



## United Hospital Center

P. O. Box 1680  
Clarksburg, WV 26302-1680



# Notice of Privacy Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### ■ Understanding your health record/information

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health care professionals who contribute to your care
- Legal document describing the care you receive
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- 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 outcomes we achieve

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

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

### ■ Who will follow this notice

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

- Any health care professional authorized to enter information into your hospital chart
- All departments and units of the hospital
- Any member of a volunteer group we allow to help you when you are in the hospital
- All employees, staff, contracted associates and other hospital personnel
- Any staff of any current and future subsidiaries of UHC. Current subsidiaries include United Rehab at Johnson Center or AllenMed, United Diagnostics in Bridgeport at Medbrook and Doctor's Drive, United Cardiac Rehab, United Pain Care Center, United Hospital Center Dialysis Center in Weston and Family Practice. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or hospital operations purposes described in this notice.

### ■ Our pledge regarding medical information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We are required to keep your health information confidential and to respect your rights regarding your health information by State and Federal law, most notably the Health Insurance Portability and Accountability Act of 1996, also known as HIPAA. We create a record of care and services you receive at this hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies

to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of this notice that are currently in effect.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, you will receive a revised notice.

We will not use or disclose your health information without your authorization, except as described in this notice.

### ■ How we may use and disclose medical information

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

## UNITED HOSPITAL CENTER'S NOTICE OF PRIVACY PRACTICES

**For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, contracted associates or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.

**For Payment:** We may use and disclose medical information 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. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations:** We may use and disclose medical information about you for hospital 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 medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many 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 also disclose information to doctors, nurses, technicians, medical students, and other hospi-

tal personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services offered. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

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

**Contracted Services:** We may contract out some services like radiology or anesthesiology and will share information about you to these contracted services personnel for treatment, payment or other health care operations.

**Business Associates:** We contract certain functions to Business Associates who use your health information to perform those functions. An example is a reference laboratory that analyzes your blood or tissue samples and provides lab results for us to use in the context of your care. We maintain Business Associate Agreements with these Business Associates, who agree to abide by the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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

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

**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, ad-

dress and phone number and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fundraising efforts, you must notify UHC's Public Relations Coordinator at P.O. Box 1680, Clarksburg, WV 26302-1680 in writing.

**Hospital Directory:** Unless you direct us not to release your information, 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.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you direct us not to release your information, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Research:** Except in limited circumstances as required by licensing or accrediting bodies, you will be notified and your consent secured before such disclosures.

**As Required By Law:** We will disclose medical information about you without your consent or authorization when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety:** We may use or disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

■ **Special Situations**

**Organ and Tissue Donation:** We are required by law to release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel or veterans (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service.

**Workers Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risk:** We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect or adult abuse or neglect of a protected person;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities, include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil right laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in

response to a subpoena, court or administrative order. We may also disclose medical information to our attorneys to defend ourselves if you are involved in a lawsuit against us.

**Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death or injury we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence:** 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 disclose 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 those purposes.

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

**Special Circumstances:** There may be special circumstances, including but not limited to, Mental Hygiene Probable Cause Hearings, in which your information may be released as required by law.

■ **Your rights regarding medical information about you**

You have the following rights regarding medical information we maintain about you. **Please see the attached Contact Directory for names and addresses for submitting your written requests.**

**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, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the UHC Privacy Officer at the address / location provided in the Contact Directory in this Notice. 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 the hospital 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 the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to UHC's Privacy Officer at the address / location provided in the Contact Directory

in this Notice. In addition, 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. 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 or for the hospital;
- Is not part of the information you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you.

You may request this list or accounting of disclosures by writing to UHC's Privacy Officer at the address / location provided. 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.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical 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 medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. 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 registrar when you are registered, to a nurse during your stay or to the Privacy Officer after your stay is concluded. 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, disclosure to your spouse.

**Right to Request Confidential Communication:** 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 that we communicate confidentially with you, you must make your request in writing to UHC's Privacy Officer – Director of Health Information Management Department. 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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, [www.uhcwv.org](http://www.uhcwv.org).

To obtain a paper copy of this notice, contact the Registration Department or Health Information Management Department.

#### ■ Changes to this notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical 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 in the hospital. The notice will contain the effective date on the first page, in the top right-hand corner.

#### ■ Complaints

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the U. S. Department of Health and Hu-

man Services, Office of Civil Rights, Washington, D.C. 20201, phone 202-619-0403. To file a complaint with the hospital, see Contact Directory provided in this Notice. All complaints must be submitted in writing.

We support your right to protect the privacy of your medical information. **You will not be penalized for filing a complaint.** We will not retaliate in any way if you choose to file a complaint with us or with the U. S. Department of Health and Human Services.

#### ■ Other uses and disclosures of medical information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. Any revocation must be in writing and directed to UHC's Privacy Officer. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You must understand that (1) we are unable to take back any disclosures we have already made with your permission and we are not required to attempt to do so, and (2) that we are required to retain our records of the care that we provided to you.

#### ■ Contact Directory Information

*Privacy Officer*  
 Director, Health Information Management  
 United Hospital Center  
 Phone: 304-624-2599

*Security Officer*  
 Director, Information Technology  
 West Virginia United Health System  
 Phone: 304-368-2700