

# **THE WESTERLY HOSPITAL**

---

## **JOINT 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.**

The Health Insurance Portability and Accountability Act, HIPAA, provides that an individual has the right to an accurate and thorough understanding of the possible uses and disclosures of their Protected Health Information, PHI, through a Notice of Privacy Practices. We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a designated medical record set that is the physical property of The Westerly Hospital.

Should you have any questions about this Privacy Notice, please contact:

**The Westerly Hospital's Privacy Officer at 401-348-3711.**

## **WHO WILL FOLLOW THIS NOTICE.**

This notice describes our hospital's privacy practices and that of:

- Any healthcare professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff, and other hospital personnel.
- The Westerly Hospital includes the following entities: Mystic Medical Center, Morgan Outpatient Lab, Wood River Laboratory & Radiology, and The Westerly Hospital.
- In addition, The Westerly Hospital and the independent contractor members of its Medical Staff (including your physician) are members of an Organized Health Care Arrangement. This arrangement is solely for the purpose of sharing your health information among the Hospital and the Medical Staff for purposes of treatment, payment and health care operations described in this Notice, and is not intended to suggest or imply any other relationship between The Westerly Hospital and any member of the Medical Staff. This enables us to better address your health care needs.
- All of the above named entities, sites, locations and individuals may share medical information with each other for treatment, payment, or health care operation purposes described in this notice.

## **OUR PLEDGE REGARDING MEDICAL INFORMATION.**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the 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.

This notice will tell you about the ways in which we may use and disclose your Protected Health Information, PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by federal and state law to provide the following:

- To ensure that medical information that identifies you is kept private
- To give you this notice of our legal duties and our privacy practices with respect to the medical information about you; and
- To follow the terms of the notice that is currently in effect; and
- To notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- To accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
- To obtain your written authorization to use or disclose your health information for reasons other than those listed and permitted under federal and state law.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

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

- **For Treatment.** We may use your health information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell a dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy, or others we use to provide services that are part of your care.
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for surgery. We may also need to tell your health plan about a treatment you are going to receive to obtain a prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you or we or our designee may send you a patient survey. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also discuss information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **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.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.
- **Fund Raising.** We may use your information to contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a foundation related to the

hospital so that the foundation may contact you in raising money for the hospital. We would only release contact information, such as your name, address, and phone number and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fundraising efforts, you must notify our Privacy Officer in writing.

- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition [e.g., fair, stable, etc.] and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status or location.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information by trying to balance the research needs with a patient's need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people with specific medical needs, so long as the medical information they review does not leave the hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the hospital.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Required by Law.** We may use and disclose information about you as required by federal, state, or local law. For example, we may disclose information for the following purposes:
  - For judicial and administrative proceedings pursuant to a legal authority;
  - To report information related to victims of abuse, neglect or domestic violence; and
  - To assist law enforcement officials in their law enforcement duties.

### **SPECIAL SITUATIONS.**

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement to organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical

information about you as required by military command authorities. We may also release medical information regarding foreign military personnel to appropriate foreign military authority.

- **Workers' Compensation.** We may release medical information about you to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness and are governed by workers compensation laws and regulations.
- **Public Health and Safety.** We may disclose medical information about you for public health activities. We will only make this disclosure when required or authorized by law. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example: audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, various government programs and agencies, and for compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to an authorized court or administrative order. We may also disclose medical information about you in response to an authorized subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information if asked to do so by an authorized law enforcement official in the following circumstances:
  - In response to a court order, subpoena, warrant, summons, or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the hospital; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner, medical examiner, and/or funeral director. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their lawful duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security

activities authorized by law.

- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may conduct required investigations and to provide protection to the President, other authorized persons, and /or foreign heads of state.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding medical information that we maintain about you.

- **Right to Inspect and Copy.** You have the right to inspect and to obtain a copy of your medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, please contact the Medical Records Department at (401) 348-3262. If you request a copy of the information, we may charge a reasonable cost based fee for labor, copying, postage, and other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend this information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to the Director of Medical Records. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment, if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the persons or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for the hospital;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you to others except for the following purposes: treatment, payment, and health care operations that are legally permissible under federal and state law.

To request this list or an accounting of disclosures, you must submit your request in writing to the Director of Medical Records. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003.

The first list you request within a 12-month period will be free. For additional lists, we may charge you a reasonable cost based fee. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment and/or would be required by law to an authorized person.

To request restrictions, you must make your request in writing to the Director of Medical Records. In your request, you must tell us the following:

- (1) What information you want to limit;
- (2) Whether you want to limit our use, disclosure or both; and
- (3) To whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Director of Medical Records. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from any member of our hospital personnel. You may obtain a copy of this notice at our website: [www.westerlyhospital.org](http://www.westerlyhospital.org).

### **CHANGES TO THIS PRIVACY NOTICE.**

We reserve the right to change this privacy notice. We reserve the right to make the revised or changed privacy notice effective for medical information we already have about you, as well as, any information we develop and/or receive in the future. We will post a copy of the current privacy notice in the hospital.

The privacy notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

### **COMPLAINTS.**

If you believe your privacy rights have been violated, you may contact or submit your written complaint to the Privacy Officer at (401) 348-3711 at The Westerly Hospital. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services.

**The quality of your care will not be jeopardized, nor will you be penalized or retaliated against for filing a complaint.**

### **OTHER USES OF MEDICAL INFORMATION.**

Other uses and disclosures of medical information not covered by this privacy notice or the laws that apply to us, will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.

If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

# The Westerly Hospital

---

## RECEIPT OF THE JOINT NOTICE OF PRIVACY OF PRACTICES

Patient Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Medical Record Number: \_\_\_\_\_ e-mail: \_\_\_\_\_

Date the Notice was Effective: \_\_\_\_\_ Date the Notice was Provided: \_\_\_\_\_

Patient or Legal Representative Acknowledgment of the Receipt of the Notice. Yes: \_\_\_\_\_

Full Name and Relationship of Personal Representative to Patient: \_\_\_\_\_

---

**Signature of Patient or Personal Representative**

### For Health Care Provider Organizational Use only

Date of Revisions to the Notice of Privacy of Practices: \_\_\_\_\_

Notification of Revision to the Notice [next registration for any inpatient or outpatient services].

Yes: \_\_\_\_\_ Where: \_\_\_\_\_

Patient or Legal Representative Acknowledgment of the Receipt of the Notice. Yes: \_\_\_\_\_

Full Name and Relationship of Personal Representative to Patient: \_\_\_\_\_

---

**Signature of Patient or Personal Representative**

Receipt of the Notice of Privacy of Practices form updated/revised on: \_\_\_\_\_

*HIPAA/Form.WesterlyReceiptofNotice*