

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**Understanding Your Health Information:** This notice describes the privacy practices of Community Health System, Inc. (hereafter referred to as CHS) and all of its clinic sites and healthcare professionals. It includes all staff, volunteers, and other personnel who work on our behalf.

Each time you visit a CHS clinic, a record of your visit is made. Usually this record contains your symptoms, examination, and test results, diagnoses, treatment, and a plan for care or treatment. This information, referred to as your medical or dental record, serves as:

- Basis for planning your care and treatment
- Means of communication between the health care providers caring for you
- Legal document describing the care you received
- Means by which you or a third party payer can verify services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the community and the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we provide and the outcomes we achieve

**Your Health Information Rights:** Although your health record is the physical property of CHS, the information belongs to you.

You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522 and the HITECH Act.
- Obtain a paper copy of the Notice of Privacy Practices upon request.
- Review and request a copy of your electronic personal health information, in any format, if readily producible as provided in the HITECH Act and 45 CFR 164.524. If not readily producible and maintained in paper, then a readable hard copy.
- Request your provider to amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information, including disclosures for treatment, payment, and healthcare operations, as provided in 45 CFR 164.528 and the HITECH Act.
- Request confidential communications of your health information by alternative means or at alternative locations.
- Revoke your authorization, in writing, to use or disclose information, except to the extent that action has already been taken.
- Restrict disclosure of PHI when paid in full out of pocket.

**Our Responsibilities:** This organization is required by State and Federal law to:

- Maintain the privacy of health information that identifies you.
- Provide you with a notice as to our legal practices with respect to information we collect and maintain about you.
- Abide by 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 (send appointment notices by mail or leave telephone message).
- Prohibit the sale of PHI.
- Notify you in the event there is a breach of unsecured PHI.
- Limit use of genetic information (if applicable).
- We reserve the right to change our practices and to make the new provisions effective for all protected information we maintain. Should our information practices change, we will post a copy of our current notice in our facility. The effective date will be on page one in upper right-hand corner. We will also give you a copy of our current notice upon request.

We will not use or disclose your health information without your authorization, except as described in this notice.

## **How we May Use and Disclosure your Health Information for Treatment, Payment, and Health Operations**

### **We may use your information for treatment.**

**For example:** We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we may disclose your protected health information to

a physician you may have been referred to or when in the emergency department or hospital to ensure he/she has the necessary information to diagnose or treat you.

**We may use your health information for payment.**

**For example:** Your protected health information may be used, as needed, to obtain payment for your health care services, including Medicare and Medicaid. This may include certain activities that your health insurance plan may undertake before it approves or pays for health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and any procedures performed or supplies used.

**We may use your health information for regular health operations.**

**For example:** We may use or disclose, as-needed, your protected health information (PHI) in order to support the business activities of CHS. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing marketing and fundraising activities as allowed by the HIPAA Omnibus Rule, and conducting or arranging other business activities. For example, we may disclose your PHI to medical students that see patients in our offices.

**Business Associates:** We may share your PHI with third party “business associates,” an entity that creates, receives, maintains, or transmits PHI on behalf of CHS, such as radiology or laboratory services. Whenever there is a business arrangement between our organization and a business associate and it involves the use of your PHI, we will have a written contract that contains terms that will protect your privacy.

CHS is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at [www.ochin.org](http://www.ochin.org). As a business associate of CHS, OCHIN supplies information technology and related services to CHS and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by CHS with other OCHIN participants when necessary for health care operations or purposes of the organized health care arrangement.

**Appointment Reminders:** We may use or disclose your PHI as necessary to remind you of your appointments. We may use a sign-in sheet and call you by name in the waiting room when your provider is ready to see you.

**Health-Related Services and Treatment Alternatives:** So long as we are not receiving financial consideration in exchange for making the communication, 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. So long as we are not receiving financial consideration in exchange for making the communication, we may use your PHI to send you newsletters about our clinics and the services we offer.

**Other Permitted Uses and Disclosures Without your Consent, Authorization or Opportunity to Object:** We may disclose your PHI in the following situations without your consent or authorization. These include:

**Required by law:** The use or disclosure will be made in compliance with the law and will be limited to relevant requirements of the law. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order. You will be notified, as required by law, of any such disclosures.

**Public Health and Communicable Disease:** 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 or 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.

**Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child or elder abuse or neglect. In addition, we may disclose your information if we believe you are a victim of abuse, neglect, or domestic violence to the government agency authorized to receive such information. This disclosure will be made according to applicable federal and state laws.

**Research:** We may disclose information to researchers when administration has approved the research proposal and established protocols and meets the guidelines as determined by in the HIPAA Omnibus Rule, to ensure your privacy.

**Funeral Directors/Coroners:** We may disclose health information to funeral directors or coroners consistent with applicable laws to carry out their duty.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or recall of defective products for replacement or repair.

**Workers Compensation:** 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.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose health information to the institution or agents for your health and the health and safety of other individuals.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided a work force member or 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.

**Uses and Disclosures of PHI Based Upon Your Written Authorization:**

Other uses and disclosures of your PHI not covered by this notice or applicable law – such as disclosures of health information for marketing purposes, disclosure of psychotherapy notes, and disclosure of health information that would constitute a sale – will be made only with your written authorization. If you have given us written authorization to use or disclose your PHI, you may revoke your authorization in writing at any time, except to the extent that CHS has taken an action based upon the use or disclosure indicated on the authorization.

**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 your PHI. If you are not present or able to agree or object to the use or disclosure of your PHI, then your provider 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.

**Communication with family:** Medical and support staff, using their best judgment, may disclose to a family member, relative or close friend, or any other person you identify as being relevant in your care and/or payment, your PHI.

**Communication Barriers:** We may use and disclose your PHI if there is a substantial communication barrier that prohibits a provider to obtain consent from you and the provider determines, using professional judgment, that you intend to consent to the use or disclosure of your PHI under the circumstances.

**Emergencies:** We may disclose your PHI in an emergency treatment situation. If this happens, your provider will try to obtain your consent as soon as reasonably practical after the delivery of treatment. If a provider is required by law to treat you and the provider has attempted, but is unable, to obtain consent, he or she may still use or disclose your PHI to treat you.

If you believe your privacy rights have been violated, you may file a complaint with the Compliance Officer or with the Secretary of Office of Civil Rights. There will be no retaliation for filing a complaint.

**For more information or to report a problem, please contact via mail:**

**Community Health Systems, Inc.  
ATTN: Compliance Officer  
74 Eclipse Center  
Beloit, WI 53511  
(608)361-0311**

**To file a complaint with the Office for Civil Rights, please contact via mail:**

**Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Ave, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201**