BUCHANAN GENERAL HOSPITAL
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 REVIEW IT CAREFULLY.

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 at the hospital. 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 the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This Notice also describes your rights to access and control your protected health information and certain obligations we have regarding the use and disclosure of your protected health information.

We are required by law to make sure that medical information that identifies you is kept private. We are required to give you this notice of our legal duties and privacy practices with respect to medical information about you, and follow the terms of the notice that is currently in effect.

Changes to this Notice: We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information that we already have about you as well as any information we receive in the future. The notice will contain on the first page, in the top right-hand corner, the effective date. You will not automatically receive a revised Notice, however, each time you register at, or are admitted to, Buchanan General Hospital for treatment or health care services, as an inpatient or outpatient, we will offer you a copy of the current notice in effect. If you would like to receive a copy of any revised Notice, you should access our web site at www.bgh.org, or contact Buchanan General Hospital.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

In some circumstances we are permitted or required to use or disclose your health information without obtaining your prior authorization, and without offering you the opportunity to object. These circumstances include, but are not limited to:

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 doctors, nurses, technicians or other personnel who are involved in taking care of you at the hospital. An example would be if your primary care physician discloses your health information to another doctor for the purposes of consultation. Also, we may contact you with appointment reminders and information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also provide your physician or a subsequent healthcare provider with copies of various reports, if
requested, to assist him or her in treating you after your discharge from Buchanan General Hospital. We may also use or disclose your protected health information in an emergency situation.

For Payment: We may use and disclose medical information about you for the purpose of allowing us, as well as other entities, to secure payment for the health care services you receive. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the health care services you received.

For Healthcare Operations: We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary for our day-to-day operations and functions. For example, we may compile your health information, along with that of other patients, in order to allow a team of our health care professionals to assess the care and services provided and make suggestions concerning how to improve the quality and effectiveness of our healthcare services.

Research Purposes: Your health information may be used or disclosed for research purposes, but only if the use and disclosure of your information has been reviewed and approved by the Privacy Officer and Compliance Officer for Buchanan General Hospital, or if you provide authorization.

As Required By Law: We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations: We may release your protected health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissues.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities or the Department of Veterans Affairs. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Worker’s Compensation: We may use or disclose medical information about you as permitted by laws relating to workers’ compensation or related programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities: We may disclose your protected health information to a public health authority that is authorized by law to collect or receive such information, such as for the purpose of preventing or controlling disease, injury or disability; reporting births, deaths or other vital statistics; reporting child abuse or neglect; notifying individuals of recalls of products they may be using; notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
Health Oversight Activities: We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, accreditation and licensure.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to your authorization or a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process if such disclosure is permitted by law.

Law Enforcement: We may disclose your protected health information for certain law enforcement purposes if permitted or required by law. For example, 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 conduct; about criminal conduct at the hospital; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may release 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 and Intelligence Activities: We may release your protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and other national security activities authorized by law. If required by law, we may disclose your protected health information to authorized federal officials so they may provide protection to the President, other authorized persons or 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 health care; (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 AND DISCLOSURES

We may also use or disclose your health information in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

Hospital Directory: It is the practice of our hospital to maintain a directory of hospital patients which includes your name and location within the facility. The directory may also include your religious affiliation and information about your condition in general terms that will not communicate specific medical information about you. Except for your religious affiliation, we may disclose the directory information to any person who asks for you by
name. We may disclose all directory information to members of the clergy. Exception: If patient chooses to opt out according to policy.

Notifications: We may disclose to your relatives or close personal friends any health information that is directly related to that person’s involvement in the provision of, or payment for, your care. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location, general condition or death, and to Organizations that are involved in those tasks during disaster situations.

Other Uses of Medical Information: Other uses and disclosures of your protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer 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.

NOTICE OF ORGANIZED HEALTH CARE ARRANGEMENT

Buchanan General Hospital, the independent practitioners on the Medical Staff (including your physician), and other related health care providers are permitted by law to share your health information among themselves for purposes of treatment, payment and health care operations. Federal law also provides that the above referenced parties may participate in an “Organized Health Care Arrangement” for the purpose of jointly providing a single privacy notice for all care delivered while you are a patient in the hospital. This enables us to better address your health care needs and to reduce administrative paperwork. This arrangement does not create any joint business relationship between the Hospital and the independent practitioners on the Medical Staff (including your physician), or other related health care providers. This notice is being provided to you as a supplement to the Notice of Privacy Practices already given to you by the hospital and by your health care provider.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Although your health record is the physical property of the hospital, you have the following rights regarding medical information maintained about you:

Right to Access, Inspect and Copy: You have the right to access, inspect and obtain a copy of your protected health information that may be used to make decisions about your care for as long as the protected health information is maintained by Buchanan General Hospital. Usually, this includes medical and billing records, but does not include information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act.

To access, inspect and copy your protected health information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer for Buchanan General Hospital, whose name and telephone number appear on the final page of this Notice, or the Nursing Supervisor. If you request a copy of the information, we may
charge a fee for the costs of preparing, copying, mailing or other supplies associated with your request. We may deny, in whole or in part, your request to access, inspect and copy, your protected health information in certain limited circumstances. For example, access may be denied if you are an inmate at a correctional institution, if the information was obtained from someone other than a health care provider under a promise of confidentiality if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.

In addition, access may be denied if (1) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else; (2) the information makes reference to another person and your access would reasonably be likely to cause harm to that person; (3) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If you are denied access for these reasons, you may request that the denial be reviewed. Another licensed health care 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. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

Right to Amend: If you feel that protected health 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 the Privacy Officer, whose name appears on the final page of this Notice. In addition, you must provide a reason that supports your request. You can obtain a Request for Amendment from the Privacy Officer.

We may deny your request for an amendment if it is not made in writing or does not include a reason to support the request. In addition, 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 to make the amendment; (2) is not part of the medical information kept by or for the hospital; (3) is not part of the information which you would be permitted to access, inspect or copy; (4) is accurate and complete. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates.

Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures of your protected health information by Buchanan General Hospital. This is a list of the disclosures made of your medical information. To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning on or after April 14, 2003, that is within six (6) years from the date of your request. This request must be submitted to the Privacy Officer, whose name appears on the final page of this Notice. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person’s address (if known), and a brief description of the information disclosed and the purpose of the disclosure. The first accounting provided within a twelve-month period will be free. We may charge you a reasonable, cost-based fee for each future request for an accounting within a single
twelve-month period. You will be given the opportunity to withdraw or modify your request for an accounting of disclosures in order to avoid or reduce the fee. In the event Buchanan General Hospital maintains an electronic health record, effective January 1, 2011, or on a later date as provided under HIPAA, an accounting of disclosures from the electronic health record related to treatment, payment or health care operations will be made for only the three (3) year period preceding the request.

**Right to Notification of a Breach:** You have the right to receive notification if a breach of your unsecured health information occurs. Buchanan General Hospital will take every precaution to secure and protect your health information, however, in the event of a breach (breach is defined as an unauthorized acquisition, access, use, or disclosure of health information that compromises the security or privacy of such information, except where an unauthorized person to whom the information is disclosed would not reasonably have been able to retain the information) you will be notified.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the protected health information we use or disclose about you. You may request a restriction or revise a restriction on the use or disclosure of your protected health information by providing a written request stating the specific restriction requested. 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, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. We are not required to agree to your request, unless it involves the disclosure of protected health information to a health plan for purposes of carrying out payment or health care operations that pertains solely to a health care item or service for which Buchanan General Hospital has been paid out of pocket in full. If we do agree to accept your requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment. A request not to receive any information and any request that may interfere with the ability to obtain payment for the services provided to you will be denied, unless appropriate information about how payment will be handled is provided. We retain the right to contact you at any known address in order to obtain payment for the services provided.

To request restrictions, you must make your request in writing to the Privacy Officer, whose name appears on the final page of this notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. A Restriction Agreement form may be requested from the Privacy Officer to use for this purpose.

**Right to Request Confidential Communications:** You have the right to request a reasonable accommodation regarding how you receive communications of protected health information. You have the right to request an alternative means of communication or an alternative location where you would like to receive communications. For example, you may ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.
Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You may request a copy of this Notice at any time by contacting Buchanan General Hospital. In addition, you may obtain a copy of this Notice at our web site, www.bgh.org.

Right to Complaints: If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of Health and Human Services. To file a complaint with the hospital, contact the Privacy Officer for Buchanan General Hospital at 276.935.1250. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Lucy Jackson, RHIT
Privacy Officer
Buchanan General Hospital
1535 Slate Creek Road
Grundy, Virginia
276.935.1250

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