



Exeter Health Resources Affiliated Covered Entity (EHR ACE)

Includes: Exeter Hospital, Core Physicians, and
Rockingham Visiting Nurse Association and Hospice

If you wish to exercise any of the rights described in this notice or you have questions or would like further information regarding your rights or our privacy practices, please contact us by calling 603-580-6988, by sending an email message to Privacy@ehr.org, or by mail: Chief Privacy Officer, EHR ACE, 5 Alumni Drive, Exeter, NH 03833.

Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Request an amendment to your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ **See page 3** for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us in writing to amend health information about you that you think is incorrect or incomplete. Ask us in writing.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us in writing to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We may request that you submit your request to restrict any use or disclosure of your health information in writing. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us by calling 603-580-6988, by sending an email message to Privacy@ehr.org, or by mail: Chief Privacy Officer, EHR ACE, 5 Alumni Drive, Exeter, NH 03833.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- **We will not retaliate against you for filing a complaint.**

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes if applicable

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again. We will not condition the provision of health care services or treatment to your willingness to receive fundraising communications
- If you do not want to receive any fundraising communications, please send a letter stating that you do not want to receive fundraising communications to: Community Relations, 5 Alumni Drive, Exeter, NH 03833. If, after electing not to receive fundraising communications, you decide you would like to receive them, please send a letter to Community Relations stating that you want to receive fundraising communications.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run clinical and business operations, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

continued on next page

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Please note that Exeter Hospital maintains an inpatient directory and that, unless you object, we may include certain limited protected health information about you in our inpatient directory during your admission or stay at Exeter Hospital to assist family, friends, and visitors in finding you and learning about your general condition or to provide such information to members of the clergy. This information includes your name, your location in the Hospital, your condition described in general terms (such as stable or fair), and your religious affiliation. The information in the facility directory, except for your religious affiliation, may be released to anyone who asks for you by name. Unless you object, your religious affiliation may be given to a member of the clergy, even if he or she doesn’t ask for you by name so that he or she may visit you during your stay in the Hospital.

Please note, as well, that, unless you object, we may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for the purpose of coordinating those efforts.

Under New Hampshire law, the identity of a person tested for the human immunodeficiency virus (“HIV”) may be disclosed in response to a written request only if such person has given written authorization for the disclosure; however, a physician or other health care provider may disclose information pertaining to the identity and test results of a person tested for HIV to other physicians and health care providers directly involved in the health care of the person when the disclosure is necessary in order to protect the health of the person tested. Also under New Hampshire law, written consent is required for disclosures regarding genetic testing and genetic test results, except for disclosures by appropriate professionals within a physician’s medical practice or hospital.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/notic pepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our members' web sites: Exeter Hospital @ www.exeterhospital.com; Core Physicians @ www.corephysicians.org; and, Rockingham Visiting Nurse Association and Hospice @ www.exeterhospital.com/Rockingham-VNA-Hospice.

This notice is effective as of July 20, 2018.

This Notice of Privacy Practices applies to the following organizations.

This Notice of Privacy Practices applies to and describes the privacy practices of the members of the Exeter Health Resources Affiliated Covered Entity (EHR ACE), which include Exeter Hospital and its Medical Staff, which form an organized health care arrangement, Core Physicians, and Rockingham Visiting Nurse Association and Hospice. The members of the EHR ACE share your protected health information with each other for purposes of treatment and the coordination and management of clinical services, obtaining payment for treatment, and the healthcare operations of the EHR ACE.

If you wish to exercise any of the rights described in this notice or you have questions or would like further information regarding your rights or our privacy practices, please contact us by calling 603-580-6988, by sending an email message to Privacy@ehr.org, or by mail: Chief Privacy Officer, EHR ACE, 5 Alumni Drive, Exeter, NH 03833.