



Springfield Medical Care Systems, Inc.

Joint Notice of Health Information 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:

**Thomas Crawford, Privacy Officer
(802) 885-7639**

This Notice of Privacy Practices describes how we may use and disclose your protected health information 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. "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. Furthermore, SMCS will not use or disclose your health information without your consent or authorization, except as described in this notice.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices or you may obtain a copy by accessing our website at www.springfieldhospital.org, by calling the office and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

Springfield Medical Care Systems, Inc. and its related entities, are acting as an organized health care arrangement. The following entities are included in the OHCA: Springfield Hospital, Windham Center, Network Management Services, and the following:

- Any health care professional providing services to you in the Hospital's clinically integrated care setting, regardless of whether specific services are provided by the Hospital's employees or by independent members of the Springfield Hospital's Medical Staff.
- All department units of Springfield Hospital and Network Management Services.
- Any member of a volunteer group we allow to help you while you are in Springfield Hospital.
- All employees, staff and other Springfield Hospital and/or Network Management Services personnel.

The entities and individuals participating in the organized health care arrangement will share protected health information with each other, as necessary to carry out treatment, payment, or health care operations within the hospital.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based For Treatment, Payment, and/or Operations (TPO).

This document serves as notification of how Springfield Medical Care Systems, Inc. will utilize your protected health information to support treatment, payment and health care operations. Your protected health information may be used and disclosed by your physician, Springfield Medical Care Systems, Inc. Staff, and others outside of our organization that are involved in your care and treatment for the purpose

of providing health care services to you. Your protected health information may also be used and disclosed to pay for your health care bills and to support the operations of Springfield Medical Care Systems, Inc.

The following examples highlight the types of uses and disclosures of your protected health care information that the hospital is permitted to make. These examples are not meant to be exhaustive; on the contrary, they are provided as educational information that underscores the various types of disclosures that may be made by Springfield Hospital.

Treatment: We will use and disclose your protected health information 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 that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

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

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

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the operational activities of Springfield Medical Care Systems, Inc. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, marketing, and fundraising activities, and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our hospital and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our hospital and the services that we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to

you or you may "opt out" by filling out the attached form and returning it to the attention of the Privacy Officer.

We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by Springfield Hospital's Foundation Office. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you, or you may "opt out" by filling out the attached form and returning it to the attention of the Privacy Officer.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that the hospital 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 Your Consent, Authorization or Opportunity to Object

You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed. We may use and disclose your protected health information in the following instances:

Facility Directories: Unless you object in writing, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name and members of the clergy will be told your religious affiliation. You may "opt out" by filling out the attached form and returning it to the attention of the Privacy Officer; furthermore, you will be given the opportunity to "opt out" each time that you are admitted as an "inpatient" to Springfield Hospital.

Others Involved in Your Healthcare: Unless you object in writing, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary, if we determine that it is in your best interest based on our professional judgment. We may use or disclose your protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information 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 your health care.

Fundraising Activities: Unless you object in writing, we may use your protected health information, such as admission date, discharge date, and demographic information, to identify you for our ongoing philanthropic activities. Philanthropic activities may include mailings, phone calls, etc... that describes Springfield Hospital's giving opportunities. You may "opt out" by filling out the attached form and returning it to the attention of the Privacy Officer

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, your physician shall try to obtain your authorization as soon as reasonably practicable after the delivery of treatment. If your emergency department physician is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Barriers: We may use and disclose your protected health information if your physician attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to authorize the use or disclosure under the specific circumstances.

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

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

As Required By Law: We will disclose medical information about you when required to do so by federal, state or local law. In Vermont, this would include: child abuse; abuse, neglect or exploitation of vulnerable individuals, firearm-related injuries, communicable diseases, fetal deaths, cancer and mammography results, lead poisoning, blood alcohol level after motor vehicle accident, as needed for identification by a dentist or where a child under the age of sixteen is a victim of a crime.

Public Health: We may disclose your protected health information 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. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, 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: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. 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.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information 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: Springfield Medical Care Systems, Inc. may not release medical information in response to a subpoena under Vermont law. Vermont law preempts the HIPAA regulations and a subpoena in Vermont is not issued by a court, but rather only by an attorney seeking the information. Accordingly, we may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of the court or administrative tribunal (to the extent such disclosure is expressly authorized), and/or a search warrant.

Law Enforcement: We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes (if authorized by law).

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information 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. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research: We may disclose your protected health 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 protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe 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; however, any disclosure would only be to someone that is believed to be able to help prevent the threat.

Workers' Compensation: Your protected health information may be disclosed by Springfield Medical Care Systems, Inc. as authorized to comply with state workers' compensation laws and other similar legally-established programs.

Required Uses and Disclosures: Under the law, we must make disclosures to you 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.

2. Your Rights

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

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your 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. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with

your physician. You may request a restriction by contacting Springfield Hospital's Health Information Manager at (802) 885-7338.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by Springfield Hospital. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Thomas Crawford at (802) 885-7639 or by e-mailing at tcrawford@springfieldhospital.org for further information about the complaint process.

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

Approved by,

Glenn Corder, Chief Executive Officer

Thomas Crawford, Privacy Officer



Springfield Medical Care Systems, Inc.

Notice of Health Information Privacy Practices Acknowledgement

I understand that as part of my healthcare, Springfield Medical Care Systems, Inc. and its medical staff creates, receives and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment, and any plans for future care or treatment. I understand that my health information may be used and disclosed by Springfield Medical Care Systems, Inc. and its medical staff to carry out my care and treatment, to obtain payment and for Springfield Medical Care Systems' health care operations.

I have been provided with a copy of Springfield Medical Care Systems' *Joint Notice of Health Information Privacy Practices* that provides a more complete description of information uses and disclosures and I have had an opportunity to ask questions about anything I did not understand. I understand that I have right to review the notice prior to signing this acknowledgement; furthermore, I understand that Springfield Medical Care Systems, Inc. reserves the right to change the privacy practices outlined in its *Joint Notice of Health Information Privacy Practices* and that any changes may apply retroactively to information created while the current *Notice* is in effect. I understand that I may obtain a copy of the revised Notice by submitting a written request to Springfield Medical Care Systems' Privacy Officer, by requesting one in person, or via Springfield Hospital's web site www.springfieldhospital.org.

I understand that I have the right to "opt out" of the use of my health information for directory and fundraising purposes; furthermore, I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry our treatment, payment, or healthcare operations and that Springfield Medical Care Systems, Inc. is not required to agree with the requested restrictions; if Springfield Medical Care Systems, Inc. agrees to the requested restrictions, we will not use or disclose information about you in any manner contrary to the terms of the restrictions.

I hereby acknowledge that I have been made aware of my rights and have received a copy Springfield Medical Care Systems' *Joint Notice of Health Information Privacy Practices* that details their intended use of my protected health information for treatment, payment, and healthcare operations.

Signature of Patient or Legal Representative/Guardian

Date

Authority or Relationship of Representative
(Attach copy of documentation of authority)



Springfield

Medical Care Systems, Inc.

Opt Out Notification

I _____, have been notified that SMCS will place my
Print Name
name in a directory upon admission to the hospital and/or may use my information, such as my admission
and discharge dates, to identify me for fundraising activities (such as receiving hospital publications via
the mail). Per Springfield Medical Care Systems' *Joint Notice of Health Information Privacy Practices*, I
acknowledge that I have the opportunity to "opt out" of one or all of these activities and have chosen to do
so as outlined below (check all that apply).

_____ I request to "opt out" of having my name listed within any Springfield Hospital **directory**
upon admission.

_____ I request to "opt out" of having any/all **fundraising** material sent to me via any/all types of
media.

Signature

Date

Please forward this executed document to the following address:

Springfield Hospital
Attn: Privacy Officer
PO Box 2003
Springfield, VT 05156