

Okeene Municipal Hospital

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. *Okeene Municipal Hospital* is permitted to make uses and disclosures of PHI (PHI) for treatment, payment and health care operations. Proper safeguards are in place to discourage improper use or access. We are required by law to protect your privacy and the conditions of your personal and PHI and records. The entities covered by this Notice include this hospital and all health care providers who are members of its medical and ancillary services staffs.
2. *Okeene Municipal Hospital*, its medical staff, and other health care providers at the hospital are part of a clinically integrated care setting that constitutes an organized health care arrangement under 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. These physicians and health care providers will be able to access and use your PHI for the following reasons:
 - a. **For treatment** – We may use PHI about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital.
 - b. **For payment** – We may use and disclose PHI about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party.
 - c. **For health care operations** – These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use PHI about your high blood pressure to review our treatment and services, to evaluate the performance of our staff in caring for you and to train health professionals.
2. *Okeene Municipal Hospital* is permitted or required, under specific circumstances, to use or disclose PHI without the individual's written authorization, such as when required to do so by federal, state or local law, regarding births and deaths, organ donations, military, workers compensation, health oversight activities, lawsuits and disputes, law enforcement, coroners, medical examiners, funeral directors, national security/intelligence activities, and inmates. Also Public health reporting, examples are:

Prevent or control disease, injury or disability;

Report birth defects or infant eye infections;

Report cancer diagnoses and tumors;

Report child abuse or neglect or a child born with alcohol or other substances in its system;

Report reactions to medications or problems with products;

Notify people of recalls of products they may be using;

Notify the Oklahoma State Department of Health that a person who may have been exposed to a disease or condition such as HIV, Syphilis, or other sexually transmitted diseases;

Notify the appropriate government authority if we believe patient has been the victim of abuse, neglect or domestic violence, or when required by law
3. We may release certain limited information about you while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) this may be released to people who ask for you by name.
4. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.
5. *Okeene Municipal Hospital* intends to engage in one or more of the following activities:
 - a. *Okeene Municipal Hospital* may contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.
 - b. *Okeene Municipal Hospital* may contact the individual/Patient to raise funds for *Okeene Municipal Hospital*.
6. The Individual has the following rights regarding PHI:
 - a. The right to request restrictions on certain uses and disclosures of PHI. *Okeene Municipal Hospital* is not required to agree to a requested restriction, however.
 - b. The right to receive confidential communications of PHI, as applicable.
 - c. The right to inspect and copy PHI, as provided in the Privacy Regulation.
 - d. The right to amend PHI, as provided in the Privacy Regulation.
 - e. The right to receive an accounting of disclosures of PHI.
 - f. The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.
7. *Okeene Municipal Hospital* is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and Privacy practices with respect to PHI.
8. *Okeene Municipal Hospital* is required to abide by the terms of the Notice currently in effect.
9. *Okeene Municipal Hospital* reserves the right to change the terms of this Notice. The new Notice provisions will be effective for all PHI that it maintains.
10. *Okeene Municipal Hospital* will post a copy of the current notice in the hospital. The notice will contain on the first page, near the top, the effective date. In addition, each time you register at the hospital for treatment or health care services we will make available to you a copy of the current notice in effect.
11. Individuals may complain to *Okeene Municipal Hospital* and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint follows:

To file a complaint with the hospital, write: Marsha Price, Privacy Officer

Okeene Municipal Hospital PO Box 489, Okeene, OK 73763 (580) 822-4417

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