

Effective Date: 1/20/2010



Notice Of Privacy Practices

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

OUR PLEDGE REGARDING HEALTH INFORMATION

We are committed to protecting your health information. We are required by law to make sure that health information that identifies you is kept private; to provide you this notice of our legal duties and privacy practices with respect to your health information; and to follow the terms of this notice. We reserve the right to change this notice. Any revision will affect how your current health information is treated as well as any information we receive in the future. We will post a copy of the current notice in various locations throughout Concord Hospital and in our affiliate medical offices.

WHO WILL FOLLOW THIS NOTICE

Our healthcare team covered by this notice includes the medical staff working in Concord Hospital departments, Concord Hospital Medical Group practices, and other healthcare staff including residents, medical students, and interns. Also covered by this notice are all other non-clinical employees including managerial, administrative, and support staff employed by Concord Hospital.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe how we may use and disclose health information without your written authorization.

Treatment, Payment, and Healthcare Operations

Treatment We may use your health information to provide you with medical treatment or services. We may disclose health information about you to physicians, nurse practitioners, physician assistants, nurses, technicians, medical students, or other Concord Hospital staff who are involved in your care. We may also disclose your health information to other healthcare providers and healthcare facilities that may be involved in your medical care.

Examples:

- We may share your health information between Concord Hospital departments to coordinate aspects of your care, such as your prescriptions, diagnostic test results, and discharge instructions.
- We may use your health information to contact you to remind you of an appointment for treatment or care at Concord Hospital or an affiliate medical office. These reminders may be made by an automated system.

- We may call you after your visit to the Hospital or medical office to see how you are feeling and answer any questions you may have.
- We may use and disclose health information to tell you about or recommend possible treatment options or alternatives.
- We may disclose your health information to other providers to whom you have transferred your care.

Payment We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment collected from you, an insurance company, or a third party.

Examples:

- We may tell your health plan about a treatment you are going to receive so that we may obtain prior approval or to determine whether your health plan will cover the treatment.
- We may need to provide your health plan information about the surgery you received at Concord Hospital so your health plan will pay us or reimburse you for the surgery.

Healthcare Operations We may use your health information for our own healthcare operations. We may disclose your health information to another healthcare provider, facility, or health plan if it is related to your care and is for quality review and improvement, healthcare provider credentialing, fraud and abuse detection, and compliance.

Examples:

- We may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- We may combine health information about many Concord Hospital patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective.
- We may disclose information to physicians, nurse practitioners, physician assistants, nurses, technicians, medical students, and other medical staff for review and learning purposes. We may remove information that identifies you from this set of health information so others may use it to study health care and healthcare delivery without learning who the specific patients are.
- We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
- We may use your name, address, telephone number, date(s) of service, age, and gender to contact you to solicit funds for Concord Hospital. Any funds raised are used to expand and improve the services and programs we provide to the community. If you do not wish to receive fundraising requests in support of Concord Hospital, please send a letter to Concord Hospital Trust, Office of Philanthropy, 250 Pleasant Street, Concord, NH 03301. In the event that you contact us with this request, all reasonable efforts are taken to ensure that you do not receive any fundraising communications from us in the future.

Other Uses and Disclosures of Health Information

Patient Directory We may include your name and location in the Hospital's electronic patient directory. This information, along with your general medical condition (for

example, good, fair, serious), may be released to people who ask for you by name. You may choose to have your name excluded from the directory by notifying the staff member who registers you as a patient or by notifying a nursing representative once you are admitted to a patient care unit. If you opt out from having your name included in the directory, we will not confirm that you are being treated in the Hospital and we will not release your name, location, or condition to anyone, even if they ask for you by name. Patients who are being treated on the Behavioral Health Patient Care Unit are automatically excluded from the patient directory.

Clergy We may release your name, religious affiliation, and location in the Hospital to clergy, if you have given consent upon admission or during your stay. The exception is patients who are on the Behavioral Health Patient Care Unit. Any questions concerning clergy visits can be answered by calling the Spiritual Care Office at (603) 227-7000, ext. 3013.

Family or Friends Involved in Your Care We may release health information about you to a friend or family member who is involved in your medical care or to someone who helps pay for your care. We only disclose your health information to this individual, including notification about your location and condition, if you have agreed or we believe you do not object to the disclosure. If you are not present or are incapacitated and unable to indicate your agreement, a Concord Hospital staff member involved in your care may use their judgment to determine if the disclosure would be in your best interest. For example, we may allow your spouse to pick up a prescription for you if he or she is known by the staff member or can verify their identity by showing photo identification.

Research Under certain circumstances, we may use and disclose your health information for research purposes. All research projects are subject to a special approval process by the Concord Hospital Human Investigation Committee, which protects patient safety, welfare, and confidentiality. Enrollment in these studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing an authorization form.

Required by Law We disclose your health information when required to do so by federal, state, or local law.

Law Enforcement We may respond to a court order, subpoena, warrant, or similar process. We may also disclose limited information in response to a law enforcement official's request for identification and location purposes. In certain cases, we may disclose your health information to a law enforcement official when it is related to the investigation of a crime.

Public Health and Safety

- We may use and disclose your health information when necessary to prevent a serious health or safety threat to you, another person, or the public.
- We may use and disclose health information while assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

- We may disclose your health information to report child abuse or neglect to authorized government authorities. Additionally, we may report other cases of neglect, abuse, or domestic violence to the extent allowed by law.
- We may disclose your health information for public health activities, such as to prevent or control disease, to report reactions to medications or problems with products, or to notify you of recalls.
- We may release your health information to authorized federal officials to provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations for intelligence, counterintelligence, and other national security activities as authorized by law.

Health Oversight Activities We may disclose health information to a health oversight agency for activities required by law. These oversight activities include audits, investigations, inspections, and licensure.

Deceased Individuals We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties.

Organ, Eye, and Tissue Donations If you are an organ donor, we may release health information to organizations to facilitate organ, eye, or tissue donation and transplantation.

Business Associates We may release health information to businesses that use your health information to assist us in performing essential healthcare operations, payments, and other functions. Contracts with these businesses must include specific provisions governing the use and protection of your information as required by federal law.

Workers' Compensation We may release health information about you to your employer for workers' compensation purposes.

Prison Inmates If you are an inmate or under the custody of a law enforcement official, we may release your health information to the correctional institution or a law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (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.

Other uses and disclosures of health information not covered above in this notice or by law that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. We are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy You have the right to inspect and to request copies of your health information that may be used to make decisions about your care. To request copies, you must submit your request in writing by completing an Authorization Form to Health Information Management Services (HIMS), Release of Information. To obtain a form or seek assistance, you may call the HIMS Department at (603) 228-7312. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. To inspect your records, you must submit your request to the Patient Relations Department. We may deny your request to inspect and copy records in certain, very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed.

Right to Amend If you feel that your health information is incorrect or incomplete, you may ask us to amend the information. Your request must be made in writing and submitted to the HIMS Director at 250 Pleasant Street, Concord, NH 03301. You may request a form and receive assistance by calling the HIMS Department at (603) 415-6645. 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. 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 health information kept by us to be used in providing healthcare services to you.
- Is not part of the information which you would be permitted by law to inspect and copy.
- Is accurate and complete.

Right to an Accounting of Disclosures You have the right to request an "accounting of disclosures" of your health information if any such disclosure was made for any purpose other than disclosures related to treatment, payment or healthcare operations, or in response to an authorization signed by you. To request this list or accounting of disclosures, you must submit your request in writing to the HIMS Director at 250 Pleasant Street, Concord, NH 03301. You may request a form and receive assistance by calling the HIMS Department at (603) 415-6645. Your request must state a time period, which may not be earlier than six years prior to the request date. 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 may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. 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. If we do not agree, we will notify you of the denial in writing. To request restrictions, you must submit your request in writing to the HIMS Director at 250 Pleasant Street, Concord, NH 03301. You may request a form and receive assistance by calling the HIMS Department at (603) 415-6645. In your

request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

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, please notify the Concord Hospital staff member registering you as a patient or contact the Patient Relations Department at (603) 230-1902. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice You have the right to a paper copy of this notice. To obtain a copy of this notice, please contact the Patient Relations Department at (603) 230-1902, or visit www.concordhospital.org.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Hospital. Please contact the Concord Hospital Patient Relations Department at 250 Pleasant Street, Concord, NH 03301.

You also have the right to file a complaint at the regional Office of Civil Rights. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE
CONTACT THE CONCORD HOSPITAL PATIENT RELATIONS DEPARTMENT AT
(603) 230-1902.**