

**The Health Insurance Portability
and Accountability Act of 1996
requires all physicians and health
care facilities to provide patients
with a notice describing how an
individual's medical information
may be used and disclosed and
how a patient can obtain access to
their information.**

I, _____, certify that Rainelle Medical Center, Inc.
has presented me with a copy of the required notice, mentioned above,
in a booklet entitled: "Notice Of Privacy Practices."

Signature: _____

Date: _____

Patient Parent Guardian Representative

PLEASE KEEP *f* YOUR RECORD

RAINELLE MEDICAL CENTER, INC.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

A federal regulation, known as the "HIPAA Privacy Rule," requires Rainelle Medical Center, Inc. (RMC) to provide detailed notice in writing of our privacy practices. We know this Notice is long; however, the HIPAA Privacy Rule requires us to address many specific things in this Notice.

NOTE:

In this Notice, we describe the ways we may use and disclose your health information. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a patient, or where there is reasonable basis to believe the information can be used to identify a patient. This information is called "protected health information" or "PHI." This Notice describes your rights as our patient and our obligations regarding the use and disclosure of your PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to your PHI; and
- Comply with the terms of our Notice of Privacy Practices currently in effect.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION:

Each time you visit our clinic, a hospital, referral physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

• basis for planning your care and treatment
• means of communication among many health professionals who contribute to your care
• legal document describing the care you received
• tool with which we can assess and continually work to improve the care we provide and the outcomes achieved.
• means by which you or a 3rd party payor can verify that services billed were actually provided
• tool in educating health professionals
• source of data for medical research

- understanding of what is in your record and health information is used to:
 - * ensure its accuracy
 - * better understand who, what, where, why others may access your health information
 - * make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS:

Although your health record is the physical property of another health care practitioner, or facility that compiled it, information belongs to you. Within specific limitations of federal regulations, you have the right to:

- request a restriction on certain uses and disclosure of your information
- obtain a paper copy of the notice of information practices upon request
- inspect and copy your health record
- amend your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES:

RMC is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

RMC reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions and would like additional information, you may contact the director of health information management at 304-438-6188, Ext. #1006

If you believe your privacy rights have been violated, you can file a complaint with the director of health information management or with the Secretary of Health and Human Services. There will be no retaliation against you for filing a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS:

I. RMC will use your health information for treatment:

For example: Information obtained by a physician, nurse practitioner, physician assistant, nurse or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your medical provider will document in your record his/her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the medical provider will know how you are responding to treatment.

We will also provide your medical provider with copies of various reports that should assist him/her in treating you or referring you to a specialist or other treatment facility.

II. We will use your health information to obtain payment for our services:

For example: A bill may be sent to you or a third-party payor. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

I. We will use your health information for regular health operations:

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record without disclosing your name – to assess the care and comes in your case and others like it. This information will be used in an effort to continually improve the quality effectiveness of the health care and service we provide.

We will use your information to properly communicate parties referred to by federal regulations as “Business Associates.”

Example: These parties provide diagnostic services, laboratory tests and other physician services. When services are contacted, we may disclose your health information so they can perform the job we’ve asked them to do. We will bill you or your third-party payor for services rendered. To protect your health information, however, we require these “Business Associates” to appropriately safeguard your information.

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general health status.

Health professionals, except where prevented by existing laws, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in your care or payment related to your care.

has reviewed the research proposal and established policies to ensure the privacy of your health information.

VIII. We may disclose health information to funeral homes consistent with applicable law to carry out their duties.

IX. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

X. We may disclose to the FDA health information related to adverse events with respect to food, supplements, pharmaceuticals, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements as required by FDA regulations.

XI. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

XII. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

XIII. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

XIV. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work for member of business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.