



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.

When this notice refers to “we” or “us,” it means Charleston Area Medical Center, Inc. (“CAMC”), including CAMC General Hospital, CAMC Memorial Hospital, Teays Valley Hospital and CAMC Women and Children’s Hospital, all off-site departments, and hospital clinics. It also means the employees of CAMC, the physicians who practice medicine in the CAMC hospitals, and all of the other health care providers who join with CAMC in providing you with this notice.

Each time you are a patient of CAMC, a record of your visit is made. Although this record belongs to CAMC, you have certain rights in regard to the information that is collected about you. In addition, we have certain legal responsibilities to you in how we use and disclose your health information. We understand that health information is personal and that protecting your information is important. This notice will explain your rights and our

responsibilities in regard to protected health information that is made, collected and maintained in CAMC’s hospitals, clinics and off-site departments. It will also tell you how we may use and disclose your protected health information. If you have any questions about this notice or our privacy practices, please call our privacy office at (304) 388-1187

Your health information rights

You have the right to:

Learn how your health information may be used or disclosed without your express authorization. This notice will describe those situations and provide you with examples.

Obtain a paper copy of this Notice of Privacy Practices upon request. Even if you receive this notice electronically, you may ask for a written copy.

Ask to inspect and copy our record of your health information. You may make a written request to inspect or copy your medical chart. We may deny your request in certain circumstances; for example, if access to the information would be harmful to you or someone else, or the law does not allow you to have access to the information. If that happens, you can ask us

to have the denial reviewed. Unless the denial is based upon a law that does not allow you access to the record, we will arrange to have the denial reviewed by a health care professional who did not participate in the original decision. If you are given a copy of your records, we will charge you our regular fee for making the copy and sending it to you. If your record is maintained in an electronic health record, we can provide it to you in hard copy (print format) or you may ask that it be supplied electronically. If you choose to receive your records through electronic media, the form of that media will be in our discretion. For more information about inspecting or copying your health care record, call our **privacy office at (304) 388-1187.**

Request a restriction on certain uses and disclosures of your information. We can use and disclose your health information without your authorization for treatment and payment purposes and for health care operations. However, you may make a written request that we limit our use or disclosure when carrying out these activities. We are not required to comply with your request, but if we

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do agree, we will restrict our use and disclosure unless the information is needed to provide you with emergency care. For more information on how to request a restriction, call our **privacy office at (304) 388-1187**.

Request that your protected health information not be provided to your insurance company (such as in connection with insurance reimbursement) where the service is paid in full at the time that the health care service is provided. To do so, you must notify your health care professional or CAMC in writing, and provide payment at the time that your health care service is provided.

Request an amendment to your health care record. You may make a written request asking that we make changes to your health care record. We are not required to make your requested amendments. For example, your request may be denied if we did not create the record, if it is not part of our records, if it is a record that you do not have a right to access, or if we believe the record is accurate and complete. However, if we deny your request, we will give you the reason for the denial in writing. If you disagree with the denial, you may submit a written statement of your disagreement, which we will file and distribute with future disclosures of the record you wanted to amend. For more information about how to request amendments and the process we will follow, call our **privacy office at (304) 388-1187**.

Obtain an accounting of disclosures of your health information that you have not expressly authorized.

The law requires us to keep track of certain disclosures we make of your health information, although we are not required to keep track of all of the disclosures. For example, we do not have to keep track of disclosures we make to you, or disclosures for treatment, payment or health care operations. We also do not keep track of disclosures made for national security, for the facility directory or to family members or other people involved in your care, to law enforcement officials or correctional institutions that have you in custody, to health oversight agencies, incidental disclosures, disclosures in a limited data set, or in response to an authorization you have signed. You may make a written request for a list of the disclosures we have tracked. The list will include the date of each tracked disclosure, the name of the party who received your information, a brief description of what was disclosed, and the purpose of the disclosure. Your request can ask for disclosures made as far back as six years before the request, but cannot ask for disclosures made before April 14, 2003. We will notify you of the cost involved, if any charges are going to be made to you, so that you can choose to withdraw your request before costs are incurred. For more information on what disclosures we track and how to request

a list, call our **privacy office at (304) 388-1187**.

Request confidential communications of your health information by receiving it in a certain manner or at a certain location. You may make a written request that we communicate with you about your medical information in a certain way or at a certain location. We will try to accommodate all reasonable requests. If you would like more information about how to request confidential communications, call our **privacy office at (304) 388-1187**.

Revoke an authorization to use or disclose health information except to the extent that action has already been taken. You may sign a written authorization requesting that we disclose your health information to someone else. If you later decide that you want to cancel your authorization, you should tell us in writing that you want to revoke the authorization. Except for disclosures that have already been made or mailed, we will comply with your request. For more information about signing an authorization or revoking one, call our **privacy office at (304) 388-1187**.

To receive notification if there is a breach of your unsecured protected health information. You will be notified in writing when we become aware that there has been a breach of your medical record or protected health information.

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Our responsibilities to you

We are required to:

Maintain the privacy of your health information.

Provide you with notice of our legal duties and privacy practices.

Abide by the terms of our Notice of Privacy Practices. We reserve the right to change our privacy practices and to make any new practices apply to all of the health information we maintain. However, if we do make changes, we will provide you with a new Notice of Privacy Practices on your next visit to CAMC or upon your request.

How we may use and disclose your health information without your written authorization

Federal and state laws allow us to use and disclose your medical information without your written authorization in the following ways. **We have provided you with some examples for each category of use or disclosure, but cannot list every permitted use or disclosure.** Therefore, if you have any questions about specific uses or disclosures, please call our **privacy office at (304) 388-1187.**

1. For treatment, payment, or health care operations

We will use your health information for treatment purposes.

For example: Information obtained by a nurse, physician, or other member of your health care team will be written in

your medical record, and the record will be shared by all the people who are caring for you. By sharing information, they can plan your treatment, follow your progress, and arrange for your care after you leave CAMC.

We also may give your family physician, referring physician or other health care providers copies of records they need to treat you once you are discharged from CAMC.

We will use your health information for payment.

For example: A bill, or portions of your hospital chart, may be sent to your health insurance company to help it process payment for your visit. These records usually include information about your diagnosis, procedures you had and supplies that were used to treat you.

We will use your health information for regular health care operations.

For example: Members of the medical staff, risk and safety managers, hospital lawyers and members of quality improvement teams may use information in your medical record to assess the quality of care given to you and to do claims reviews. We may use your health information, along with the information of other patients, to create data that does not identify any of you in order to compare outcomes of care. This information may be used to improve the quality and effectiveness of care, to respond to concerns you have raised, and to address safety issues.

We also may give your health information to business associates who provide a service to the hospital. Examples include pharmacy and equipment vendors, outside laboratories, CAMC-affiliated research teams, copy services, collection agencies and financial consultants. In these cases, we will only give our business associates the pieces of your health information that they need to do the job we have asked them to do. We will also require our business associates to have appropriate safeguards to protect the privacy of your information.

2. For public health activities

We may disclose your health information to public health agencies.

For example: Records of the birth or death of patients will be reported to the state agency that keeps a vital statistics registry. We will also provide information to other public health agencies that are authorized by law to collect medical information for public health investigations or to control disease or prevent injury.

We will disclose your health information to appropriate authorities in cases of suspected abuse or neglect.

For example: If health care providers at CAMC suspect that you have been the victim of child or elder abuse or neglect, we will provide your health information to the proper state agency or agencies authorized to conduct an investigation.

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We will disclose your health information to the Food and Drug Administration (FDA) when necessary.

For example: If you get hurt by or have an unexpected reaction to an FDA-regulated product, we will report the event to the FDA, so that it can investigate, monitor or track the safety of the product.

We will report cases of communicable disease to the proper government agencies.

For example: We will follow the West Virginia law that requires us to notify the Health Department when a patient is diagnosed with a serious disease that can be spread to others, such as HIV or tuberculosis.

We may disclose health information to an employer when required by law.

For example: If an employer sends its employee to CAMC to evaluate whether the employee has a work-related injury that the employer must report, we may provide the results of the evaluation to the employer.

3. For health oversight activities, judicial and administrative procedures, and law enforcement

We will disclose your health information to health oversight agencies as required by law.

For example: We may disclose your health information to a government benefit program so that it can determine your eligibility. We also may disclose your health information to a government agency that

is auditing the hospital or inspecting it to determine if the hospital is complying with program standards.

We may disclose your health information in response to a court order, subpoena, or in the course of a judicial or administrative proceeding.

For example: If we receive a valid order from a court requiring us to disclose your health information, we will comply with the order, but will only disclose the information specifically required by the order.

If we receive a subpoena or other legal process, we will not disclose your health information until we receive satisfactory assurance that you have been sent notice of the request, and have not filed objections, or that other steps have been taken to protect the health information from being used improperly.

We may disclose your health information to law enforcement officials under certain circumstances.

For example: If you are the victim of a gunshot or other type of injury that must be reported to law enforcement, we will disclose your health information as required by law. In the case of a medical emergency, we may disclose your health information to law enforcement officials if disclosure appears necessary to alert law enforcement to the commission or location of a crime, or the identity of the perpetrator.

If you are the suspected victim of a crime that does not have to be reported, we may disclose your health information to a law enforcement official who requests the information, but (1) only if you agree, or (2) if you are unavailable or incapacitated at the time, only if the law enforcement official tells us that the information is needed quickly for law enforcement activity and is not intended to be used against you. We will disclose your information under these circumstances only if we believe at the time that disclosure is in your best interests.

We also may disclose your health information to a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, although we will only disclose limited information and will not disclose information related to your DNA or blood-typing.

If we receive a grand jury subpoena, court order, or a warrant for your health information, we may disclose it if the information requested is limited in scope and is material to a legitimate law enforcement investigation.

We may disclose your health information if we believe it is relevant to or constitutes evidence of criminal activity on CAMC's premises.

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4. In cases of death, organ or tissue donation, and research

We will disclose health information to coroners, medical examiners, and funeral directors as required by law.

For example: If the medical examiner requests health information to help determine the cause of a patient's death, we will provide the requested information. Likewise, if a patient has died with a blood-borne disease, such as HIV, we will inform the funeral director who is handling the body, so that precautions may be taken to avoid the spread of the disease.

We will disclose health information necessary to carry out organ or tissue donation.

For example: We will follow federal and state laws that require us to contact an organ procurement agency whenever a patient is dying or has died and to share relevant information with the agency so that it can determine if the patient is a candidate for organ or tissue donation.

We may disclose health information for certain types of research.

For example: We may disclose health information to a researcher, whose project has met the safeguards and requirements of a research approval board after it has considered the patient's need for privacy, as long as the information will be protected and will not be used for any

other purpose. In certain limited circumstances, as strictly defined by applicable laws, CAMC is permitted to use patient data for research or other similar types of evaluation purposes, without obtaining a patient authorization. For example, certain types of public health reviews, as well as research involving a so-called "limited data set" of personal identifiers that do not reveal the identity of the patient, is permitted without a patient authorization.

5. To avert a threat to health or safety

We may use or disclose your health information if we believe, in good faith, that the use or disclosure will prevent or lessen a serious and imminent threat of harm to the health and safety of a person or the public.

For example: If you have suffered a head injury that makes you unable to safely drive a motor vehicle, we may disclose your relevant health information to the Department of Motor Vehicles.

6. For specialized government functions

We may disclose your health information, when appropriate, to assure the proper execution of a military mission, for national security and intelligence, and for the protection of the president of the United States or heads of state.

For example: If the president of the United States visits

Charleston and requires medical care, we may disclose your health information if it is deemed to be necessary to protect the safety of the president during his visit.

We may disclose your health information to a correctional institution if you are an inmate of that institution.

For example: We will provide your health information to the correctional institution in which you are an inmate if the institution represents that the information is necessary for your health, safety or treatment, or for the health and safety of other inmates and correctional officers.

7. For fundraising activities, marketing and informational purposes

We may use or disclose information about you for fundraising.

For example: We may disclose limited information about you to our fundraising affiliate, the CAMC Foundation, so that the foundation may contact you in regard to various fundraising activities to support the hospital. If you do not want to be contacted, please call our foundation office at (304) 388-9860 or email them at camcfoundation@camc.org and ask to be removed from any fundraising list. You may also write to our **privacy office at 130-138 57th St., Building 3, Unit 2, Charleston, WV 25304** and ask to be removed from any fundraising list.

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We may use or disclose information about you for limited marketing purposes.

For example: We may disclose limited information about you to our marketing department to provide you with a nominal promotional gift, such as a newsletter describing special services we offer.

We may use or disclose information about you for additional health information and scheduling.

For example: We may disclose limited information about you to arrange for the scheduling of treatment, to remind you of an appointment, to recommend possible treatments to you, or to provide information about health services that might be of interest to you.

8. As required by law

We will use or disclose your health information to the extent that the law requires it.

For example: If you were in an accident that was caused by someone else's negligence and your medical bills were paid by Medicaid, the law may require us to provide your health information to Medicaid so that it can collect reimbursement from the person who caused the accident. We also may have to disclose information to Workers' Compensation if you have made a claim for benefits.

Uses and disclosures of health information to which you may object

The law allows us to use your health care information in some

instances, unless you object in advance. These instances include the following:

- While you are in the hospital, religious affiliation information about you may be collected and stored electronically and shared with clergy members.

- While you are in the hospital, information such as your name, room number, and general condition may be put in a hospital directory and released to people who ask for you by name.

- Information about your condition may be given to family members, relatives or close personal friends who are involved in your care, or to notify them of your location and general condition, when you are in an emergency condition, or when you are incapacitated.

- Information may be given to disaster relief organizations.

You have the right to avoid disclosures to Health Plans for Payment or Healthcare Operations.

Uses and disclosures of health information that require your authorization

Uses and disclosures for marketing purposes and disclosures that constitute a sale of protected health information will require your authorization. All other uses and disclosures of your health information, except those listed previously in this notice, will be made only with your valid written authorization. You may revoke an authorization

at any time by writing down your revocation and sending it to our privacy office at 130-138 57th St., Building 3, Unit 2, Charleston, WV 25304. The revocation will be valid upon our receipt of it, except to the extent that we have already relied upon it and taken action on it.

The law specially protects certain types of health information. This information will only be used and/or disclosed with a valid written authorization **if all requirements of the law are met.** This information includes:

- Psychotherapy notes
- Records related to the Human Immunodeficiency Virus (HIV)
- Records of drug and/or alcohol abuse testing, diagnosis or treatment

Uses and disclosures of health information when you are incapacitated, incompetent or deceased

If you become incapacitated or incompetent, your health information will be treated the same way it was treated when you were capable and competent. If an authorization or objection is required, your personal representative or surrogate health care decision maker will be treated in the same manner as you would be treated.

Your health information will remain protected even after your death. If an authorization is required for the release of your health information after

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your death, the executor or administrator of your estate must sign the authorization.

Uses and disclosures of health information involving minors

The health information of minors will be treated like any other health information except for the following special rules:

- As provided in West Virginia law, both parents of a child will have equal access to the child's records except as limited by court order or other West Virginia law. The parent objecting to a release of records to the other parent has the duty to provide us with a court order prohibiting the release.

- As provided in West Virginia law, records of the diagnosis, treatment or counseling of a minor for drug or alcohol abuse or addiction will not be released to parents or guardians without the consent of the minor.

- As provided in West Virginia law, records of the diagnosis, testing or treatment of a minor for a sexually transmitted disease will not be released to parents or guardians without the consent of the minor.

- As provided in West Virginia law, records involving the use of birth control by a minor, or of prenatal care rendered to a minor, will not be released to parents or guardians without the consent of the minor.

For more information, to make a written request, to report a problem or to file a complaint

This notice is required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Standards have been developed to implement the requirements of HIPAA and provide more detail about the rights and responsibilities described in this notice. If you would like additional information regarding HIPAA, you may access it electronically at the following website: <http://www.cms.hhs.gov/>.

If you have questions and would like additional information about our privacy practices, or if you want to make a written request under this notice, you may call our **privacy office at (304) 388-1187**.

If you believe your privacy rights have been violated, you can file a complaint with us

during regular business hours, either by calling the Compliance Hotline at 1-877-777-0787, or our privacy office at (304) 388-1187. The contact person will tell you what additional steps to take. You can also file a complaint by contacting the Secretary, United States Department of Health and Human Services.

There will be no retaliation for filing a complaint.

Effective date and practice changes

This Notice of Privacy Practices is effective April 14, 2003. We reserve the right to change our privacy practices and to make the new provisions effective for all protected health information we maintain at CAMC's hospitals, off-site departments and hospital clinics. Should our privacy practices change, you will receive a revised notice on your next visit to a CAMC facility or upon your request.