



## NOTICE OF PRIVACY PRACTICES

Effective Date: August 1, 2019

**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.**

Allegiance Specialty Hospital of Greenville (ASHGV) creates a record of the care and services you receive from us. We call this record your health information. We are required by federal law to keep your health information private. We are also required to provide you with this Notice so that you will know how we use and release your health information. This Notice also lists the rights you have regarding your health information. We will abide by the terms of the Notice. This Notice covers your care provided at ASHGV affiliated sites of service.

We reserve the right to change the terms of this Notice and our privacy practices at any time. Any changes will apply to the health information we already have. When we make changes to our privacy practices, we will post an updated Notice in the places where you receive care and services from ASHGV and ASHGV affiliated sites of service. You can also request a copy of this Notice at any time, and you may view a copy of the Notice on our website at [www.greenvilleash.com](http://www.greenvilleash.com).

### HOW ASHGV AND AFFILIATED MAY USE AND RELEASE YOUR HEALTH INFORMATION

#### Uses and Releases Relating to Treatment, Payment, or Health Care Operations (TPO) & Notice of Distinct Uses and Releases for TPO

**For Treatment:** For example, a doctor treating you for chest pain may need to know if you have any existing heart problems so that he/she can make an informed decision concerning your treatment. Additionally, we will/may contact you to (1) remind you of your appointment by calling; or (2) discuss treatment alternatives or other health related benefits that may be of interest to you as a patient.

**To Obtain Payment for Treatment:** For example, we will release some of your health information to your health insurance company in order to receive payment for your treatment.

**For Health Care Operations:** For example, administrative personnel or others that perform services for ASHGV and affiliated may review your health information to review the quality and appropriateness of the care you receive.

**Health Information Exchanges:** We may make our health information available electronically to other healthcare providers or other healthcare entities for treatment, health care operations,

or payment purposes. In doing this, we may receive information that they maintain about you so that you may have continuity in healthcare, treatment, or payments for healthcare services.

#### Uses and Releases That Do Not Require Your Permission

**Emergencies:** We may use or release your health information in an emergency treatment situation.

**Food and Drug Administration:** We may use and release your health information to a person or company required by the Food and Drug Administration to track adverse events and as otherwise required.

**Workman's Compensation:** We may use and release your health information as necessary to comply with workman's compensation laws and other similar legally-established programs.

**Federal, State, or Local Law:** we may use and release your health information when required by law.

**Government Agencies and Law Enforcement:** We may release your health information to government agencies and law enforcement.

**Ordered by a Court, Tribunal, or Other Judicial Proceeding:** We may release your health information when ordered by a court, tribunal, or other judicial proceeding.

**Public Health Reasons:** We may use or release your health information for public health reasons.

**Coroners, Medical Examiners, and Funeral Home Directors:** We may release your health information to a coroner, medical examiner, or funeral home director.

**Health Oversight Reasons:** We may release your health information to the government to be used to oversee the healthcare system.

**Organ and Tissue Donation:** We may use and release your health information for organ and tissue donation.

**Disaster Relief Reasons:** We may release your health information for the reason of coordinating disaster relief efforts.

**Specialized Government Functions:** We may release the health information of military personnel and veterans in certain situations to the government. We may also release your health information for national security reasons.

**Avert a Serious Threat to Health or Safety:** We may release your health information when necessary to prevent a serious threat to your health and safety of the public or another person, such as instances of child and/or elderly abuse or neglect.

**De-Identified Protected Health Information:** We may use or release your health information when it has been de-identified in compliance with HIPAA laws. De-identified information does not contain information that could be used to identify you.

#### Uses and Releases to Which You Have the Opportunity to Object

**People Who Help Take Care of You:** We may provide your health information to a family member, friend, or other person, if they help take care of you, or if they are responsible for paying for your care, unless you tell us not to. In emergencies, you will not be given the chance to tell us not to provide information to those who take care of you.

**Other Uses and Releases Require Your Prior Written Permission**

**Psychotherapy Notes:** Psychotherapy notes that may be written by a mental health professional regarding the contents of conversation held within a counseling session and are stored separately from the rest of our health information. Such notes will not be released unless both you and your provider agree.

**Marketing:** Marketing information typically may only be used or disclosed by ASHGV and affiliated if you provide ASHGV or affiliated with written permission to use or disclose your information.

**Sale of PHI:** We do not sell your health information.

Other uses and releases will be made, of your health information, only with your written permission. You may take back permission once you have given it and your refusal to provide permission will not be held against you; however it may prevent us from completing a task you have requested, such as to create a report for your attorney. The request to take back the permission must be made to ASHV or affiliated in writing. You cannot take back permission if ASHGV or affiliated has already acted in reliance of the permission.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

**You have the right to see and to get copies of your health**

**information:** With only a few exceptions, you have the right to look at, or get hard copies or with certain limitations electronic copies of your health information that we have. You must make this request in writing. If we do not have your health information, but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your health information, we may charge you a fee based on our cost. Instead of providing health information you requested, we may provide you with a summary or explanation of the health information as long as you agree to accept a summary and to the cost in advance.

**You have the right to request a correction to your health**

**information:** If you believe that your health information is incorrect or information is missing, you may request that the information be changed or added. You must make the request in writing. You must also give us a reason for your request. We will let you know if we accept your request within 60 days of receiving your written request. Under certain circumstances, we may deny the request. If we do deny your request, we will let you know why. We will also explain your right to file a written statement of disagreement with the denial. If we approve your request, we will make the change to your information. We will let you know when the change is made. We will also let concerned parties know when the change is made.

**You have the right to request a listing of releases we have made of your health information:**

You have the right to an accounting of all entities that obtained information unrelated to treatment, payment, or healthcare operations without your permission, except as otherwise required by law. We will respond within 60 days of receiving your request. Your request must state the time period desired for the accounting, which must be less than a six-

year period and starting after April 14, 2003. The list will contain the date of the release, the name of the recipient and address, if known, a description of the information released, and the reason for the release. If you make more than one request in the same year, you will be charged a fee based on cost for each additional request.

**You have the right to request limits on uses and releases of your health information:**

You have the right to request a limit on the health information we use or release about you for treatment, payment, or health care operations. ASHGV and affiliated will agree to all requests to limit release of health information to a health plan when you have paid out of pocket in full for the healthcare item or service. All other requests will be considered and we are not legally required to accept them. If we accept your request, we will put any limits in writing and abide by them, except in some situations, such as during emergencies. You may not limit the uses and releases that we are legally required or permitted to make.

**You have the right to choose how we communicate with you:**

You have the right to request that we communicate with you in a certain way. For example, you may request that we contact you by phone rather than by mail. We will agree to the request as long as we can easily provide it in the format you request. We require that you make requests for confidential communications in writing.

**You have the right to receive notification in the event your health information is breached:**

In the event your unsecured protected health information is breached, we will notify you of the occurrence.

If you would like more information on accessing, obtaining copy or obtaining a listing of the releases that we have made of your health information, you may call HIM/HIPAA Director at the following number: 662-332-7344

**MS State Law: In some instances, Mississippi law is more limited than Federal law. Please contact the ASHGV Privacy Officer if you have any questions regarding MS state privacy laws.**

**FILING A COMPLAINT**

If you have any questions about this Notice, complaints about our privacy practices or would like information on how to file a complaint with ASHGV or affiliated, the Secretary of the Department of Health and Human Services, please contact: ASHGV and affiliated Privacy Officer, at Allegiance Specialty Hospital of Greenville, 300 South Washington Avenue, Greenville, MS 38701 or call the Compliance Hotline at (884) 447-0008. You will not be penalized or retaliated against for filing a complaint.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Nurse: \_\_\_\_\_