



Marshall Health System (MHS)

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 READ IT CAREFULLY.

Affiliation with other entities: Marshall Medical Centers shares this Notice with others who participate in an Organized Healthcare Arrangement (OHCA). This includes physicians, allied health practitioners, emergency transportation services, Health Group of Alabama, facilities or agencies or others in this joint arrangement who may provide care or services to you.

Who will follow this notice? This Notice and arrangement establishes a standard in the uses and disclosure for all healthcare professionals affiliated with Marshall Health System, including Marshall Medical Centers North and South (MMCN and MMCS)

Marshall Health System (MHS) Has a Legal Duty to Safeguard Your Protected Health Information (PHI)

Protected Health Information or PHI includes information, such as name, address, social security number etc. that can be used to identify you. It is information about past, present, or future health condition or payment for healthcare. MHS must offer you this Notice about our privacy practices that explains how, when, and why MHS uses and discloses your PHI. With some exceptions, MHS will not use or disclose any more of your PHI than is necessary to accomplish the intended purpose. MHS is legally required to follow the privacy practices that are described in this Notice.

Understanding Your Health Record and 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 information or medical record, serves as:

- A basis for planning your care and treatment.
- A means of communication among the many health professionals who contribute to your care.
- A legal document describing the care you received.
- A means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating healthcare professionals.
- A source of data for medical research and/or studies.
- A source of information for public health officials charged with improving and monitoring the health of the nation.
- A source of data for facility planning and marketing.
- A tool to help MHS assess and continually work to improve care and services.

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

1. Ensure its accuracy.
2. Better understand whom, what, when, where, and why others may access your health information.
3. Make more informed decisions when authorizing disclosures to others.

You Have the Right To:

- Ask that MHS limit how it uses and discloses your PHI, but MHS is not legally required to agree. You may not limit the uses and disclosures that MHS is legally required or allowed to make.
- Choose how MHS sends PHI to you. You may request communication by alternative means or at alternative location.
- View or receive copies of your PHI at MHS. You must make the request in writing. MHS will respond to you within 30 days after receiving your written request. You may be charged a reasonable fee after the first copy. MHS may provide you with a summary or explanation of the PHI as long as you agree. In certain situations, MHS may deny your request to access your medical record. You may have the denial reviewed by contacting the Health Information Department or Privacy Officer.
- Receive a list of occurrences in which MHS has disclosed your PHI. The list will not include uses or disclosures that you have authorized or those made for treatment payment, or healthcare operations. The list will not include uses and disclosures for emergencies, for national security purposes, or before 04/14/03. The list will include all other disclosures made after 04/14/03 and will include up to six (6) years, when available, unless you request a shorter time frame. MHS will provide the first list to you at no charge.
- Correct your PHI if you believe that there is a mistake in your medical record or important information is missing. You must provide the request in writing to the Health Information Department or the Privacy Officer. MHS will respond within 60 days of receiving your request. MHS may deny your request. Our written denial will state the reason and explain your right to file a written statement of disagreement to be placed on your record.
- Obtain a paper copy of this Notice or view the Notice of Privacy Practices at www.mmcenters.com

Marshall Health System (MHS) is Required to:

- Maintain the privacy of your health information.
- Provide you with a Notice about MHS's legal duties and privacy practices with respect to your PHI.
- Comply with the terms of this Notice.
- Notify you if MHS is unable to agree to a request.

MHS reserves the right to change our privacy practices and to make the new provisions effective for all health information. Should MHS Notice of Privacy Practices change, you will be offered a revised copy at your next visit.

How Marshall Health System May Disclose Your Protected Health Information (PHI)

The following is a summary of ways that MHS may use and disclose health information about you.

- **Treatment.** MHS may disclose your PHI to physicians, nurses, technologists, students, and other healthcare personnel who provide you with healthcare services or are involved in your care. For example, if you are being treated for a knee injury, MHS may disclose your PHI to the physical rehabilitation department in order to coordinate your care or to a medical equipment company to provide you crutches. MHS will also provide your physician or subsequent healthcare providers with copies of various reports that would assist them in treating you once you are discharged from this facility.
- **Payment.** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. The information that may be sent could include information relating to psychiatric illness, alcohol or drug abuse, HIV testing, AIDS, or infectious diseases.
- **Healthcare operations.** MHS may use or disclose your PHI for healthcare operations and continuity of care. For example, MHS may use your PHI including pictures or diagnostic images to evaluate the quality of healthcare services, for process improvement activities, or to evaluate the health plan performance. MHS may also provide your PHI to our accountants, attorneys, consultants, health improvement agencies, and others in order to make sure that MHS complies with all laws and regulations.
- **Business Associates.** There are some services provided at MHS through business associates that may not be covered entities. For example, MHS may contract with billing services, accounting firms, and healthcare consultants to assist in certain operational functions. MHS will generally have a formal agreement requiring that patient information be maintained in a manner consistent with MHS policies and procedures.
- **Directory.** Unless you object, MHS will use your name, location, and general condition in the facility directory/patient census. This information may be provided to people who ask for you by name. If you do not want this information made available, you may request confidential status.
- **Notification.** MHS may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care.
- **Communication with family.** Healthcare professionals, using their best judgment, may disclose health information relevant to your care or for payment to a family member, other relatives, a close personal friend or any other person you identify as a contact. We may disclose PHI about you to an entity assisting in a disaster relief effort so your family may be notified about your condition or location.
- **Research/Studies.** MHS may disclose information to researchers that have been approved by an institutional committee. Also, MHS may disclose PHI for independent studies that have been approved through the research approval process.
- **Coroners, Medical Examiners, Funeral Directors.** MHS may disclose health information to these agents consistent with applicable laws to carry out their duties.
- **Organ procurement organizations.** Consistent with applicable law, MHS 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.
- **Marketing.** MHS may contact you to provide appointment reminders, follow-up to care that was provided or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Fund raising.** MHS may contact you as part of a fund raising effort. If you do not wish to be contacted you must notify the Privacy Officer in writing to Marshall Medical Center North 8000 Hwy. 69 Guntersville, Al. 35976 or Marshall Medical Center South PO Box 758 Boaz, Al. 35957
- **Food & Drug Administration (FDA).** MHS may disclose to the FDA health information related to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

- **Protective Services, National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for protection of the President and other authorized persons or foreign heads of state, or to conduct special investigations, or for intelligence and other national security activities authorized by law.
- **Workers' Compensation.** MHS may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or to other similar programs established by law.
- **Public health.** As required by law, MHS may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, MHS is required to report abuse/ neglect of the elderly and children to all relevant entities.
- **Correctional institution.** Should you be an inmate of a correctional institution, MHS may disclose to the institution or agents any health information necessary for your health and/or the health and safety of other individuals.
- **Military.** MHS may disclose PHI about active or veteran armed forces personnel to commanding officers, as allowed by law.
- **Law enforcement.** MHS may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena and/or court order or for your protection or the protection of others.
- **Health Plan.** MHS may disclose PHI to the sponsors of your plan for underwriting, premium rating and other activities related to healthcare claims.

Reporting Complaints and Privacy Violations

- Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorneys, provided that a workforce member or business associate believes in good faith that MHS has engaged in unlawful conduct or has otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.
- Other uses and disclosures will be made only with the individuals' written authorization. The individual may revoke the authorization.

If you have questions or would like more information please contact the privacy officer. Marshall Medical Centers Privacy Officer at 256-840-3659 or Administration at **MMCN 256-571-8008** or **MMCS 256-840-3683**

If you believe your privacy rights have been violated, you may file a complaint with the Marshall Medical Centers' Privacy Officer or with:

Region IV, Office of Civil Rights,
U.S. Department of Health and Human Services,
Atlanta Federal Center, Suite 3B70,
61 Forsyth Street, SW, Atlanta, Ga. 30303-8909
Telephone 404-562-7886

There will be no retaliation for filing a complaint.

NOTE: The Patient Agreement and Acknowledgement document does not limit release of information to all third party payers, such as the Social Security Administration, Medicaid, Worker's Compensation Carriers, and governmental agencies that may be responsible in whole or in part, for payment in exchange for services rendered by MHS or by physicians.