



1100 Reid Parkway | Richmond, IN 47374
www.reidhospital.org

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This notice describes the privacy practices of Reid Hospital & Health Care Services, its affiliated covered entities and that of:

- Any health care professional authorized to enter information into your health or medical record.
- All departments and units of the hospital or affiliated covered entity.
- Any member of a volunteer group we allow to help you while you are a patient.
- All employees, staff and other personnel.

There is also sharing of protected health information as necessary to carry out treatment, payment or health care operations between the hospital and those organizations or individuals participating in an organized health care arrangement with the hospital. An example would be sharing information with a physician on staff at Reid so he may treat you in the hospital prior to you being established in his office practice.

Understanding Your Health Record/Information

Each time you visit a hospital, 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 the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that 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 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 render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and 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 Reid Hospital or its affiliated covered entity, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by federal regulation 45 CFR 164.522.
- Obtain a paper copy of the notice of privacy practices upon request.
- Inspect and copy your health record as provided for in federal regulation 45 CFR 164.524.
- Amend your health record as provided in federal regulation 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in federal regulation 45 CFR 164.528.
- Request communications of your health information by alternative means or alternative locations.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Reid Hospital or its affiliated covered entity 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.

We reserve 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 post the revised notice on our web site (www.reidhospital.org) and also make it available to you during your next visit.

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

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Reid Hospital's Privacy Officer at 765-983-3000.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Care Operations

We will use your health information for treatment.

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

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this hospital.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer (your insurance company). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may disclose information about you to a patient care provider with an indirect relationship with you (for example, radiologist, pathologist).

We will use your health information for regular health care 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 to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. This includes patient satisfaction surveys.

Other uses of your information may include the following:

Business associates: There are some services provided in our organization through contacts with business associates who are not necessarily employees. Examples include physician services in the emergency department or radiology, certain laboratory tests, or a microfilming company we use to microfilm your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Communication: Methods of communicating your health information will include but are not limited to paper, electronic, telephonic (including cellular telephones), oral and facsimile machines. When the need arises, we may page a member of your family over the public address system to call the operator.

In treating your physical, psychological and spiritual well-being, we may communicate words of caring, compassion, or sympathy to you or your family. In addition, health professionals, using their best judgement, 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.

Coroners, medical examiners and funeral directors: We may disclose health information to coroners, medical examiners and funeral directors consistent with applicable law to carry out their duties.

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

Food and Drug Administration (FDA): We may disclose to the FDA or manufacturer of the device, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Health oversight agency: We may disclose health 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 health care system, government programs, and compliance with civil right laws.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid court order, subpoena, warrant, summons or similar process.

Marketing: 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.

Media communication: Unless you notify us that you object, we may release limited information about you to the media. Only after the inquiry specifically contains your name will we release information confirming you are a patient, and possibly a one-word description of your condition. We will not release any information regarding your treatment or diagnosis.

Military/Veterans: If you are a member of the armed forces, we may disclose health information about you as required by military command authorities.

National security and intelligence activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Notification: 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 condition.

Organ procurement organizations: Consistent with the applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Patient directory: Unless you notify us that you object, we will use your name, location in the hospital, general condition (example, fair, good, critical), and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. Please note, If you are being treated for alcohol or drugs, you will not be listed in our patient directory.

Protective services for the President and others: We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Public health: 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.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

To avert a serious threat to health or safety: We may disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or other person. Any disclosure, however, would be only to someone able to help prevent the threat.

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.

Other Uses of Your Health Information

Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written permission. You may revoke that permission, in writing, anytime. We are unable to take back any disclosures we have already made with your permission.

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