



NOTICE OF HEALTH INFORMATION PRACTICES

Effective April 14, 2003

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. OUR POLICY REGARDING PATIENT PRIVACY:

At Exeter Hospital, patient privacy is a priority. We follow Federal and State laws to maintain the confidentiality of your personal health information. This Notice describes how personal information about you and your health may be used and disclosed and how you can get access to this information. It also describes your rights and certain obligations we have regarding the use and disclosure of information about you and your health. We are required by law to give you this Notice and ask that you review it carefully. If you have any questions, please contact us at the telephone number or address listed at the end of the Notice.

II. WHO WILL FOLLOW THE PRACTICES DESCRIBED IN THIS NOTICE:

The practices described in this Notice apply to all services provided by Exeter Hospital (including any satellite locations) and by the following:

- All physicians on the Medical Staff and all health care professionals on the Medical Associate Staff of Exeter Hospital with respect to the care they provide to you here at Exeter Hospital and the health information in your records here at the Hospital;
- Any health care professional authorized to enter information into your records here at the Hospital;
- All departments and units run by the Hospital;
- Any volunteer we allow to help you while you are receiving services at the Hospital; and
- All employees, staff and other hospital personnel.

These entities and caregivers may share health information about you with each other, as necessary, to carry out treatment, payment or health care operations in providing care to you in this integrated setting.

III. HOW WE MAY USE AND REVEAL MEDICAL INFORMATION ABOUT YOU:

Each time a patient receives care at Exeter Hospital a record of his or her visit is made. Typically, this record contains personal information (such as name, address, date of birth, social security number, insurance coverage), symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. It also may include sensitive information about you (such as HIV testing, or alcohol and drug abuse treatment). This information is



referred to as personal health information and is maintained in your medical record. This record is an essential part of the health care we provide for you.

The following categories describe different ways that we use and disclose personal health information. For each category of uses or disclosures we explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed, but all of the ways in which we are permitted to use or disclose your personal health information will fall within one of these categories:

Treatment: We may use personal health information to provide you with medical treatment and to determine the course of treatment that should work best for you while you are at the Hospital. We may disclose your personal health information to doctors, nurses, technicians, medical students and other Hospital personnel who are on your healthcare team. For example, a doctor treating you for a broken arm may need to know if you have diabetes because it can slow the healing process. If you consent, we also may provide copies of your personal health information to your primary care physician, or another healthcare provider or specialist from whom you are receiving continued care which will assist them in providing that care.

Payment: If you consent, information about the services, treatment, medication, and supplies you received may be provided to your insurance company or other third party payer in order that we may receive payment. For example, we may need to give your health insurer information about a medical procedure we performed so that we may obtain payment for that procedure. If you consent, we may also inform your health plan about a treatment you are going to receive either to obtain prior approval for the treatment or to determine whether the treatment is covered by your insurance.

Health Care Operations: We may use and disclose your personal health information for regular health care operations and business activities. These uses and disclosures are necessary to run the Hospital and make sure that patients receive quality care. For example, internal Hospital staff, members of the Medical Staff, medical students, managers, or members of the Quality Improvement Department may use information in your medical record to assess your care and outcomes, to monitor and evaluate the services we provide and see where we can make improvements, to determine whether new services should be offered, and for learning purposes.

Other Types of Uses for and Disclosures of Your Personal Health Information:

- *Treatment Alternatives:* We may use and disclose health information to tell you about or recommend possible treatment options or alternatives or other health related services which may be of interest to you.
- *Appointment Reminders:* We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Hospital.
- *Health-Related Benefits and Services:* We may use and disclose health information to tell you about health-related benefits and services that may be of interest to you.
- *Marketing and Fundraising:* We may use and disclose limited amounts of your personal health information in connection with marketing or fundraising communications, such as



providing information to a foundation related to the Hospital so that it can contact you to raise money for the Hospital.

- *Contract Services:* We may share health information with third party business associates with whom we contract to perform various activities for our operations, such as a photocopy service responsible for copying medical records, or a coding or transcription service responsible for transmitting data for our health records. Whenever we have an arrangement between our organization and a business associate, we will limit the amount of health information that we provide to that which is necessary to accomplish the particular task.

Uses and Disclosures That We May Make Unless You Object:

In the following situations, we may disclose your health information if you do not object to our doing so. If you do object, you must indicate in writing that you do not wish to have your personal health information used in this manner.

- *Directory:* We may include certain limited information about you in the inpatient directory while you are a patient at the Hospital to assist family, friends and visitors in finding you and learning about your general condition. This information includes your name, location in the Hospital, your general condition (e.g., stable, fair, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name.
- *Clergy:* Your religious affiliation may be given to a member of the clergy, such as a priest, minister or rabbi, even if he or she doesn't ask for you by name. This is so the clergy can visit you in the Hospital.
- *Individuals Involved in Your Care:* We may use or disclose certain relevant personal health information about you to family, friends or other persons you designate who are involved in your care or payment related to your health care. We may also use or disclose your information to notify or assist in notifying a family member, personal representative or another person responsible for your care of your location and general condition. We also may disclose personal health information about you to an authorized entity assisting in a disaster relief effort so that your family can be notified of your location and general condition.

Required Disclosures: We will disclose personal health information when required by federal, state and local law. For example, we must make disclosures when required by the Secretary of the Department of Health and Human Services to determine our compliance with the requirements of the federal Privacy Rule.

Other State and Federal Law Limitations: In situations where the laws in New Hampshire or other federal laws are more stringent or give patients more rights than federal privacy laws, such laws preempt the federal privacy law and we will abide by the other applicable state or federal law. For example, HIV testing information is subject to greater protections and more limited disclosure under New Hampshire law and information about alcohol and drug abuse treatment is subject to more limited disclosure requirements under another federal law.



Disclosures Not Requiring Your Authorization:

There are limited times when we may use or disclose medical information without your authorization, such as in the situations listed below.

- *Public Health:* To public health or legal authorities responsible for preventing or controlling disease, injury or disability, or to report reactions to medications or problems with medical products;
- *Abuse and Neglect Reporting:* To government authorities, including protective service agencies, authorized to receive reports of abuse or neglect;
- *Health Care Oversight:* To government oversight agencies for activities as authorized by law, including, for example, audits, investigations, inspections and licensure;
- *Legal Proceedings:* When required by a court order in a judicial or administrative proceeding;
- *Law Enforcement:* To law enforcement officials for certain enforcement purposes, including, for example, the reporting of certain types of wounds or injuries; or pursuant to a warrant, subpoena, or other legal process; or for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
- *Coroners, Medical Examiners and Funeral Directors:* To coroners, medical examiners, or funeral directors for purposes of identifying a deceased person, or determining a cause of death or to enable these parties to carry out their duties as required by law;
- *Organ Donations and Transplants:* To organ procurement organizations for purposes of organ or tissue donation and transplantation;
- *Research:* Under certain circumstances, for research approved by Exeter Hospital's Institutional Review Board (IRB) after it has reviewed the research proposal and established protocols to ensure the privacy of your health information;
- *Public Safety/Duty to Warn:* To warn of a serious threat to a clearly identified or reasonably identifiable person, or a serious threat of substantial damage to real property but only to threatened person or law enforcement to able to help prevent the threat;
- *Military and Veterans:* If you are a member of the armed forces, as required by military command authorities, and to foreign military authorities, if you are foreign military personnel;
- *National Security:* To authorized federal officials for specialized government functions such as national security and intelligence; and
- *Worker's Compensation.* As authorized by law in connection with Worker's Compensation programs.

Uses and Disclosures Specifically Authorized by You: All other uses and disclosures of your personal health information will be made only after we receive written authorization from you. You have the right to revoke and such authorization at any time in writing, except to the extent that we already have relied on it in making an authorized use or disclosure.



IV. YOUR HEALTH INFORMATION RIGHTS:

Although your medical record is maintained in the custody of the healthcare practitioner or facility that compiled it, the information belongs to you. With respect to the personal health information that we maintain about you, you have the right to:

- Obtain a paper copy of the Notice of Health Information Practices upon request, even if you have agreed to receive a copy in electronic form;
- Request additional restrictions on certain uses and disclosures of your health information, such as requesting that we not disclose the nature of a particular surgery you had, although we may not be required to agree to a restriction that you request;
- Request and receive confidential communications of your health information by alternative means or at alternative locations, such as contacting you only at work or only at home;
- Inspect and obtain a copy of your medical record, although, under certain circumstances, we are not required to agree to a request to inspect;
- Request that your medical record be amended if you feel it is incorrect or incomplete, although we are not required to agree with all requests;
- Obtain an accounting of certain disclosures of your health information made after April 14, 2003 for certain purposes other than treatment, payment, or health care operations; and
- Revoke your authorization to use or disclose personal health information except to the extent that action has already been taken.

If you wish to exercise any of these rights, please direct your request in writing to the Exeter Hospital Medical Information Department, 5 Alumni Drive, Exeter NH Attention: Privacy Officer

V. OUR RESPONSIBILITIES:

We have the following legal obligations regarding your personal health information:

- *Privacy:* We must maintain the privacy of your personal health information.
- *Notice of Health Information Practices:* We must provide you with this Notice as to our legal duties and privacy practices with respect to health information we collect and maintain about you.
- *Follow Terms of Notice:* All of the persons and entities listed in Section II above must follow the terms of this Notice.
- *Changes to This Notice:* We reserve the right to change our privacy practices and the terms of this Notice, these changes will apply to all personal health information which we already have about you, as well as any information we receive or create in the future. Revised Notices will be available to patients at the Hospital, posted in the Hospital, and available on the Hospital's web page.
- *Notification:* We must notify you if we are unable to agree to a requested restriction.



EXETER HOSPITAL

- *Communication Methods:* We must accommodate reasonable requests that you may make to communicate personal health information by alternative means or at alternative locations.

To Contact Us:

If you would like to exercise any of your rights listed in Section IV of this Notice or if you have questions and would like additional information, you may contact our Privacy Officer at:

Phone: (603) 778-7311

Address: Exeter Hospital
Attn: Medical Information Dept.
5 Alumni Drive
Exeter, NH 03833

If you feel that any of your privacy rights have been violated, you may file a complaint with our Privacy Office at the above address or with the Secretary of the United States Department of Health and Human Services. **Any complaint should be submitted in writing. You will not be penalized and we will not retaliate against you in any way for filing a complaint.**