



MOUNTAIN COMPREHENSIVE HEALTH CORPORATION

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.

If you have any questions about this Notice please contact the MCHC Information Privacy Officer at 606.633.4871.

This Notice of Privacy Practices describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. For purposes of this notice, "medical information" also includes any dental information that this practice may have. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Under federal law Mountain Comprehensive Health Corporation (MCHC) is required to abide by the terms of this Notice of Privacy Practices. MCHC may also change the terms of this notice at any time. The new notice will be effective for all protected health information that is maintained in any form at any time. Upon your request, MCHC will provide you with any revised Notice of Privacy Practices by calling and requesting that a revised copy be sent to you by regular mail, or by asking for one at the time of your next appointment.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information for Treatment, Payment or Healthcare Operations

Protected health information may be used and disclosed by your physician, MCHC office staff and others outside of MCHC that are involved in your care and treatment for the purpose of providing health care services. Protected health information may also be used and disclosed to pay health care bills and to support the operation of the physician's practice.

Examples of the Uses and/or Disclosure of Protected Health Information

Following are examples of the types of uses and disclosures of protected health information the physician's office is permitted to make for one of these purposes. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once consent has been given.

Treatment: Protected health information may be used or disclosed to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, protected health information may be used or disclosed, as necessary, to a home health or home care agency that provides health care services. Protected health information may be disclosed to other physicians who may be providing treatment. Protected health information may be provided to a referring physician to ensure that the physician has the necessary information to make a diagnosis or determine the best treatment.

In addition, protected health information may be disclosed from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of the physician, becomes involved in the care of each patient by providing assistance with health care diagnosis or treatment.

Payment: Protected health information will be used, as needed, to obtain payment for health care services. This may include certain activities that health insurance plans may undertake before approving or paying for the health care services recommended such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: Protected health information may be used or disclosed, as-needed in order to support the business activities of MCHC. These activities may include, but are not limited to, performance improvement activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities.

For example, protected health information may be disclosed to medical school students that see patients at MCHC. In addition, a sign-in sheet may be used at the registration desk where name, date of birth, and possibly physician may be needed. The name of the patient may be called in the waiting room when the physician is available. Protected health information may be used or disclosed, as necessary, to contact patients for appointment reminders. This could include messages left on answering machine or voice mail systems unless the told not to leave a message by the patient.

Protected health information will be shared with third party "business associates" that perform various activities (e.g., billing, radiology services and laboratory services) for the practice. Whenever an arrangement between MCHC and a business associate involves the use or disclosure of protected health information, a written contract that contains terms that the third party will protect the privacy of protected health information will be obtained.

Uses and Disclosures of Protected Health Information Based Upon Written Authorization

Other uses and disclosures of protected health information will be made only with written authorization, unless otherwise permitted or required by law as described in this Notice of Privacy Practices. Authorization may also be obtained in writing from the personal representative of the patient under certain circumstances.

For a deceased patient, a minor, a patient with a guardian or power of attorney, the personal representative for that individual would be the person who would sign the authorization for use and disclosure of that individual's protected health information. A personal representative in these circumstances would include the next of kin, a parent or guardian. In some instances the personal representative may be asked for identification and/or proof of the relationship to the patient. This authorization may be revoked, at any time, in writing, except to the extent that MCHC or the attending physician has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Consent, Authorization or Opportunity to Object

Protected health information may be used or disclosed in the following instances. The patient has the right to agree or object to the use or disclosure of all or part of the protected health information. If the patient is not present or able to agree or object to the use or disclosure of the protected health information, then the physician may, using professional judgment, determine whether the disclosure is in the best interest of the patient. In this case, only the protected health information that is relevant to provide health care will be disclosed.

Others Involved in Your Healthcare: Unless there is an objection from the patient, MCHC may disclose to a family member, a relative, a close friend or any other person identified by the patient, protected health information that directly relates to that person's involvement in your health care. This agreement or objection may be made verbally and the response can be made verbally to the provider. If the patient is unable to agree or object to such a disclosure, protected health information may be disclosed as necessary if it is the best interest based on the physician's professional judgment.

Protected health information may be used or disclosed to notify or assist in notifying a family member, personal representative or any other person that is responsible for health care, location, general condition or death. Finally, protected health information may be used or disclosed to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in the patient's care.

Emergencies: Protected health information may be used or disclosed in an emergency treatment situation.

Other Permitted and Required Uses and Disclosures That May Be Made Without Consent, Authorization or Opportunity to Object

Protected health information may be used or disclosed in the following situations without consent or authorization. These situations include:

Required By Law: Protected health information may be used or disclosed if required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. The patient will be notified, as required by law, of any such uses or disclosures.

Public Health: Protected health information may be disclosed for public health activities, and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. This includes, but is not limited to, the reporting of disease, injury, vital events such as birth or deaths, and in conducting public health surveillance, investigations and/or interventions. Protected health information may be disclosed, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: Protected health information may be disclosed, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: Protected health information may be disclosed to a health oversight agency for activities authorized by law such as audits: civil, administrative, or criminal investigations and inspections; licensure or disciplinary actions; and/or civil, administrative or criminal proceeding actions or activities. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

For purposes of such uses of disclosures, a health oversight activity does not include an investigation or other activity in which the patient is the subject of the investigation or activity or such investigation or other activity does not arise out of and is not directly related to the receipt of health care; a claim for public benefits related to health; or qualification for or receipt of public benefits or services when a patient's health is integral to the claim for public benefits or services.

Privacy laws define a "health oversight agency" as a government agency, and its employees and contractors, that is authorized by law to oversee the health care system or government programs in which health information is necessary to determine eligibility or compliance or to enforce any civil rights laws for which health information is relevant.

Abuse, Neglect or Domestic Violence: Protected health information may be disclosed to a public health authority that is authorized by law to receive reports of child abuse, elder abuse, neglect or domestic violence. In addition, protected health information may be disclosed in cases where the provider believes that the patient has been a victim of abuse, neglect or domestic violence to the governmental agency, such as social services, authorized to receive such information. In this case, the disclosure will be made to the extent the disclosure is consistent with the requirements of applicable federal and state laws; the individual agrees to the disclosure; or to the extent the disclosure is expressly authorized by statute or regulation and the provider, using professional judgment, believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or if the individual is unable to agree because of incapacity.

A law enforcement agency or other public official authorized to receive the report represents that the protected health information for which disclosure is sought is not intended to be used against the individual, and that an immediate enforcement activity that depends upon the disclosure would be affected by waiting until the individual is able to agree. A provider that makes a disclosure in these circumstances must inform the individual that such a report has been, or will be made, except if the provider in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or, the person receiving the information would be a personal representative, and the provider reasonably believes that the personal representative is responsible for the abuse, neglect or other injury, and that informing such person would not be in the best interest of the patient as determined by the provider.

Food and Drug Administration: Protected health information may be disclosed to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: Protected health information may be disclosed in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal provided that MCHC discloses only the protected health information authorized. In certain conditions, as a response to subpoena, discovery request or other lawful process protected health information may be used or disclosed.

Law Enforcement: Protected health information may be disclosed, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on MCHC's premises) and it is likely that a crime has occurred.

Coroners and Funeral Directors: Protected health information may be disclosed to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. Protected health information may also be disclosed to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. This information may also be disclosed in reasonable anticipation of death.

Organ, Eye or Tissue Donation: Protected health information may be used or disclosed to organ procurement organizations or other agencies engaged in the procurement, banding, or transplanting of cadaveric organs, eyes, or tissues for the purpose of facilitating the donation or transplantation.

Research: Protected health information may be used or disclosed for research provided various conditions stated in the regulations are met and have been approved by an institutional review board and protocols have been established to ensure privacy of protected health information including an authorization being signed by the patient stating that they are participating in a research study and that information may be used or disclosed. Research may also include organizations that may review protected health information for purposes of

gathering statistical data for certain diseases. This may be done without an authorization if no identifying information is disclosed to the reviewing agency.

Criminal Activity or Serious Threat to Health or Safety: Consistent with applicable federal and state laws, protected health information may be disclosed, if the provider believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Protected health information may also be disclosed if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, protected health information may be disclosed of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military services. Protected health information may also be disclosed to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Protected health information may be disclosed as authorized to comply with workers' compensation laws and other similar legally established programs.

Required Uses and Disclosures: Under the law, protected health information must be disclosed to the patient and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

1. Patient Rights

Following is a statement of patient rights with respect to protected health information and a brief description of how patients may exercise these rights.

The Right to Inspect and Obtain a Copy of Protected Health Information

This means the patient may inspect and obtain a copy of his/her protected health information that is contained in a designated record set for as long as MCHC maintains the protected health information. A "designated record set" contains medical and billing records and any other records that the physicians and the practice use for making medical decisions.

Under federal law, however, inspecting or copying the following records will not be allowed; (1) psychotherapy notes; (2) information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, (3) protected health information subject to the Clinical laboratory Improvement Amendments of 1988 to the extent the provision of access to the individual would be prohibited by law; (4) protected health information exempt from the Clinical Laboratory Improvements Amendments Act (CLIA) of 1988; and (5) or protected health information that a health care provider, in the exercise of professional judgment, if released is reasonably likely to endanger the life or physical safety of the individual or another person.

Requests for access to protected health information must be acted upon no later than 30 days after receipt of the request. A reasonable cost-based fee, up to \$1.00 per page, may be imposed for copies that have been previously made. Depending on the circumstances, a decision to deny access may be reviewable. In these circumstances, the patient may have this decision reviewed. Please contact MCHC's Information Privacy Officer (606.633.4871) if there are questions about access to protected health information or medical records.

The Right to Request a Restriction of Protected Health Information

This means the patient may ask MCHC not to use or disclose all or certain parts of his/her protected health information for the purposes of treatment, payment or healthcare operations. The patient may also request that all or any part of the patient's protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. The specific restriction must be requested and state to whom the restriction applies.

The physician is not required to agree to the requested restriction. If the physician believes it is in the patient's best interest to permit the use and disclosure of protected health information, then the information will not be restricted. If the physician does agree to the requested restriction, the protected health information will not be disclosed. Any disclosure of protected health information after that date will be in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction to protected health information with your physician. After discussing it with your physician, restrictions to protected health information may be made by listing the specific restriction(s) and to whom the restriction(s) apply.

The Right to Request to Receive Confidential Communications from MCHC by Alternative Means or at an Alternative Location

MCHC will accommodate reasonable requests to receive communication by an alternative means or location. This could include receiving reminder appointments at a different address or being contacted at a different telephone number. This accommodation may be conditions by asking for information as to how payment will be handled, or specification of an alternative address or other method of contact. No explanation is needed as to the basis for the request. Please make this request in writing to the MCHC Information Privacy Officer (606.633.4871).

The Right to Have the Physician Amend Protected Health Information.

Protected health information may be amended upon request in writing from the patient for as long as MCHC maintains this information. In certain cases, the request for an amendment may be denied. If the request for amendment is denied, the patient has the right to file a Statement of Disagreement with MCHC. A rebuttal to the Statement of Disagreement may be made by MCHC, and a copy will be provided to the patient. Please contact the MCHC Information Privacy Officer (606.633.4871) if there are questions about amending medical records.

The Right to Receive an Accounting of Certain Disclosures Made, if Any, of Protected Health Information

This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excludes disclosures made to the patient, to family members or friends involved in care of the patient, for notification purposes, due to a use or disclosure otherwise permitted, or as required by the privacy policy, pursuant to your authorization, for national security or intelligence purposes, to correctional institutions or law enforcement officials, as part of a limited data set, or that occurred before April 14, 2003.

The patient has the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The first accounting in a twelve (12) month period is free. Thereafter, a reasonable cost-based fee may be imposed for additional accounting. A shorter timeframe may be requested. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

Each Patient Has the Right to Obtain a Paper Copy of This Notice

2. Complaints

The patient may file a complaint with either MCHC, or to the Secretary of the Department of Health and Human Services, if he/she believes his/her privacy rights have been violated. A complaint may be made by notifying either the MCHC Information Privacy Officer (606.633.4871) or Clinic Administrator of the complaint. There will not be any retaliation against anyone for filing a complaint.

The MCHC Information Privacy Officer may be contacted at 606.633.4871 for further information about the complaint process.

Effective Date:


This notice was first published and becomes effective on April 14, 2003.

Approval:




Lois A. Baker, Chief Executive Officer

3-11-03
Date



Van S. Breeding, M.D., Medical Director

3/11/03
Date



Jeanette Ladd, Chairperson, Board of Directors

3-11-03
Date