



Notice of Privacy Practices

Effective Date:
April 14, 2003

This notice describes how protected health information (personal information and medical information) about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW CAREFULLY.

Patients: If you have any questions about this notice, contact the Chief Privacy Officer of Sparks Health System. Sparks Health System includes Sparks Regional Medical Center, Sparks Medical Foundation, Sparks Development Foundation, Sparks Management Services Organization, Charleston Rural Health Clinic and Sparks PremierCare.

Who will follow this notice

This notice describes Sparks Health System's practices and that of:

- ◆ Any health care professional authorized to review and/or enter information into your medical record.
- ◆ All departments, nursing units and clinics of Sparks Health System.
- ◆ Any member of a volunteer group we allow to help you while you are in Sparks Health System.
- ◆ All employees, staff and other Sparks Health System personnel.

Sparks Health System (SHS), its medical and dental staff and others providing care or ordering tests at SHS are part of a clinically integrated care setting that constitutes an organized health care arrangement under the Health Insurance Portability and Accountability Act (HIPAA). This arrangement involves participation of legally separate entities in which no entity will be responsible for the medical judgment or patient care provided by the other entities in the arrangement. Sharing information allows us to enhance the delivery of quality care to our patients. All entities, however, have agreed to abide by the Notice of Privacy Practices (NPP) while working within SHS settings.

You may receive another NPP from physicians and other health care providers upon your first encounter in their office, which may be different from this NPP and which will govern the protected health information (PHI) maintained by that provider. These physicians and health care providers will be able to access, use and disclose your PHI to carry out treatment, payment or health business operations.

Some new terms you may hear and their definitions are:

- ◆ **Protected Health Information or PHI:** information we use to render care to you and bill for services provided.
- ◆ **Privacy Officer:** the individual at SHS who has responsibility for developing and implementing all policies and procedures concerning your PHI and receiving and investigating any complaints you may have about the use and disclosure of your PHI.
- ◆ **Business Associate:** an individual or business that works with SHS.
- ◆ **Organized Health Care Arrangement (OHCA):** SHS and the independent health care professionals who are part of a clinically integrated care setting in which your PHI will be shared for purposes of treatment, payment, and health care operations as described

below. This means that the individuals who provide care for you while you are at SHS will share information.

Our pledge regarding protected health information (PHI)

We understand that PHI about you and your health is personal. We are committed to protecting PHI about you. We create a record of the care and services you receive at SHS. 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 SHS, whether made by SHS personnel or your personal doctor. Your personal doctor may have different policies or notices regarding his/her use and disclosure of your PHI created in the office or clinic.

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

We are required by law to:

- ◆ Make sure that PHI that identifies you is kept private.
- ◆ Give you this notice of our legal duties and privacy practices with respect to PHI about you.
- ◆ Follow the terms of the notice that is currently in effect.

How we may use and disclose PHI about you

The following categories describe different ways that we use and disclose PHI. 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. The examples included with each category do not list every type of use or disclosure that may fall within that category.

1. Treatment. We may use PHI about you to coordinate or manage your health care and related services. We may disclose PHI about you to doctors, nurses, technicians, medical and other health students or other personnel who are involved in taking care of you. 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 the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of SHS may also share PHI about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose PHI about you to people outside SHS who may be involved in your medical care after you leave SHS, such as family members, clergy or others we use to provide services that are part of your care.

2. Payment. We may use and disclose PHI about you so that the treatment and services you receive at SHS 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 carrier information about surgery you received at SHS so that your health plan will pay us or reimburse you for the surgery.

We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI for the insurance company's activities to determine insurance benefits to be paid for your care.

3. Health Care Operations. We may use and disclose PHI about you in performing business activities which are called health care operations. These uses and disclosures are necessary to run SHS and allow us to improve the quality of care we provide and to reduce health care costs. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you, such as patient satisfaction surveys and review by Administration.

We may also combine PHI about many SHS patients to decide what additional services SHS should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other SHS personnel for review and learning purposes. We may also combine the PHI we have with PHI from other health systems 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 PHI so that others may use it to study health care and health care delivery without learning who the specific patients are.

If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. For example, such health care operations may include: reviewing and improving the quality, efficiency and cost of care provided to you; reviewing and evaluating the skills, qualifications and performance of health care providers; providing training programs for students, trainees, health care providers, or non-health care professionals; cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty; and assisting with legal compliance activities of that health care provider or company.

4. Business Associates. We may disclose your PHI to business associates. We will only make these disclosures if we have received satisfactory assurance that the Business Associate will properly safeguard your privacy and the confidentiality of your PHI. For example, we may contract with a company outside of SHS to provide medical transcription services for us, or to provide collection services for past due accounts.

5. Appointment Reminders. We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at SHS.

6. Treatment Alternatives. We may use and disclose PHI to tell

you about or recommend possible treatment options or alternatives that may be of interest to you.

7. Health-Related Benefits and Services. We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

8. Fund-raising Activities. We may use PHI about you to contact you in an effort to raise money for SHS and its operations. We may disclose PHI to a foundation related to SHS so that the foundation may contact you in raising money for SHS. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at SHS. If you do not want SHS to contact you for fund-raising efforts, you must notify the Chief Privacy Officer in writing.

9. 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 and location in the hospital. The directory information may be released to people who ask for you by name. Clergy members of your denomination may also be provided this information.

10. Individuals Involved in Your Care or Payment for Your Care. We may release PHI about you to a friend or family member who is involved in your medical care. We may also tell your family or friends your condition and that you are in SHS. We may also disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

11. Research. Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received 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 PHI, trying to balance the research needs with patients' need for privacy of their PHI.

Before we use or disclose PHI for research, the project will have been approved through this research approval process; we may, however, disclose PHI about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the PHI they review does not leave SHS. 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 SHS.

12. As Required By Law. We will disclose PHI about you when required to do so by federal, state or local law. For example, Arkansas law requires us to report all births and deaths that occur in the hospital to the Arkansas Department of Health.

13. To Avert a Serious Threat to Health or Safety. We may use and disclose PHI 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.

14. Organ and Tissue Donation. We will release PHI to organizations that handle organ procurement or organ, eye or

tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

15. Military and Veterans. If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

16. Workers' Compensation. We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

17. Public Health Risks. We may disclose PHI about you for public health activities, to, for example:

- ◆ Prevent or control disease, injury or disability.
- ◆ Report birth defects or spinal cord injuries.
- ◆ Report cancer diagnoses and tumors.
- ◆ Report child abuse or neglect.
- ◆ Report reactions to medications or problems with products.
- ◆ Notify people of recalls of products they may be using.
- ◆ Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- ◆ 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 if you agree or when required or authorized by law.

18. Health Oversight Activities. We may disclose PHI to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting and licensure.

19. Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a court-ordered 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.

20. Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- ◆ In response to a court order, court-ordered 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 SHS.
- ◆ 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.

21. Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner, when requested to do so in writing. This may be necessary, for example, to identify

a deceased person or determine the cause of death. We may also release PHI about patients of SHS to funeral directors as necessary to carry out their duties.

22. National Security and Intelligence Activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

23. Protective Services for the President and Others. We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

24. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Your rights regarding PHI about you

Under federal law, you have the following rights regarding PHI we maintain about you:

1. Right to Inspect and Copy. You have the right to request the opportunity to inspect and receive a copy of PHI that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding.

To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the Medical Record Department of the facility where the treatment was rendered. If you request a copy of the information, we will charge a fee for the costs of copying, postage, labor, and 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 PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by SHS 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.

2. Right to Amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for SHS. To request an amendment, your request must be made in writing and submitted to the Chief Privacy Officer. 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 PHI kept by or for SHS.
- ◆ Is not part of the information which you would be permitted to inspect and copy.

- ◆ Is accurate and complete.

If your request to amend is denied, you have the right to appeal that decision. An ad hoc committee comprised of the Chief Privacy Officer, Director of Medical Records, Quality/Risk Management, Nursing, and a physician will hear appeals in a timely manner. We will comply with the outcome of the review.

3. Right to Receive an Accounting of Disclosures. You have the right to request an accounting of certain disclosures that we have made of PHI about you. This is a list of the disclosures made by us during a specified period of up to six years other than disclosures made for treatment, payment and health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to the Chief Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

4. Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI 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:

- ◆ If you have left the facility, you must make your request in writing to the Director of Medical Records or the Chief Privacy Officer.
- ◆ If you are in the process of being admitted, you may make your request to the registration staff.
- ◆ If you are currently hospitalized, you may make your request to the Nursing Coordinator.
- ◆ If you are checking-in at a physician office, the receptionists at SHS clinics will assist you with your request.

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.

5. Right to Request Confidential Communications. You have the right to request that we communicate with you about your PHI 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 Chief Privacy Officer. 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.

6. Right to a Paper Copy of This Notice. You have the right to receive a paper copy of this notice. You may obtain a copy of this notice at our web site: www.sparks.org. To obtain a paper copy of this notice, contact Patient Registration or the clinic receptionist.

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 PHI 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 the hospital and clinics of SHS. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register as a patient within SHS, we will offer you a copy of the current notice in effect.

Other uses of PHI

Other uses and disclosures of PHI not covered by this 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 PHI about you, you may revoke that permission, in writing, at any time.

If you revoke your permission, we will no longer use or disclose PHI 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 to you.

PHI complaints

If you believe your privacy rights have been violated, you may file a complaint with SHS or with the Secretary of the Department of Health and Human Services.

To file a complaint with SHS, write:

Chief Privacy Officer
Sparks Health System
P.O. Box 17006
Fort Smith, AR 72917-7006
privacy@sparks.org

To file a complaint with the Secretary of the Department of Health and Human Services, contact:

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
HHS.Mail@hhs.gov

The complaint to the Secretary must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred. The complaint must be in writing, either on paper or electronically, name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the standards.

You will not be penalized for filing a complaint.

This document is Sparks Health System's Notice of Privacy Practices. You will be asked to sign a separate form acknowledging that you have received this copy of Sparks Health System's Notice of Privacy Practices. If you have any questions about Sparks Health System's Notice of Privacy Practices, please feel free to contact the Chief Privacy Officer at 479-441-5259.



Sparks

Health System

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