

## **SOUTHEAST HEALTH SYSTEM FACILITIES AND AFFILIATED ENTITIES 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.**

This notice is provided on behalf of Southeast and its Medical Staff. This notice is intended to inform you about our practices related to the protection of the privacy of your medical records. Generally, we are required by law to ensure that medical information that identifies you is kept private. Further, we must give you this information related to our legal duties and privacy practices with respect to any medical information we create or receive about you. We are required by law to follow the terms of the notice that is currently in effect.

This notice will explain how we may use and disclose your medical information and your rights related to any medical information that we have about you. This notice applies to the medical records that are generated in or by this 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.

With few exceptions, we are required to obtain your authorization for the use or disclosure of the information. Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization. We have listed some of the reasons why we might use or disclose your medical information and some examples of the types of uses or disclosures below. Not every use or disclosure is covered, but all of the ways that we are allowed to use and disclose information will fall into one of these categories.

If you have any questions about the content of this Notice of Privacy Practices, please contact the Hospital's Privacy Officer at 573-651-5505.

In addition to hospital departments, employees, Medical Staff and other hospital personnel, the following persons will also follow the practices described in this Notice of Privacy Practices:

- Any health care professional who is authorized to enter information in your medical record;
- Any member of a volunteer group that we will allow to help you while you are in the Hospital;

- Students and faculty of Southeast Health College or Health Sciences and other educational facilities for which the hospital provides practice sites; and
- The employees and staff of Southeast Hospital, Southeast Home Health, Southeast Hospice, Southeast Outpatient Rehab, Southeast Medical Equipment, Southeast Missouri Hospital Physicians LLC (all entities), Southeast Health Pharmacy, Southeast Health Retail Pharmacy, Healthpoint and HealthPoint Plaza, and Southeast Health Center of Ripley County, Southeast Health Center of Reynolds County, Southeast Health Center of Stoddard County and their associated clinics and practices will follow this Notice of Privacy Practices, each considered a “Covered Entity” for purposes of this notice. In addition, other entities may share medical information for treatment, payment or health care operations as they are described in this Notice of Privacy Practices. These other entities are hereinafter referred to collectively with the hospital as “Hospital.”

### **Uses and Disclosures of Medical Information That Do Not Require Your Authorization:**

We can use or disclose medical information about you regarding your treatment, payment for services or for Hospital operations without your authorization.

**For Treatment:** To provide you with medical treatment or services, we may need to use or disclose information about you to doctors, nurses, technicians, medical students or other Hospital personnel who are involved in your treatment. For example, a doctor may need to know what drugs you are allergic to before prescribing medications. Departments within the Hospital may share medical information about you to coordinate your care. For instance, the laboratory may request information to complete lab work. We may also disclose medical information about you to people who may be involved in your medical care after you leave the Hospital, such as home health agencies, medical equipment companies and family members.

**For Payment:** We may use and disclose your medical information for the Hospital to bill and receive payment for the treatment that you received here. For example, we may use or disclose your medical information to your insurance company so that your insurance company can pay us or reimburse you for services received at the Hospital. We may also ask your insurance company for prior authorization for a service to determine whether the insurance company will cover it.

**For Health Care Operations:** We can use and disclose medical information about you for Hospital operations. These include uses and disclosures that are necessary to run the Hospital and make sure that our patients receive quality care. For example, we may use or disclose medical information about you to evaluate our staff's performance in caring for you. Medical information about you and other Hospital patients may also be combined to allow us to evaluate whether the Hospital should

offer additional services or discontinue other services and whether certain treatments are effective. We may use or disclose your information for the purpose of coordinating your prescription history from other healthcare providers. We may also compare this information with other hospitals to evaluate whether we can make improvements in the care and services that we offer. To best protect your privacy when we are comparing medical information with that of other hospitals, we will remove information that identifies you.

### **Other Permitted Uses and Disclosures of Your Medical Information:**

We can use or disclose health information about you without your authorization when there is an emergency, when we are required by law to treat you, when we are required by law to use or disclose certain information or when there are substantial communication barriers to obtaining consent from you.

Further, we may use or disclose your health information without your consent or authorization in any of the following circumstances:

- When it is required by law;
- When it involves use and disclosure for public health activities, such as mandated disease reporting, etc;
- When reporting information about victims of abuse, neglect or domestic violence;
- When disclosing information for the purpose of health oversight activities, such as audits, investigations, licensure, or disciplinary actions or legal proceedings or actions;
- When disclosing information for judicial and administrative proceedings in accordance with state and/or federal law, for instance, in response to a court order, such as a court-ordered subpoena and to permit service of legal process such as a summons issued by a court;
- When disclosing information for law enforcement purposes, for instance, to locate or identify a suspect, fugitive, witness or missing person; regarding a victim of a crime who cannot give consent or authorization because of incapacity; regarding a death believed to be the result of criminal conduct or regarding suspected criminal conduct at the hospital;
- When disclosing information about deceased persons to medical examiners, coroners and funeral directors;
- When disclosing or using information for organ and tissue donation purposes;
- When disclosing information related to a research project when a waiver of authorization has been approved by the Institutional Review Committee. For more information about this right, see 45 Code of Federal Regulations (C.F.R.) §164.512 (i);
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or to the public;

- When disclosure is necessary for specialized government functions, such as military service, for the protection of the President or for national security and intelligence activities;
- When required by military command authorities, if you are a member of the armed forces (or if foreign military personnel, to appropriate foreign military authorities);
- In the case of a prison inmate, information can be released to the correctional facility in which he or she resides for the following purposes: (1) for the institution to provide the inmate with health care; (2) to protect the health and safety of the inmate or the health and safety of others; (3) for the safety and security of the correctional facility; and
- When disclosure is necessary to comply with worker's compensation laws or purposes.

**Planned Uses or Disclosures to Which You May Object:**

We will use or disclose your health information for any of the purposes described in this section unless you affirmatively object to or otherwise restrict a particular release. You must direct your written objections or restrictions to the Hospital's Privacy Officer at the following address:

Privacy Officer  
SoutheastHEALTH  
1701 Lacey Street  
Cape Girardeau, MO 63701

- We may use or disclose your health information to contact and remind you that you have an appointment for treatment or medical care.
- We may use or disclose your health information to provide you with information about or recommendations of possible treatment options or alternatives that may interest you.
- We may use or disclose your health information to inform you about health benefits or services that may interest you.
- Patient directory: We may include the following protected health information about you in the facility's directory: name, location in the facility, and general condition with no specific medical information. We may provide this same information to people who ask for you by name. In addition to this directory information, we may also provide your religious affiliation to members of the clergy. You have the right to object to being included in the directory. Please note that if you choose not to be included in the patient directory, callers seeking information at the lobby or through the switchboard will not be told information about you.
- Fundraising: We will give your name, address and dates of service to the SoutheastHEALTH Foundation for the purpose of conducting fundraising

activities that benefit the hospital. You have the right to opt-out of receiving such communications.

- **Ministers, Churches, Clergy:** Members of the clergy may be told your religious affiliation along with other information contained in the facility directory. If you object to being included in the directory, no information about you will be given to church staff members, ministers or other members of the clergy who may seek to call on you in the hospital. If you desire for a minister, lay minister, church member or other clergy to be involved in your care, it is advisable to tell one of your nurses so they can note this in your chart. Otherwise, no information about you will be disclosed to members of the clergy without your authorization.
- We may release health information about you to a friend and/or family member who is involved in your care. We can tell your family and/or friends of your condition and that you are in the Hospital for treatment or services. We can also give this information to someone who will help or is helping to pay for your care.
- We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts, i.e., the American Red Cross, for the purpose of notification of family and/or friends of your whereabouts and condition.

### **Health Information Exchange**

We may make your protected health information available electronically through a secure health information exchange service to facilitate the exchange of your health information between and among other healthcare providers or other health care entities for your treatment, payment, or other healthcare operations purposes. This means we may share information we obtain or create about you with outside entities (such as hospitals, physician offices, pharmacies or insurance companies) or we may receive information they create or obtain about you (such as medication history, medical history, or other information) so each of us can provide better treatment and coordination of your healthcare services. You have the right to opt-out of participation in the Health Information Exchange.

### **Other Uses or Disclosures Not Covered by This Notice:**

Uses or disclosures not covered in this Notice of Privacy Practices will not be made without your written authorization. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, in writing. If you revoke your authorization, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization.

### **Your Rights with Respect to Health Information:**

Although your medical information record is the physical property of the Hospital, the information in our medical information record belongs to you. You have the following rights:

- **Right to Request Restrictions:** You have the right to request that we restrict any use or disclosure of your health information. We are not required to agree to any restriction that you request. If we do agree to adhere to your restrictions, we will comply with your request unless the information is needed to provide you treatment. Any request to restrict uses or disclosures must be made in writing to the Hospital's Privacy Officer. Your request must indicate (1) what information you want limited; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

For more information about this right, see 45 Code of Federal Regulations (C.F.R.) § 164.522(a).

- **Right to Restrict Certain Disclosures to a Health Plan:** You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service. Any request to restrict uses or disclosures must be made in writing to the Hospital's Privacy Officer. Your request must indicate (1) what information you want limited and (2) to whom you want the limits to apply.
- **Right to Receive Information in Certain Form and Location:** You have the right to receive information about your health in a certain form and location. For instance, you can request that we not contact you at your work. To request confidential communications, you must make your request in writing to the Hospital's Privacy Officer. The request must tell us how and/or where you want to receive the information. We will accommodate reasonable requests.

For more information about this right, see 45 C.F.R. § 164.522(b).

- **Right to Inspect and Copy Protected Health Information:** You have the right to inspect and copy your health information that may be used to make decisions about your care, with the exception of psychotherapy notes. If you want to see or copy your medical information, you must submit a request in writing to the Hospital's Medical Records Department (HIM). If you request copies of information, we may charge a fee for any costs associated with your request, including the cost of copies, mailing or other supplies.

In limited circumstances we can deny access to your health information. If access is denied, you can request that the denial be reviewed. A licensed health care professional chosen by the Hospital will review your request and the denial. We will adhere to the decision of the reviewer.

For more information about this right, see 45 C.F.R. §164.524.

- **Right to an Accounting of Disclosures:** You have the right to an accounting of disclosures of medical information that we have made, with some exceptions. You must submit your request in writing to the Hospital's Privacy Officer. Your request must state a time period that may not be longer than six (6) years and may not include date before April 14, 2003. You should include how you want the information reported to you, i.e., by paper, electronically, etc. You have the right to an accounting every twelve (12) months. If you request more than one (1) accounting in a twelve (12) month period, we may charge you a reasonable fee for the cost of providing the accounting. We will notify you of the charge for such a request and you can choose to withdraw or change your request before any costs are incurred.

For more information about this right, see 45 C.F.R. §164.528.

- **Right to Request Amendment to Protected Health Information:** You have a right to request that your health information be changed if you believe that it is incorrect or incomplete. You have a right to request a change for as long as the information is kept by the Hospital. To request a change in your information, you must submit it in writing to the Hospital's Privacy Officer; you must give the reason that you want the information changed, including why you think the information is incorrect or incomplete.

We can deny your request if it is not in writing or does not include a reason why the information should be changed. We can also deny your request for the following reasons: (1) the information was not created by the Hospital, unless the person or entity that did create the information is no longer available; (2) the information is not part of the medical record kept by or for the Hospital; (3) the information is not part of the information that you would be permitted to inspect or copy; or (4) we believe the information is accurate and complete.

For more information about this right, see 45 C.F.R. §164.526.

- **Right to Receive a Copy of this Notice of Privacy Practices:** You have the right to a paper copy of this Notice of Privacy Practices. Even if you have agreed to receive this notice in another form, you can still have a paper copy of this notice. To obtain a paper copy of this notice, contact the Privacy Officer. You can obtain a copy of this notice at our Web site, [www.sehealth.org](http://www.sehealth.org).
- **Right to be Notified Following a Breach:** You have the right to be notified of or receive notifications if you are affected by a breach of unsecured protected health information.

## **Complaints**

If you believe that we have violated any of your privacy rights or have not adhered to the information contained in this Notice of Privacy Practices, you can file a complaint by putting it in writing and sending it to the Hospital's Privacy Officer.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint with either the Hospital or the U.S. Department of Health and Human Services.

### **Changes to This Notice of Privacy Practices**

We reserve the right to change or modify the information contained in this Notice of Privacy Practices. Any changes that we make can be effective for any health information that we have about you and any information that we might obtain. Each time you receive services from the Hospital, we will provide the most current copy of our Notice of Privacy Practices. The most recent version of the Privacy Practices will be posted in our building. Also, you can call or write our contact person, whose information is included on the first page of this Notice of Privacy Practices, to obtain the most recent version of this notice.

Effective Date: April 14, 2003

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