

# Methodist Healthcare – Alliance Health Services, Inc.

Effective Date: May 17, 2006

**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 agencies' practices and that of:

- Any health care professional authorized to enter information into your medical record.
- Any student or member of a volunteer group we allow to help you while you are an active patient.
- All employees, staff and other agency personnel.
- This notice was issued by the following Alliance Health Services, Inc. agency:
  - Alliance Home Care
  - Alliance Hospice
  - Alliance Home Medical Equipment
  - Methodist Alliance Infusion Services
- All of the above agencies will follow the terms of this notice. In addition, these agencies may share medical information with each other or with other Methodist Healthcare entities for treatment, payment or healthcare operations purposes described in this notice. Other physicians and caregivers may be given access to your medical information to assist in medical evaluation or treatment being provided to you.
- Those other physicians and healthcare providers may also have different policies and notices regarding their use and disclosure of medical information related to you which is created in their offices or clinics.

## 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 by our agencies. 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 related to your care generated by our agencies, whether made by health care professionals or other personnel.

This notice will tell you about the ways in which 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; and
- 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 disclosures 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 doctors, nurses, technicians, health care students, or others who are involved in your care. For example, medical information obtained by an agency nurse or other member of the health care team will be recorded in your record and used to determine your plan of care. Members of the health care team will record the actions taken and observations made. The health care team members will then notify your physician on how you are responding to agency services or treatment given by agency staff.
- **For Payment.** We may use and disclose medical information about you, so that the treatment and services you receive by the agency can be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about the care you received by the agency so that your health plan will pay us for that care. We may also tell your health plan about services you are going to receive to obtain prior approval or to determine whether your plan will cover such services.
- **For Health Care Operations.** We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to operate the agencies and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you or we or our designee, may send you a patient satisfaction survey. We may also combine medical information about many agency patients to decide what additional services our agencies should offer, what services are not needed, and whether certain new treatments are effective.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend services that may be of interest to you. We may communicate to you via newsletters, mailouts or other means regarding treatment options, health-related information, disease management programs, wellness programs, or other community-based initiatives or activities in which our agencies participate.

- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.
- **Fundraising Activities.** We may use information about you to contact you in an effort to raise money for Methodist Healthcare hospitals. We may disclose information to a Foundation related to the hospitals so that the Foundation may contact you in raising money for the hospitals. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services at the hospital(s). If you do not want the Foundation to contact you for fundraising efforts, you must notify the appropriate Foundation(s) in writing. Please address your correspondence to the Methodist Healthcare Foundation and/or Le Bonheur Children's Medical Center Foundation at 1211 Union Avenue, Memphis, TN 38104.
- **Individuals Involved in Your Care or Payment for Your Care.** Staff members, using their best judgment, may disclose to a family member, friend, or other person you identify, medical information relevant to that person's involvement in your care or payment related to your care. We may use and disclose information regarding your location and general condition to a family member, personal representative, or other person responsible for your care. You may choose to object to any such disclosure by notifying the staff member caring for you.
- **Research.** We may disclose information to researchers when an Institutional Review Board has reviewed and approved the research proposal, established protocols to ensure the privacy of your health information and granted a waiver of the authorization requirement.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

### **SPECIFIC SITUATIONS.**

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Work-Related Illness and Injuries.** We may release medical information about you to your employer and others for purposes related to occupational health and safety programs and/or workers' compensation matters.
- **Public Health Risks (Health and Safety to you and/or others).** We may disclose medical information about you for public health activities. We may use and disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include, but are not limited to, the following situations:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contacting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure when required or authorized by law.
- **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 health care system, government programs, and compliance with civil rights law.
- **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.
- **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 conduct; 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 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 Agency to funeral directors as necessary to carry out their duties.
- **National Security and 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 and Others.** We may disclose medical 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.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

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

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, contact the Agency's Administrative Director or Director. If you request a copy of the information, we will charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Agency 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 agency. To request an amendment, your request must be made in writing and submitted to the Agency's Administrative Director or Director. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the agency;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you to others except for purposes of treatment, payment and operations identified above.

To request this list or accounting of disclosures, you must submit your request in writing to the Agency's Administrative Director or Director. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 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 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 health care 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 a family member or friend. 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.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Agency's Administrative Director or Director. 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.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work.

## CHANGES TO THIS NOTICE.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the agency. The notice will contain on the first page, the effective date thereof. In addition, each time you register at or are admitted to the agency for treatment or health care services following a change or revision to this notice, we will offer you a copy of the current notice in effect.

## COMPLAINTS.

If you have questions regarding this notice or believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Agency's Administrative Director or Director. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. **The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.**

## OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical 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. We will then no longer use or disclose medical information about you for the reasons covered by your written authorization. By this document, you are notified 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.