

Notice of Information Practices

This notice describes how medical information about you, the patient, may be used and disclosed and your right to access this information. Please review it carefully.

St. Edward Mercy Medical Center
Mercy Outpatient Surgery Center
Mercy Northside Clinic
Hembree Mercy Cancer Center
Mercy Hospital Scott County
Mercy Hospital Scott County Rural Health Clinic
Twin Cities Medical Clinic
North Logan Mercy Hospital
Mercy Hospital Turner Memorial
St. Edward Medical Services, Inc.



ST. EDWARD MERCY
HEALTH NETWORK

NOTICE OF INFORMATION PRACTICES

This notice describes how medical information about you, the patient, may be used and disclosed and your right to access this information. Please review it carefully.

Each visit made to St. Edward Mercy Health Network is recorded. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This record of information, known as a medical record, serves as a:

1. Plan for care and treatment
2. Communication among the health professionals who treat you during your illness
3. Legal document describing and documenting the care you received
4. Means by which a third-party payer or yourself can verify that the billed services were actually provided
5. Education tool to health professionals
6. Data source for medical research
7. Source of information for public health officials charged with improving the health of the nation
8. Data source for facility planning and marketing

Understanding the information kept in your medical record and how it is used, is helpful for you, as a patient/ consumer to:

- a) Ensure the accuracy of your medical record
- b) Better understand who, what, where, and why your health information is/has been accessed by other individuals
- c) Make more informed decisions when authorizing disclosures to others

PATIENT RIGHTS

The medical record is the property of St. Edward Mercy Health Network; however the information contained inside belongs to you, the patient.

You have the right to:

- Inspect and obtain a copy of your health record
- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of the notice of information practices upon request
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or at alternative locations

- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

As a patient you have the option to choose not to have your protected information published in our hospital directory, used for marketing or fundraising, or to release to clergy, family, or friends. If you make the choice to not have your protected information published, please complete the form provided to you.

OUR RESPONSIBILITIES

This organization is responsible for:

- Maintaining the confidentiality/privacy of your health information at all times
- Providing you with a notice about our legal duties and privacy practices with respect to information collected and maintained about you
- Notifying you if we are unable to agree to a request
- Accommodating reasonable requests for communication of health information by alternative means or at alternative locations
- Abiding by the terms of this notice

We reserve the right to alter our practices and make provisions, as needed, effective for all the protected health information we maintain. In the event that our information practices change during the processing of your request, a revised notice will be mailed to the address listed as your current home.

We will not use or disclose your health information without your authorization, except as described in the notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

Should any questions or concerns develop regarding the usage of your private information you may contact our Privacy Officer, Marilyn Frazier, at 479-314-6266, or the Office Civil Rights at 214-767-4056.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

We will use your information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to

determine the course of treatment that should work best for you. Your physician will document in your record his or her orders and directions for the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this hospital.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the patient safety staff or quality improvement staff, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates

There are some services provided in our organization through contacts with business associates. *Examples include* certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job that 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 and provide only the minimum necessary information to the business associate.

Directory

Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general conditions.

Communication with family

Health professionals, using their best judgment, may disclose information to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors

We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation or organs for the purpose of tissue donation and transplant.

Marketing

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising

We may contact you as a part of a fund-raising effort.

Food and Drug Administration (FDA)

We may disclose to the FDA health information relative to adverse event with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution

Should you be an inmate of a correctional institution, we may disclose to

the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

ORGANIZED HEALTH CARE ARRANGEMENT (“OHCA”) JOINT NOTICE OF PRIVACY PRACTICES

St. Edward Mercy Health Network; Mercy Outpatient Surgery Center; St. Edward Medical Services, Inc.; Advance Care Hospital; Western Arkansas Anesthesiology Associates, PA; Advanced Interventional Pain & Diagnostics of Western Arkansas; Emergency Medicine Associates; Laboratory Medicine Associates; Radiologists, PA; Cooper Clinic, PA; and Independent Physician Practitioners and Groups have agreed, as permitted by law, to share your health information among themselves for purpose of treatment, payment, and operations. This enables us to better address your health care needs in a clinically integrated setting.

NOTE: Neither the Independent Contractor Physicians – namely Western Arkansas Anesthesiology Associates, PA; Emergency Medicine Associates; Laboratory Medicine Associates; and Radiologists, PA, are employees or agents of the hospital, nor are Cooper Clinic, PA; Advanced Interventional Pain & Diagnostics of Western Arkansas; and Independent Physicians or Physician Groups employees or agents of the hospital. The St. Edward Mercy Medical Center and Health Network is not an employee or agent of any of the above physicians. The Organized Health Care Arrangement is only for the purpose of sharing patient information in accordance with the Health Insurance Portability and Accountability Act of 1996.



ST. EDWARD MERCY HEALTH NETWORK

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