following records; Psychotherapy notes, information compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or health operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician

believes, it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted.

If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting and discussing the issue with the Privacy Officer.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis of the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your physician amend your protected health information. This means you may request an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protect health information. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to receive this information is subject to certain expectations, restrictions and limitations.

You will receive a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

COMPLAINTS

You may voice concerns to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us, notify our Privacy Officer at 641-664-2145, extension 2208. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at 641-664-2145, extension 2208, for further information about the complaint process.

This notice was published and became effective April 14, 2003, revised 3/24/06, revised 10/19/09.