

NOTICE OF PRIVACY PRACTICES

Our Pledge Regarding Medical Information. We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and 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. Your personal doctor may have different policies of notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

We Protect Your Information. We maintain protocols to ensure the security and confidentiality of your personal information. We have physical security in our building, passwords to protect databases, compliance audits, and virus/intrusion detection software. Within our practice, access to your information is limited to those who need it to perform their jobs.

How We May Use And Disclose Medical Information About You. The following categories describe different ways we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and 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. Information may be disclosed in writing, orally or electronically.

For Health Care Operations. We may use your medical information in the following ways:

- We may use and disclose medical information about you for our business operations. These uses and disclosures are necessary to run Major Hospital and Affiliates and to ensure all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate our performance.
- We may combine medical information about many patients to decide what additional services we should offer, what services are not needed and whether certain new treatments are effective.
- We may disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes.
- We may 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 healthcare and healthcare delivery without learning who the specific patients are.

Business Associates. We contract with outside organizations, called business associates, to perform some of our operational tasks on our behalf. Examples include billing agencies and a copy service we use to make copies of your health record. When these services are performed, we disclose the necessary health information to these companies so they can perform the tasks we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Appointment Reminders. We may use and disclose your medical information to remind you of appointments, annual exams or prescription refills.

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. For example, this may include specific brand names or over the counter pharmaceuticals.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits or services. For example, this may include a new heart care program we offer.

Fundraising Activities. We may use medical 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 Major Hospital so the foundation may contact you in raising money for the hospital. We would only release contact information, such as your name, address, phone number, and the dates you received treatment or services. If you do not want to be contacted for fundraising efforts, you must notify the Hospital Foundation in writing at 150 West Washington Street, Shelbyville, IN 46176 Attention: Executive Director.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue 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 about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness. **Public Health Risks and Patient Safety Issues.** We may disclose medical information about you for public health activities or to ensure your safety. These activities generally include the following:

- To prevent or control disease, injury or disability.
- To report births and deaths
- To report actual or suspected child or elder 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. We will only make this disclosure when required or authorized by law.

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, government programs and 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 a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- 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 or medical examiner. 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 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 can provide protection to the President, other authorize persons or foreign heads of state or conduct special investigations.

Inmates. The rights listed in this notice will not apply to inmates of a correctional institution.

Other Uses of Medical Information. Other uses and disclosures of medical information not covered by this notice or laws will be made only with your written permission. If you provide us permission to use or disclose medical information, 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. Major Hospital is unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care we provided to you.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. 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, you must submit your request in writing to Health Information Management. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in some 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 Major 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 you have the right to request an amendment.

To request an amendment, your request must be made in writing and submitted to Health Information. 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 person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by Major Hospital and Affiliates;
- 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 people who you authorized to see your medical records. To request this list of accounting of disclosures, you must submit your request in writing to Health Information management. 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 for the costs of providing the list.

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 ways your medical information is used. 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 emergency treatment. To request restrictions, you must make your request in writing to Health Information. In your request, you must tell us (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 Health Information. 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.

We are here to help you understand your rights.

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 notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Changes To This Notice. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in all Major Hospital and Affiliates facilities.

The notice will contain the effective date. In addition, each time you register at or are admitted for treatment or healthcare services, we will make a copy of the current notice available to you.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with Major Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint contact the Health Information manager at: (317) 398-5330

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.