



# North Arkansas Regional Medical Center

## CLINIC NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND RELEASED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### Who will follow this notice

This notice describes our System's practices and that of:

- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, members of the Hospital Medical Staff and other System personnel.
- Any healthcare professional authorized to enter information into your medical record.

### **Understanding Your Patient Information**

Each time you visit a hospital, doctor, or other medical person, a record of your visit is made. Usually, this record contains your symptoms, examination and test results, conclusions, treatments, and a plan for future care or treatment. This information, often referred to as your medical record, serves as a:

- Tool for planning your care and treatment
- Means of communication among the many medical people who contribute to your care
- Legal document describing the care you received
- Means by which you or an insurance company can verify that services billed were actually provided
- A tool in educating medical personnel
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the results of patients

Your hospital, doctor or medical person will also maintain information concerning the charges to your account for your medical attention, any insurance companies who may have a financial duty for payment of your bill and the status of your account.

Understanding what is in your record and how your patient information is used helps you to:

- Check its accuracy
- Better understand who, what, when, where, and why others may access your medical information
- Make more informed decisions when allowing disclosure to others
- Know your Medical Information rights

Although your medical record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. **You have the right to:**

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or release about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we release about you to someone who is involved in your care or the payment of your care, like a family member or friend. **For example, you could ask that we not mail your bill to your home but use your PO Box address.**

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. **To request restrictions**, you must make your request in writing and forms are available from the clinic. In your request, you must tell us (1) what information you want to limit; (2) if you want to limit use, release or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**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. To inspect and copy medical information that may be used to make decisions about you, you **must fill out an authorization form**

**available from the clinic.** If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another medical professional chosen by the clinic will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend or change the information. You have the right to request an amendment for as long as the information is kept by the clinic.

To request an amendment, call or stop by the clinic for a form, fill it out and return it to the clinic or mail it to North Arkansas Regional Medical Center, Attn: Clinic Coordinator, 620 North Main, Harrison, Arkansas 72601. 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 NARMC;
- 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 request an "accounting of disclosures." This is a list of the releases we have made of your medical information. To request this list, call or stop by the clinic and ask for an "Accounting of Disclosures Form". Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a twelve (12) month period will be free. For additional lists, we will charge you for the costs of providing the list. We will notify you of the cost before payment so you may withdraw or modify 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 call you at work.** To request confidential communications, you may talk to the admissions department or the department where you are receiving your care. 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. You may obtain a copy of this notice on our website, [www.narmc.com](http://www.narmc.com) or at the clinic.

### **Our Responsibilities**

This organization is required to:

- Maintain the privacy of your medical information
- Provide you with a Notice of Privacy Practices
- Abide by the terms of the Notice of Privacy Practices currently in effect
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate medical information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected medical information we keep. If revised, copies of the revised "Notice of Privacy Policies" will be available via our web site [www.narmc.com](http://www.narmc.com) or by contacting the clinic.

We will not use or release your medical information without your written authorization, except as described in this notice. If you provide us with permission to use or release medical information about you, you may revoke the permission, in writing, at any time and we will no longer use or release medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any releases we have already made with your permission and that we are required to retain our records of the care

that we provided to you.

## **How We May Release Medical Information About You**

**Treatment Purposes:** We may use medical information about you to provide you with medical treatment or services. **For example:** Information obtained by a nurse, doctor, or other member of your healthcare team will be recorded in your medical record and used to determine the course of treatment that should work best for you. Medical information from your medical record will be released to your physician's office for payment and follow up care.

**Payment Purposes:** We may use and release medical information about you so that the treatment and services you receive at the clinic may be billed to an insurance company or a third party and payment may be collected from you. **For example:** A bill will be sent to you or your insurance company.

**Health Care Operations:** We may use and release medical information about you for health care operations. These uses and releases are necessary to run the clinic and make sure that all of our patients receive quality care. **For example:** members of the quality improvement team may use information in your medical record for quality improvement purposes.

**Business Associates:** There are some services provided in our organization through contract with outside companies called business associates. **For example:** the computer repairman that works on our billing software. We may release your medical information to our business associate so that they can perform their job and bill you or your insurance company for services. These business associates are required to safeguard your information.

**Appointment Reminders:** We may use and release medical information to contact you as a reminder that you have an appointment for treatment or medical care.

**Treatment Alternatives:** We may use and release medical information to tell you about or recommend possible alternative treatment options or alternatives that may be of interest to you.

**Health Related Benefits and Services:** We may use and release medical information to tell you about health-related benefits or services that may be of interest to you. **For example:** medical equipment or supplies

**Notification:** We may use or release information to notify or assist in notifying a family member, personal representative, or another person responsible of your care, your location, general condition and acknowledgment of your clinic visit.

**Communication with Family:** Health professionals, using their best judgment, may release to a family member or any other person you identify, medical information relevant to that person's involvement in your care or payment related to your care.

**Fund Raising:** We may contact you as part of a fund-raising effort for the hospital or an organization related to the clinic. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services. If you do not want the clinic to contact you for fund-raising efforts, you must notify North Arkansas Regional Medical Center in writing at Attn: Foundation, 620 North Main, Harrison, Arkansas 72601.

**Research:** We may release information to researchers when their research has been approved by an institutional review board and privacy protocols have been established.

**As Required By Law:** We will release medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and release medical information about you when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another

person.

**Coroners, Medical Examiners, and Funeral directors:** We may release medical information to coroners, medical examiners or funeral directors when required by law to allow these individuals to carry out their duties.

**Organ Procurement Organizations:** When required by law, we may release medical information to organ procurement organizations for the purpose of tissue donation and transplant.

**Food and Drug Administration (FDA):** We may release to the FDA medical information related to accidental events relating to food, supplements, product and product defects, or to allow product recalls, repairs, or replacement.

**Workers Compensation:** We may release medical information to the limit allowed by law to workers compensation or other similar programs required by law.

**Public Health:** As required by law, we may release your medical information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Registry:** As required by law, we may release your medical information to state and national registries.  
**For example:** If you are diagnosed with cancer we will send your medical information to the Arkansas Central Cancer Registry.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may release to the institution or law officers medical information necessary for your health and the health and safety of other individuals.

**Law Enforcement:** We may release medical information for law enforcement purposes as required by law or in response to a valid subpoena.

**Military and Veterans:** If you are or have been a member of the armed forces, we may release medical information about you as required by military authorities.

**Health Oversight Activities:** We may release medical information to a health oversight agency for activities authorized by law. **For example:** audits, investigations and licensure.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may release medical information about you in response to a court or administrative order. We may also release 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.

**National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

#### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the clinic or the NARMC Privacy Officer at (870) 414-4052.

If you believe your privacy rights have been violated, you can file a complaint on the NARMC Patient Hotline by calling (870) 365-2020. Be sure and state the clinic location for follow up purposes. Or you can file a complaint by submitting it in writing to the U.S. Department of Health and Human Services. You will not be

penalized and no adverse actions will be taken against you for filing a complaint.

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