

NOTICE OF PRIVACY PRACTICES

Revised: July 14, 2016

Piggott Community Hospital
1206 Gordon Duckworth Drive
Piggott, Arkansas 72454

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 WILL FOLLOW THIS NOTICE?

This notice describes our System's practices and that of:

- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, members of the Hospital Medical Staff and other System personnel.
- Any healthcare professional authorized to enter information into your chart.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from our System. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice, applies to all of the records of your care generated by our System, whether made by System personnel or your physician. Your physician may have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician's office or clinic.

This Notice will tell you about the ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

WE ARE REQUIRED BY LAW TO

Make sure that medical information that identifies you is kept private; give you this Notice of our legal duties and privacy practices with respect to medical information about you; follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosure, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

FOR TREATMENT

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the physician may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments within the System also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside our System who may be involved in your medical care later, such as family members, clergy or others we use to provide services that are part of your care.

PUBLIC HEALTH RISKS

As required by law, we may disclose medical information about you to authorities charged with preventing or controlling disease or disability.

HEALTH OVERSIGHT ACTIVITIES

We may disclose medical information to 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 healthcare system, government programs and compliance with civil rights laws.

LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information 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 information requested.

LAW ENFORCEMENT

We may release medical information 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 or conduct within our System and in emergency circumstances to report a crime; the location of a crime or victims or the identity, description or location of the person whom committed the crime.

CORONERS, MEDICAL EXAMINERS & FUNERAL DIRECTORS

We may release medical information 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 medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY & INTELLIGENCE ACTIVITIES

We may release medical information about you to authorized Federal officials for intelligence, counterintelligence and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT & OTHERS

We may disclose medical information about you to authorized Federal officials so they may provide protection to the President, other authorized persons of 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, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare, (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.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by the Notice, specifically those for marketing, the sale of PHI, and psychotherapy notes, will be made only with your written permission. If you provide permission to use or disclose medical information 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.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you.

RIGHT TO INSPECT AND OBTAIN A COPY

You have the right to inspect and obtain either a paper or electronic copy of medical information that is used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes.

To inspect and obtain a copy of medical information that may be used to make decisions about you, you must submit your request in writing to *Piggott Community Hospital, Attn. Privacy Officer, 1206 Gordon Duckworth Drive, Piggott, Arkansas 72454*. If you request a copy of the information, we may charge a fee for the costs of copying, mailing and other supplies associated with your record.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

RIGHT TO AMEND

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, your request must be made in writing and submitted to *Piggott Community Hospital, Attn. Privacy Officer, 1206 Gordon Duckworth Drive, Piggott, Arkansas 72454*. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- (1) was not created by us, unless the person or entity that created the information is no longer available.
- (2) is not part of the medical information kept by or for our System.
- (3) Is not part of the information which you would be permitted to inspect and obtain a copy.
- (4) is accurate and complete.

RIGHT TO RECEIVE NOTICE OF BREACH

You have the right to receive notice if there is a breach of your protected health information.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures" This is a list of some of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to *Piggott Community Hospital, Attn. Privacy Officer, 1206 Gordon Duckworth Drive, Piggott, Arkansas 72454*. Your request must state a time period which may not be longer than ten (10) years from the last date of service. Your request should indicate in what form you want the list. For example, on paper, electronically. The first list you request within a twelve (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.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like family members or friends. For example, you could ask that we not use or disclose information about a surgery you had.

WE ARE NOT REQUIRED TO AGREE TO YOUR REQUEST

However, we must agree to a request to restrict the disclosure of your protected health information to a health plan if you request the restriction in writing and in advance of any of the services being provided and if you have paid PCH in full for the services, out-of-pocket, in advance.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to a paper copy of this Notice. You can ask us to give you 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.pch-health.com.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with PCH or with the Secretary of the Department of Health and Human Services. To file a complaint with the System, contact *Piggott Community Hospital, Attn. Privacy Officer, 1206 Gordon Duckworth Drive, Piggott, Arkansas 72454*. All complaints must be submitted in writing.



If you have any questions about this notice, please contact the Piggott Community Hospital Privacy Officer at 870-598-3881.