



Mena Regional Health System Privacy Notice for Health Information Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other health care 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 or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- Understanding what is in your record and how your health information is used helps you to:
 - ✓ ensure its accuracy
 - ✓ better understand who, what, when, where, and why others may access your health information
 - ✓ make more informed decisions when authorizing disclosure to others

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice.

Patient Rights with Respect to PHI

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- **Right to Request Restrictions:** You have the right to request that we restrict use or disclosure of your PHI for treatment, payment, or health care operations. However,

we are not required to agree in all circumstances to the patient's requested restriction. If you ask Mena Regional Health System not to share your information with your health plan we will not disclose your PHI to the health plan if you pay the full cost for your care in advance.

- **Right to Request Confidential Communication:** You have the right to request PHI in a certain form or at a specific location. Your request must be in writing. For instance, you can request that we not contact you at work, and you can tell us how and/or where you want to receive information. We will accommodate reasonable requests. If your request for confidential communication is approved, we will honor your request until you tell us in writing that you revoke the request for the confidential communication. I understand that the phone number given to Mena Regional Health System will be considered my contact number.
- **Right to Inspect and Copy Your Protected Health Information:** You have the right to review and/or ask for a copy of your PHI, including medical records, billing records and other records. Your request must be in writing. If you request copies of information, we may charge a fee for costs associated with your request, including the cost of copies, postage or other supplies. You also have the right to an electronic copy of your information.

In rare circumstances we may deny access to your protected health information. If access is denied, you can request that the denial be reviewed. A licensed health care professional chosen by Mena Regional Health System will review your request and make a final decision as to whether the information should be released.

- **Right to Request Amendment to Your Protected Health Information (PHI):** You have a right to request that your PHI be amended (changed) if you believe that it is incorrect or incomplete. Your request must be in writing. You must obtain the request form from the Health Information Management Office or your provider, submit the completed form and provide the reason that you want the amendment.

Mena Regional Health System can deny your request if: (1) it is not in writing or it does not include a reason why the information should be changed; (2) the information you want to change was not created by Mena Regional Health System; (3) the information is not part of the medical record kept by Mena Regional Health System; (4) the information is not part of the information that you are permitted to inspect or copy; or (5) the information contained in the record is accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to receive an accounting of disclosures of medical information that we have made, with some exceptions. Your request must be in writing and must state the time period for the requested information. Mena Regional Health System will not provide this information for a time period greater than six (6) years from the date of your request. You have the right to receive one (1) free accounting every twelve (12) months. If you request more than one (1) accounting in any twelve (12) month period, we may charge you a reasonable fee for the costs of providing that list.
- **Right to Receive a Copy of the Notice of Privacy Practices:** You have the right to a paper copy of this Notice and may print a copy from menaregional.com website. If you want a paper copy of this Notice mailed to you or to exercise any of your rights outlined above, please send a written request to the Director of Health Information Management.

Examples of Disclosures for Treatment, Payment and Health Operations (TPO)

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the

members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

We will use your health information for payment.

For example: 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.

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

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we 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: 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. If you wish that your information not be used for such purposes, please contact the Director of Marketing at 479-243-2378.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Mena Regional Health System Privacy Officer at 479-243-2356.

If you believe your privacy rights have been violated, you can file a complaint with the Mena Regional Health System Privacy Officer or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: November 1st, 2002

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