

Use or Disclosure Requiring Your Permission (Authorization)

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

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

We make other uses and disclosures of your health information only with your specific written authorization.

Disclosure to Relatives, Close Friends and Your Other Caregivers: With your oral agreement or if you do not object after having had the opportunity to object, we may release relevant health information about you to a friend or family member who is involved in your medical care or who helps pay for your care.

Your Rights Regarding Your PHI

You can complain if you feel we have violated your rights by contacting the Mt. Ascutney Hospital Compliance Office at (802) 674-7248. 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.

Right to Receive Paper Copy

Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive it electronically.

Right to Receive Confidential Communications

You may ask us to send papers that contain your Protected Health Information to a different location than the address you gave us, or in a special way. You will need to ask us in writing. We will try to grant your request if we feel it is reasonable. For example, you may ask us to send a copy of your medical record to a different address than your home address.

Right to Revoke Your Written Permission

You may change your mind about your authorization or any written permission regarding your highly confidential information by giving or sending a written "revocation statement" to the Health Information Management at the Hospital. The revocation will not apply to the extent that we have already taken action where we relied on your permission. Call (802) 674-7254 for more information.

Right to Review and Copy Your Records

You may ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We will provide a copy or a summary of your health information, usually within 30 days of your request. If you seek an electronic copy of your electronic medical record in a specific form and format that is not readily producible, we will work with you on providing an alternate. We may charge a reasonable, cost-based fee.

Right to Amend Your Records

You have the right to request that we amend your Protected Health Information maintained in medical record files, billing records, and other records used to make decisions about your treatment and payment for your treatment. If you want to amend your records, you may obtain an amendment request form from the Health Information Department at (802) 674-7254. We will comply with your request unless we believe that the information that would be amended is correct and complete or that other circumstances apply.

Right to Receive an Accounting of Disclosures

You have the right to request an "accounting of disclosures" of your Protected Health Information made for reasons other than treatment, payment, or healthcare operations, or with your authorization. You must make this request in writing to the Health Information Department, and you may ask for a list of what was used and why. We may charge you for the cost of providing the information.

Right to Request Restrictions

You have the right to ask us to restrict or limit the PHI we use or disclose about you for treatment, payment, or healthcare operations. 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 charge that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to charge that information.

Right to Change Terms of this Notice

We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this notice, we will post the new notice in common areas throughout our facilities, and on our Internet site at www.mtascutneyhospital.org.

Right to Choose a Representative

Disclosure to Relatives, Close Friends and Your Other Caregivers: With your oral agreement or if you do not object after having had the opportunity to object, we may release relevant health information about you to a friend or family member who is involved in your medical care or who helps pay for your care.

NOTICE OF PRIVACY PRACTICES

How medical information about you may be used and shared and how you can get access to this information

Latest Revision: **September 2018**

Forms relevant to privacy issues are available on the hospital web site, as well, at www.mtascutneyhospital.org

Mt. Ascutney Hospital
Compliance Office
289 County Road
Windsor, Vermont 05089
(802) 674-7248



Please join us
in recycling
printed materials



Mt. Ascutney Hospital
and Health Center
Dartmouth-Hitchcock

Joint Privacy Notice

This Joint Notice describes the privacy practices of Mt. Ascutney Hospital and Health Center in Windsor, and the Ottauquechee Health Center in Woodstock, and their employees and medical staff.

Mt. Ascutney Hospital and Health Center and Ottauquechee Health Center will share protected health information among affiliates and with each other, as necessary to carry out treatment, payment, or health care operations relating to the organized health care arrangement.

Our Privacy Obligations

The law requires us to maintain the privacy of certain health information called "Protected Health Information" (PHI). PHI is the information that you provide us or that we create or receive about your healthcare. The law also requires us to provide you with this Notice of our legal duties and privacy practices. When we use or disclose (share) your Protected Health Information, we are required to follow the terms of this Notice or other Notice in effect at the time we use or share the PHI. Finally, the law provides you with certain rights described in this Notice. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Ways We Can Use and Share Your PHI Without Written Permission

Treatment, Payment and Healthcare Operations

■ **Treatment:** We may use and share your Protected Health Information to provide care and other services to you—for example, your nurse and doctor may review and discuss your PHI to diagnose and treat your injury or illness. In addition, we may use your PHI to provide you with appointment reminders, information about treatment options, benefits or other health related benefits and services that may be of interest to you. Your doctor may share your PHI with other doctors, nurses, and others at our facilities to provide you with care.

■ **Payment:** We may use and share your Protected Health Information to receive payment for services that we provide to you. For example, we may share your PHI to obtain prior approval, request payment, and collect payment from you, an insurance company, a third party or other program that arranges or pays the cost of some or all of your healthcare.

■ **Healthcare Operations:** We may use and share your Protected Health Information for our healthcare operations, which include management, planning, and activities that help to improve the quality and efficiency of the care that we deliver. For example, we may use PHI to review the quality and skill of our physicians, nurses, and other healthcare providers or for their training. In addition, we may share PHI with certain others who help us with our activities, including those we hire to perform services.

■ **Electronic Health Record:** We use an electronic health record (EHR). An advantage is the ability to share and exchange PHI among personnel and other community health care providers who are involved in your care. When we enter your information into the EHR, we may share that information as permitted by law by using shared clinical databases or health information exchanges. We may also receive information about you from other health care providers in the community who are involved with your care by using shared databases

or health information exchanges. We may also seek your consent to access medical information from your other health care providers that is available on the Vermont Health Information Exchange ("VHIE"). For information about VHIE, see www.vitl.net. If you have questions or concerns about the sharing of your information, please discuss them with your provider.

Public Health and Safety Activities

We are allowed or required to share your PHI in other ways – usually in ways that contribute to the public good, such as public health and research. We may have to meet 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. We are required or are permitted by law to report Protected Health Information to certain government agencies and others. For example, we may share your Protected Health Information for the following:

- To report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
- To report abuse and neglect to the appropriate state agencies;
- To report information to the U.S. Food and Drug Administration (FDA) about products and activities it regulates;
- To prevent or lessen a serious and imminent health or safety threat to you, another person, or the public;
- To authorized federal officials for national security activities or specialized government functions;
- To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

Fundraising Communications

We may contact you for financial contributions to Mt. Ascutney Hospital and Health Center and/ or Ottauquechee Health Center, and invite you to participate. We may use your name, address and phone

number to contact you but we would not use your PHI for the purpose of fundraising. You may opt out of receiving any fundraising requests at any time by contacting the Development Office at 802-674-7321.

Health Oversight Activities

To the extent authorized by law, we may share your Protected Health Information with a health oversight agency that oversees the healthcare system and ensures the rules of government health programs, such as Medicare or Medicaid, are being followed.

Legal and Administrative Proceedings

We may share your Protected Health information in the course of a legal or administrative proceeding as required by law or in response to a court order.

Law Enforcement Purposes

We may share your Protected Health Information with the police or other law enforcement officials as required or permitted by law or in compliance with a court order.

Organ and Tissue Procurement

We may share your Protected Health Information with organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

Decedents

We may share Protected Health Information with a medical examiner as authorized by law.

Workers' Compensation

We may share your Protected Health Information as permitted by or required by state law relating to workers' compensation or other similar programs.

As Required by Law

We may use and share your Protected Health Information to the extent we are required to do so by any other law not already referred to above.