

## **JOINT 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.

### **Who Will Follow This Notice**

This notice describes the health information policies of Culpeper Regional Hospital (the “Hospital”) and all departments and units of the Hospital. The practices outlined in this notice will also apply to employees, staff, personnel and volunteers of the Hospital. In addition, as the Hospital is a clinically integrated health care setting, you may receive care through independent physicians or other health care providers while at the Hospital. This notice applies to all those additional providers who may use or disclose your health information in connection with care while at the Hospital. The Hospital may disclose your health information to other health care providers involved in your care at the Hospital for purposes of your treatment, in connection with payment for such services or treatment, and in connection with health care operations connected to any such services provided at the Hospital. Emergency room physicians and most other physicians who may provide services at the Hospital are independent practitioners, are not employed by us and are not our agents, and generally will bill separately from the Hospital for their services. Physicians and other health care providers may have different policies or notices regarding their use and disclosure of your health information in their offices, clinics, or other locations outside of the Hospital.

### **Our Pledge Regarding Medical Information**

We are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to:

- make sure that health information that identifies you is kept confidential as provided by law.
- give you this notice of our legal duties and privacy practices concerning your health information.
- follow the terms of the notice that is currently in effect.

### **How We May Use And Disclose Health Information About You**

The following is a summary of ways that we use and disclose health information about you. We may use and disclose health information about you:

- To provide you with medical treatment and services. Health information about you may be disclosed to doctors, nurses, and employees involved in your medical care. For example, physicians involved in your care will need and will be given information about your symptoms in order to prescribe appropriate medications.
- So that treatment and services rendered through the Hospital may be billed to and payment may be collected from you, insurance companies and/or third parties. For example, we may release your confidential healthcare information to your insurance provider for the purpose of the Hospital receiving payment for providing you with needed healthcare services.
- For operations of the Hospital. For example, we may use and disclose information to evaluate services you receive to ensure that our patients receive quality care and to ensure that we continue to earn professional accreditation.
- To remind you of any appointments, to notify you of healthcare treatment options or other health services that may be of interest to you.
- To Business Associates to carry out treatment, payment or health care operations functions that may involve the use and disclosure of some of your health information. For example, we may use a billing service or accounting service to handle some billing and payments functions. Unless the disclosure of health information is to another health care provider for the purpose of providing treatment to you, we will generally have entered into a formal agreement with the Business Associate that requires the Business Associate to maintain the confidentiality of any patient information received in accordance with law.

- To contact you in an effort to raise money for the Hospital. We may disclose medical information to a foundation related to the Hospital so that the foundation may contact you in raising money for the Hospital. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the Hospital.
- For the patient directory, unless you object. Unless you object, we may disclose your name, location in the Hospital, and your general condition to people who ask for you by name. In addition, this information and your religious affiliation may be given to a member of the clergy even if they don't ask for you by name.
- To a family member or friend who is involved in your care or payment for your care. We may also release information about you to such an individual in a medical emergency, and may disclose information about you to a disaster relief agency to assist in notifying your family in the event of an emergency.
- When necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- 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.
- As required by military command authorities if you are a member of the armed forces. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- For public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To notify authorities if we believe a patient has been the victim of abuse, neglect or domestic violence;
  - 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.
- For workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- To a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure activities.
- In response to a court or administrative order if you are a party to a lawsuit or dispute. 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, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- 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.
- To a coroner or medical examiner to identify a deceased person or determine the cause of death.
- To funeral directors as necessary to carry out their duties.
- To authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- To authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information 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.
- As required by federal, state or local law.
- For other purposes, your confidential healthcare information may be released only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information at any time. If you revoke permission, thereafter we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You must 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.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding medical information we maintain about you:

**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. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To request access to records for inspection and/or to request a copy of your medical records, your request must be made in writing and submitted to the Privacy Officer at the address set forth below. We may deny your request to inspect and copy in certain very limited circumstances. If your attending physician or an attending clinical psychologist has placed a written statement in your medical record indicating that, in his or her opinion, having access to the record would be injurious to your health or well-being, we can deny your request to inspect or copy. However, if you are denied access to your medical records under such a circumstance, you may request that the denial be reviewed by another physician or clinical psychologist of your choice. We will comply with the outcome of that review.

**Right to Request an Amendment.** If you feel that medical information 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 the Hospital. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address set forth below. 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 or for the Hospital;

- 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 an "accounting of disclosures" at your request. This is a list of disclosures we made of medical information about you for most purposes other than treatment, payment, or health care operations or those authorized by you.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address set forth below. Your request must state a time period which may not be longer than six years and disclosures before April 14, 2003 will not be included within the accounting provided. 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 use or disclosure of the medical information about you. **We are not required to agree to your request.**

**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 the Privacy Officer at the address set forth below. 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.

**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. To obtain a paper copy of this Notice, please contact the Privacy Officer at the address set forth below. You may also obtain a copy of this Notice at our website, [www.culpeperhospital.com](http://www.culpeperhospital.com)

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. The notice will contain the effective date.

#### **Complaints/Further Information**

If you have concerns about the Hospital's privacy practices or about use or disclosure of your health information, believe your privacy rights have been violated, or have questions about this Notice, you may file a complaint or obtain additional information by contacting the Privacy Officer. You may also file a complaint with the Secretary of the Department of Health and Human Services. The Hospital's Privacy Officer may be contacted at:

Patricia Sautel, CPHRM  
Compliance, Risk, and Regulatory Officer  
501 Sunset Lane  
Culpeper, Virginia 22701  
Telephone: (540) 829-5703

All complaints will be investigated on behalf of the Hospital. **You will not be penalized in any way for filing a complaint.** We appreciate the opportunity to review your concern for performance improvement opportunities.

**EFFECTIVE DATE: April 7, 2003**