



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.

I. Who We Are

This Notice describes the privacy practices of West Tennessee Healthcare, and its hospitals and affiliates (“WTH”), including members of its workforce (employees and volunteers), the physician members of the medical staff, and allied health professionals who practice at WTH. WTH and the individual health care providers together are sometimes called “us” or “we” in this Notice. While we engage in many joint activities and provide services in a clinically integrated care setting, we each are separate legal entities (physician members of the staff and some allied health professionals are not employees, joint venturers, or agents of WTH). This Notice applies to services furnished to you including but not limited to the following facilities or through the following services:

- Jackson-Madison County General Hospital
 - Bolivar General Hospital
 - Bradford Family Medical Center
 - Camden Family Medical Center
 - Camden General Hospital
 - CardioThoracic Surgery Center
 - East Jackson Family Medical Center
 - Gibson General Hospital
 - Health Partners
 - Healthier Beginnings
 - Healthy Start
 - Hospice of West Tennessee
 - Humboldt General Hospital
 - Lift Health Clinic
 - Lift Therapy Inc.
 - Mature Advantage Club
 - Medical Center EMS
 - Medical Center Infusion Services
 - Medical Center Laboratory
 - Medical Center Medical Products
 - MedSouth Medical Centers
 - Milan General Hospital
 - Milan School Clinic
 - Oncology/Hematology Clinic
 - Pathways Behavioral Health Services
 - School Health Clinic of Jackson
 - Sports Plus Aquatherapies
 - Sports Plus Rehabilitation Centers
 - The Therapy and Learning Center
 - West Tennessee Healthcare Foundation
 - West Tennessee Imaging Center
 - West Tennessee Medical Call Center
 - West Tennessee Neurosciences
 - West Tennessee OB/GYN
 - West Tennessee Rehabilitation Center
 - West Tennessee Surgery Center
 - Work Partners
 - Work Plus Rehabilitation Center
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- Medical Clinic of Jackson
 - Medical Specialty Clinic

II. Our Privacy Obligations

Each of us is required by law to maintain the privacy of your health information ("**Protected Health Information**" or "**PHI**") and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

III. Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, which we will describe in Section IV below, we must obtain your written authorization on our authorization form ("**Your Authorization**") in order to use and/or disclose your PHI. However, we do not need any type of authorization from you for the following uses and disclosures:

A. Uses and Disclosures For Treatment, Payment and Health Care Operations. We may use and disclose PHI in order to treat you, obtain payment for services provided to you, and conduct our "health care operations" as detailed below:

- Treatment. We use and disclose your PHI to provide treatment and other services to you--for example, to diagnose and treat your injury or illness. In addition, 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. We may contact you after you leave WTH to inquire about your medical progress. We may also disclose PHI to other providers involved in your treatment.
- Payment. We may use and disclose your PHI to obtain payment for services that we provide to you--for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care ("**Your Payor**") to verify that Your Payor will pay for health care.
- Health Care Operations. We may use and disclose your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of physicians, nurses, and other health care workers. In addition, WTH may ask that you fill out and return a patient satisfaction survey and may contact you to remind you to fill out the survey as well as ask your opinion on your stay at WTH.

We may also disclose PHI to your other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, such as quality assessment and improvement activities, reviewing the quality and competence of health care professionals, or for health care fraud and abuse detection, or compliance. In addition, we may share PHI with our business associates who perform treatment, payment, and healthcare operations services on our behalf.

B. Use or Disclosure for Directory of Individuals. We may include your name, location in WTH facility, general health condition, and religious affiliation in a patient directory without obtaining Your Authorization *unless* you object to inclusion in the directory. Information in the directory may be disclosed to anyone who asks for you by name or members of the clergy, provided, however, that religious affiliation will only be disclosed to members of the clergy.

C. Disclosure to Relatives, Close Friends and Other Caregivers. We may use or disclose your PHI to a family member, other relative, a close personal friend, or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative, or a close personal friend, we would disclose only information that we believe is directly relevant to the person's involvement with your health care or payment related to your health care. We may also disclose your PHI in order to notify (or assist in notifying) a family member, other relative, or close personal friend of your location, general condition, or death.

D. Public Health Activities. As required or authorized by law, we may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

E. Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

F. Health Oversight Activities. We may disclose your PHI to a health oversight agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Medicare or Medicaid.

G. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

H. Law Enforcement Officials. We may disclose your PHI to the police or other law enforcement officials as required or permitted by law or in compliance with a court order, a grand jury, or administrative subpoena.

I. Decedents. We may disclose your PHI to a coroner, medical examiner, or funeral director as authorized by law.

J. Organ and Tissue Procurement. To the extent required by law, we may disclose your PHI to organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

K. Research. We may use or disclose your PHI without Your Authorization if our Institutional Review Board approves a waiver of the authorization requirement. While most clinical research studies require specific patient consent, there are some instances when a retrospective record review with no patient contact may be conducted by such researchers. For example, the research project may involve comparing the health and recovery of certain patients with the same medical condition who received one medication to those who received another medication.

L. Health or Safety. We may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

M. Specialized Government Functions. We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State, under certain circumstances.

N. Workers' Compensation. We may disclose your PHI as authorized by and to the extent necessary to comply with Tennessee law relating to workers' compensation or other similar programs.

O. As required by law. We may use and disclose your PHI when required to do so by any other law not already referred to in the preceding categories.

IV. Uses and Disclosures Requiring Your Written Authorization

A. Use or Disclosure with Your Authorization. For any purpose other than the ones described above in Section III, we only may use or disclose your PHI when you grant us Your Authorization. For instance, you will need to execute an authorization form before we can send your PHI to your life insurance company. We will never sell PHI without Your Authorization.

B. Marketing. We must also obtain your written authorization (“**Your Marketing Authorization**”) prior to using your PHI to send you any marketing materials. (We can, however, provide you with marketing materials in a face-to-face encounter without obtaining Your Marketing Authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining Your Marketing Authorization.) In addition, we may tell you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers, or care settings without Your Marketing Authorization.

C. Uses and Disclosures of Your Highly Confidential Information. In addition, federal and state law requires special privacy protections for certain highly confidential information about you (“**Highly Confidential Information**”), including information about your PHI that: (1) is maintained in psychotherapy notes; (2) is about mental health and developmental disabilities services; (3) is about alcohol and drug abuse prevention, treatment, and referral; (4) is about HIV/AIDS testing, diagnosis, or treatment; (5) is about communicable disease(s); or (6) is about genetic testing. In order for us to disclose your Highly Confidential Information for a purpose other than those permitted by law, we must obtain Your Authorization.

V. **Your Rights Regarding Your Protected Health Information**

A. For Further Information; Complaints. If you want further information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact our Compliance Office. You may also file written complaints with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Compliance Office will provide you with the correct address for the Director. We will not retaliate against you if you file a complaint with us or the Director.

B. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment, and health care operations, (2) to individuals (such as a family member, other relative, close personal friend, or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction unless you are restricting disclosure of PHI to a health plan and have paid out-of-pocket in full for the services. If you want to request additional restrictions, please obtain a request form from appropriate registration or admission personnel and submit the completed form to the Compliance Office.

C. Right to Receive Confidential Communications. You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations. For instance, we will send correspondence to an alternative mailing address.

D. Right to Opt Out of Fundraising Contacts. You may opt out of any fundraising contacts at any time.

E. Right to Revoke Your Authorization. You may revoke Your Authorization or Your Marketing Authorization, except to the extent we have already taken action based on the original authorization, by delivering a written revocation statement to the Compliance Office identified below.

F. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny your access to a portion of your records. If you want access to your records, please obtain a record request form from the appropriate medical records personnel and submit the completed form to the Medical Records/Health Information Management Department. Reasonable and cost-based copying fees will be imposed according to department policies and fee schedules.

G. Right to Amend Your Records. You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you want to amend your records, please obtain an amendment request form from appropriate medical records personnel and submit the completed form to the Medical Records/Health Information Management Department. We will comply with your request unless we believe that the existing information that would be amended is accurate and complete or other special circumstances apply.

H. Right to Receive An Accounting of Disclosures. Upon request, you may get an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided the period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. The first accounting in any 12-month period is free. For each additional request by an individual in any 12-month period, WTH may charge a reasonable, cost-based fee, including reasonable retrieval and report preparation costs, as well as any mailing costs.

I. Right to Be Notified of Breach. You have the right to be notified after a breach of unsecured PHI.

J. Right to Receive Paper Copy of this Notice. Upon request, you may get a paper copy of this Notice, even if you have agreed to receive such notice electronically.

VI. Effective Date and Duration of This Notice

A. Effective Date. This Notice is effective on April 14, 2003.

B. Right to Change Terms of this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas around **West Tennessee Healthcare** and on our Internet site at www.wth.net. You also may obtain any new notice by contacting the Compliance Office.

VII. Compliance Office

You may contact the Privacy Coordinator at:

Compliance Office
West Tennessee Healthcare
620 Skyline Drive
Jackson, Tennessee 38301
Telephone Number: (877) 746-3676 or (731) 660-7720