

Notice of Privacy Practices

Effective September 20, 2013

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.

A. Purpose of the Notice

Monongalia Health System (Mon Health System) is committed to preserving the privacy and confidentiality of your health information that is created and/or maintained at Monongalia General Hospital (Mon General Hospital) or any of the Mon Health System affiliates. State and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information. This Notice will provide you with information regarding our privacy practice and apply to all of your health information created and/or maintained at Mon General Hospital or any of the Mon Health System affiliates, including any information that we receive from other health care providers or facilities. The Notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations concerning such uses or disclosures.

We will abide by the terms of this Notice, including any future revisions that we may make to the Notice as required or authorized by law. We reserve the right to change this Notice and to make the revised or changed Notice effective for health 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, which will identify its effective date, in all Mon Health System entities, and on our website at www.mongeneral.com.

The privacy practices described in this Notice will be followed by:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at Mon Health System;
2. All employees, students, residents, and other service providers who have access to your health information at Mon Health System;
3. Any member of a volunteer group that is allowed to help you while receiving services at Mon Health System; and

4. Mon Health System affiliates include: Mon General Hospital, Monongalia Emergency Medical Service Inc., Mon HealthCare Inc., HealthSouth Mountainview Regional Rehab Hospital, Healthworks, Augusta Healthcare Network, The Foundation of Monongalia General Hospital, Mountaintop Limited Partnership (Regional Eye Associates), Mon Elder Services, Inc. (The Village at Heritage Point and The Suites at Heritage Point), Morgantown Accommodations, LLC, and Fairmont Home Medical Equipment and Supply.

The affiliates identified above will share your health information with each other for purposes of treatment, payment, and health care operations, as further described in the Notice.

B. Uses and Disclosures of Health Information for Treatment, Payment and Health Care Operations

1. **Treatment, Payment and Health Care Operations.** The following section describes different ways that we may use and disclose your health information for purposes of treatment, payment, and health care operations. We explain each of these purposes below and include examples of the types of uses and disclosures that may be made for each purpose. We have not listed every use and disclosure, but the ways in which we use or disclose your information will fall under one of these purposes.
 - a. **Treatment.** We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nursing assistants, medication aides, technicians, rehabilitation therapy specialists, or other personnel who are involved in your health care. Among those caring for you are medical, nursing and other health care personnel in training who, unless you request otherwise, may be present during your care as part of their education. We may use still or motion pictures and closed circuit television monitoring of your care. For example, we may order physical therapy services to improve your strength and walking abilities. We will need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We also may need to refer you to another health care provider to receive certain services. We will share information with that health care provider in order to coordinate your care and services, as well as with family members or others providing services that are part of your care.

- b. **Payment.** We may use or disclose your health information so that we may bill and receive payment from you, an insurance company, or another third party for the health care services you receive from us. We also may disclose health information about you to your health plan in order to obtain prior approval for the services we provide to you or to determine that your health plan will pay for the treatment.

For example, we may need to give health information to your health plan in order to obtain prior approval to refer you to a health care specialist, such as a neurologist or orthopedic surgeon, or to perform a diagnostic test, such as a magnetic resonance imaging scan (“MRI”) or a CT scan.

- c. **Health Care Operations.** We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance, and business functions. For example, we may use your health information to evaluate the performance of our staff in caring for you. We also may use your health information to evaluate whether certain treatment or services offered by our staff are effective. We also may disclose your health information to other physicians, nurses, technicians, or health professional students for teaching and learning purposes.

C. Uses and Disclosures of Health Information in Special Situations

We may use or disclose your health information in certain special situations as described below. For these situations, you have the right to limit these uses and disclosures as provided for in Section F of this Notice.

1. **Appointment Reminders.** We may use or disclose your health information for purposes of contacting you to remind you of a health care appointment. For example, we may leave appointment reminders on your answering machine or with a family member or other person who may answer the telephone at the number that you have given us in order to contact you.
2. **Treatment Alternatives & Health-Related Products and Services.** We may use or disclose your health information for purposes of contacting you to inform you of treatment alternatives or health-related products or services that may be of interest to you. For example, if you are diagnosed with a diabetic condition, we may contact you to inform you of a diabetic instruction class that we offer at Mon Health System.

3. **Family Members and Friends.** We may disclose your health information to individuals, such as family members and friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if your spouse comes into the hospital room with you, we will assume that you agree to our disclosure of your information while your spouse is present in the room.

We also may disclose your health information to family members or friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interests to make such disclosures and the disclosures relate to that family member or friend's involvement in your care. For example, if you present to our hospital with an emergency medical condition, we may share information with the family member or friend that comes with you.

4. **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. 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. Opting out of fundraising activities will in no way affect any access or level of care to any patient. Opting-out or in for fundraising can be done by phone, mail, or email. If you do not want the hospital to contact you for fundraising efforts, you must notify Amy Rockis, Privacy Officer of Monongalia Health System, 1000 J.D. Anderson Drive, Morgantown, WV 26505, or rockisa @monhealthsys.org
5. **Hospital Directory.** We may include certain limited information about you in the hospital directory 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.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing. No information will be released to anyone that identifies themselves as a member of the media. The hospital does not publish admissions, discharges or births in the paper to protect your confidentiality. If you elect NOT to have your

name published in the hospital directory, the hospital will not transfer any calls to your room, no flowers will be delivered and no information at all will be disclosed about you to anyone.

6. **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before Mon Health System uses or discloses medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to the people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

7. **Business Associates.** We may provide health information to entities who provide services for Mon Health System. We require these business associates to protect the health information we provide to them. For example, we may disclose name, phone number, address, zip code, age, gender, payer, dates, types, locations and providers of service to Press Ganey or others for patient satisfaction surveys. These companies measure patient satisfaction through surveys following outpatient procedures and inpatient hospital stays.

All business associates maintain Business Associates Agreements with Mon Health System that require these companies and all of their staff to maintain full security and confidentiality of all information shared.

D. Other Permitted or Required Uses and Disclosures of Health Information

There are certain instances in which we may be required or permitted by law to use or disclose your health information without your permission. These instances are as follows:

1. **As required by law.** We may disclose your health information when required by federal, state, or local law to do so. For example, we are required by the Department of Health and Human Services (DHHS) to disclose your health information in order to allow DHHS to evaluate whether we are in compliance with the federal privacy regulations.
2. **Public Health Activities.** We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury, or disability; to report births, deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recalls.
3. **Health Oversight Activities.** We may disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.
4. **Judicial or administrative proceedings.** We may disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if a valid authorization or other appropriate documentation has been obtained.
5. **Worker's Compensation.** We may disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
6. **Law Enforcement Official.** We may disclose your health information in response to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.
7. **Coroners, Medical Examiners, or Funeral Directors.** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose

your health information to a funeral director for the purpose of carrying out their necessary activities.

8. **Organ Procurement Organizations or Tissue Banks.** If you are an organ donor, we may disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
9. **To Avert a Serious Threat to Health or Safety.** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.
10. **Military and Veterans.** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.
11. **National Security and Intelligence Activities.** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
12. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (a) for the institution to provide your health care; (b) to protect the health or safety of you or another person; (c) for the safety and security of the correctional institution.
13. **Marketing.** We must obtain your prior written authorization to use your protected health information for marketing purposes except for face-to-face encounter or a communication involving a promotional gift of nominal value. We are prohibited from selling lists of patients and enrollees to third parties or from disclosing protected health information to a third party for the marketing activities of the third party without your authorization. We may communicate with you about treatment options or our own health-related products and services.
14. **Uses and Disclosures Regarding Food and Drug Administration (FDA) – Regulated Products and Activities.** We may disclose protected health information, without your authorization, to a person subject to the jurisdiction of the FDA for public health purposes related to the quality, safety or effectiveness of FDA-regulated products or activities such as collecting or reporting adverse events, dangerous products, and defects or problems with FDA-regulated products.

15. **School Immunization Admission Requirements.** You do not need to provide an authorization for schools to receive immunization information. A documented verbal agreement is sufficient.

16. **Change of Ownership.** In the event that Mon Health System or any of its affiliates are sold or merge with another organization, your medical information/record will become the property of the new owner.

E. Uses and Disclosures Pursuant to Your Written Authorization

Except for the purpose identified in Section B through D, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke a written authorization at any time as long as you do so **in writing**. If you revoke your authorization, we will no longer use or disclose your health information for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance upon your authorization. For example, Mon Health System requires patient authorization for disclosure of Protected Health Information in the event of (a) Disclosures that constitute a sale of PHI; (b) Disclosure of PHI for Marketing Purposes and; (c) Disclosures of psychotherapy notes.

F. Your Rights Regarding Your Health Information

You have the following rights regarding your health information. You may exercise each of these rights, **in writing**, by providing us with a completed form that you can obtain from Mon Health System. In some instances, we may charge you for the cost(s) associated with providing you with the requested information. Additional information regarding how to exercise your rights, and the associated costs, can be obtained from Mon Health System's Privacy Officer at (304) 598-1571.

1. **Right to Inspect and Copy.** You have the right to inspect and copy health 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 inspect and copy medical information that may be to make decisions about

you, you must submit your request in writing to the Health Information Management (HIM) department. You have a right to obtain a paper or electronic copy. Your request should indicate in what form you want the information. You may also request where the information is to be sent. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. 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 licensed health care professional chosen by Mon Health System 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.

2. **Right to Amend.** You have the right to request an amendment of your health information that is maintained by or for our Health System and is used to make health care decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) was not created by us, unless the person or entity that created the information is no longer available to make amendment; (b) is not part of the information that is kept by or for Mon Health System; (c) is not part of the information, which you are permitted to inspect and copy; or (d) is accurate and complete.
3. **Right to an Accounting of Disclosures.** You have the right to request an “accounting of the disclosures”. This is a list of the disclosures we made of medical information about you. It does not include disclosures made for treatment, payment, health care operations, disclosures you authorize or other disclosures for which an accounting is not required under HIPAA. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate what form you want the list (for example, on paper, electronically.) 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.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care.

For example, you could ask that we not use or disclose information regarding a particular treatment that you received. 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 to the Privacy Officer. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply, i.e. disclosures to health insurance companies when you pay for the service “out of pocket”.

5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health care 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 may make your request in writing to the Privacy Officer. You may also telephone the Privacy Officer, however in order to protect your privacy we may not be able to accommodate requests made by telephone. We will not ask you the reason for your request, and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
6. **Right to a Paper Copy of this Notice.** You have the right to receive 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 the Notice. To obtain a paper copy of this notice, please write or call the Privacy Officer.
7. **Right to Breach Notification.** In the event that unsecured protected health information is inappropriately disclosed, an investigation of the event will be conducted. If it is determined to be a breach of your information, you will receive notification of the breach by first class mail.
8. **Rights of the Deceased.** PHI of an individual that has been deceased for 50 years or more is **NOT** covered by HIPAA. Covered Entities are permitted to disclose a deceased person’s PHI to family members and others who were involved in the care or payment for care if not contrary to prior expressed preference.

G. Questions or Complaints

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, or if you believe your privacy rights have been violated, you may file a complaint with the Secretary of DHHS or with Mon Health System. At Mon Health System please contact:

**Amy Rockis, Privacy Officer
Monongalia Health System
1000 J.D. Anderson Drive
Morgantown WV 26505
(304) 598-1571**

All complaints must be submitted in writing. You will not be penalized for filing a complaint.