

BOUNDARY COMMUNITY HOSPITAL'S NOTICE OF PRIVACY PRACTICES

I. 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.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION. We are legally required to protect the privacy of your health information. We call this information "protected health information," or "PHI" for short, and it includes information that can be used to identify you that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in Acute Care lobby and Extended Care notice board. You can also request a copy of this notice from the contact person listed in Section VI below at any time and can view a copy of the notice on our web site at www.boundaryhospital.org.

III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment and Health Care Operations Does Not Require a Consent (this is considered to be "implied consent" by the person seeking treatment).

We may use and disclose your PHI for the following reasons:

1. **For treatment.** We may disclose your PHI to physicians, nurses, and other health care personnel who provide you with health care services or are involved in your care. For example, if you're being treated for a knee injury, we may disclose your PHI to the physical rehabilitation department in order to coordinate your care.
2. **To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
3. **For health care operations.** We may disclose your PHI in order to operate this hospital. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.
4. **Boundary Community Hospital (BCH) uses a information consent form to cover such areas as:**
 - A. Medical and surgical treatment
 - B. Release of Information
 - C. Medical coverage
 - D. Financial obligations,
 - E. Types of healthcare providers

- F. Payment authorization
- G. Advance Directives
- H. Safekeeping of valuables and money
- I. No smoking policy
- J. Patient and resident rights

B. Certain Uses and Disclosures Do Not Require Your Consent or Authorization

We may use and disclose your PHI without your authorization for the following reasons:

- 1. When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcements.**
For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
- 2. For public health activities.** For example, we will provide information about births, deaths, and various diseases, to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
- 3. For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- 4. For purposes of organ donation.** We notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
- 5. For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
- 6. To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- 7. For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the governor of the state or conducting intelligence operations.
- 8. For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.
- 9. Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.
- 10. Fundraising activities.** We may use PHI to raise funds for our organization. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as part of our fundraising efforts, please contact the person listed in section VI below.

C. Two Uses and Disclosures Require You to Have The Opportunity to Object.

- 1. Patient directories.** Boundary Community Hospital does not use patient/resident directories. On admission you can request or object to visits by clergy or visitors.
- 2. Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent or authorize may be obtained retroactively in emergency situations.

D. All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections IIIA, B, and C above, we will ask for your written authorization before using or disclosing any of your PHI. [*Optional: A sample authorization form is attached to this notice for you to review*]. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses

and disclosures (to the extent that we have not taken any action relying on the authorization).

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have the following rights with respect to your PHI:

- A. **The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclosure your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. **The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you at an alternate address (*for example, sending information to your work address rather than your home address*) or by alternate means (*for example faxed instead of regular mail*). We must agree to your request so long as we can easily provide it in the format you requested.
- C. **The Right to See and Get Copies of Your PHI.** In most cases you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we do not have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.

If you request copies of your PHI, there will be no charge. Instead of providing the PHI you requested, we may provide you a summary or explanation of the PHI as long as you agree to that.

- D. **The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you or your family. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before January 1, 2003.

We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge.

- E. **The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 30 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to ask that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer listed in Section

VI below. You also may send a written complaint to the Secretary of the Department of Health and Human Services [PO Box 83720, Boise, Idaho 83720-0061]. We will take no retaliatory action against you if you file a complaint about our privacy practices.

VI. PERSONS TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact: Boundary Community Hospital's Privacy Officer, 6640 Kaniksu Street, Bonners Ferry, Idaho 83805, (208) 267-3141 (Ask for the Privacy Officer).

VII. EFFECTIVE DATE OF THIS NOTICE.

This notice will go into effect on January 1, 2003.

Print Name (First/Middle Initial/Last Name)

Signature

Date