

JOINT NOTICE OF PRIVACY PRACTICES

Adams Health Network

Effective Date: August 4, 2008

**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.**

If you have any questions or want more information about this Joint Notice of Privacy Practices, referred to as a “Notice”, or you wish to obtain any of the forms mentioned in this Notice, please contact: Privacy Officer for all of Adams Health Network at: Adams Memorial Hospital, P.O. Box 151, Decatur, IN 46733 or telephone: (260) 724-2145.

- You will be asked to sign an acknowledgement statement verifying that you received a copy of this Notice.

The Network and most of its doctors participate in an Organized Health Care Arrangement (OHCA) under the Health Insurance Portability and Accountability Act (HIPAA). An OHCA is defined as “a clinically integrated care setting in which individuals typically receive health care from more than one health care provider”. The Network and most of its doctors agree to follow the terms of this Notice with respect to your health information. This also means that OHCA Member facilities will share your health information to carry out treatment, payment, and health care operations relating to the OHCA. Any OHCA Member facility may give you a copy of the Notice. Doctors are only part of our OHCA when they see you at the hospital or one of its Member facilities. If they see you in their office, this Notice will not apply. Members of the OHCA do not assume “joint and several liability” meaning they are not treated as one for violations of HIPAA or other wrongful acts that are punishable by law.

WHO WILL FOLLOW THIS NOTICE:

This Notice describes our OHCA’s practices and that of:

- Any health care professional authorized to enter information into your health chart.
- All departments and units of the Member facilities in the Network.
- Any member of a volunteer group we allow to help you while you are in any of its Member facilities.
- All employees, staff, and other Network personnel, as well as any residents or students in training in the Network.
- Member facilities included in the Adams Health Network ("AHN") are: Adams Memorial Hospital, Monroe Family Practice, Extended Care Unit, Woodcrest Retirement, Nursing, and Assisted Living Center, The Village of Heritage Nursing Center, The Village of Heritage Outpatient Clinic, The Village of Heritage Behavioral Health Resource Center, Adams County Home Health Care Agency, Berne Outpatient Clinic, Behavioral Health Resource Center, The Decatur Behavioral Health Community Resource Center, Medical Office Building Clinic, Primary Care Clinic, and Adams County Emergency Medical Services. All of these Member facilities, sites, and locations follow the terms of this Notice.
- Individual doctors who practice medicine in the Network and who are members of the medical staff and participate in our OHCA include but are not limited to the following categories: Radiologists, Emergency Department Physicians, Pathologists, Anesthesiologists, Family Practice Physicians, Psychiatrists, Surgeons, Internists, Cardiologists, Orthopedists, and Oncologists.
- In addition to the above, the following may also follow the terms of the Notice: contracted therapists, certified registered nurse anesthetists, agency personnel, dieticians, infusion therapy, hospice, psychologists, dentists, podiatrists, audiologists, optometrists, and all other groups, entities, clinics, programs or individuals who are either owned or employed by us or are separate entities but provide care or treatment in the Network. These Member facilities, sites, and locations

may also share health information with each other for treatment, payment, and health care operations purposes described in this Notice.

OUR PLEDGE REGARDING HEALTH INFORMATION:

- We understand that health information about you and your health is personal. We are committed to protecting your health information. Health information includes demographic information and information that relates to your past, present, or future physical or mental health and related health care services. We create a record of the care and services you receive at any of the Member facilities in the Network. 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 Network, whether our personnel or your personal doctor makes it. Your personal doctor may have different policies or Notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.
- This Notice will tell you about the ways we may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

The law requires us to:

- Maintain the privacy of your health information that identifies you;
- Give you this Notice of our legal duties and privacy practices with respect to your health information;
- Follow the terms of the Notice that is currently in effect; and,
- Inform you that our OHCA covers more than just the Network's Member facilities. This Notice also covers our doctors who choose to be a member of our OHCA.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

- The following categories describe different ways that we may use and disclose your health information. For each category, 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.
- **For Treatment:** We may use your health information to provide you with medical treatment or services. We may disclose your health information to doctors, nurses, technicians, medical students, or other Network personnel who are involved in taking care of you. 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 dietitian if you have diabetes so that we can arrange for appropriate meals. Another example may be when we consult with other health care providers concerning you and as part of the consultation, share your health information with them. We will also share health information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose your health information to people outside the Network who may be involved in your health care after you leave, such as family members or others we use to provide services as part of your care. We also may release your health information to other providers for your treatment, even if that treatment is not related to your care at the hospital or any of its Member facilities.
- **For Payment:** We may use or disclose your health information so that the treatment and services you receive from us may be billed 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 a surgery you received here 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. We may also release your health information to other providers or entities covered by privacy laws for their payment activities.

- **For Health Care Operations:** We may use and disclose your health information for Network operations. These uses and disclosures are necessary to run the Network and ensure that all of our patients receive quality care. For example, 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 also combine health information about many of our patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also provide your health information to various governmental entities to maintain our license. We may also disclose information to doctors, nurses, technicians, medical students, volunteers, and other Network personnel for review and learning purposes. We may also combine the health information we have with health information from other organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are. We may also provide your health information to other entities covered by privacy laws for some of their health care operations, but only if you also have a relationship with them. We may also disclose your health information to the Joint Commission on Accreditation of Healthcare Organizations, the organization that accredits the hospital, for accreditation purposes.
- **The following uses and disclosures may occur for Woodcrest and The Village of Heritage Nursing Centers as well as the Extended Care Unit at the hospital:** Your first and last names will be posted on the door or next to your door and on a board in the front lobby of the facility.
 - Because of the nature of nursing centers, third parties could overhear conversations and discussions about your condition or care; so the facilities will institute safeguards to avoid such disclosures when possible.
 - Your name may be placed in the activity room in conjunction with some of the events and activities that it will be holding.
 - We may disclose your name and other information to third parties such as bus drivers, tour guides, or other individuals who may be responsible for your well being while taking excursions outside the facility.
 - Any agreement or acknowledgment maybe included in the facility's Admission Agreement Packet that pertains to the privacy of your personal or clinical information.
- **Incidental Uses and Disclosures.** We may occasionally inadvertently use or disclose your medical information when such use or disclosure is incidental to another use or disclosure that is permitted or required by law. For example, while we have safeguards in place to protect against others overhearing our conversations that take place between doctors, nurses, or other Network personnel, there may be times that such conversations are in fact overheard. Please be assured, however, that we have appropriate safeguards in place to avoid such situations, and others, as much as possible.
- **Disclosures to You.** Upon a request by you, we may use or disclose your medical information in accordance with your request.
- **Limited Data Sets.** We may use or disclose certain parts of your medical information, called a "limited data set," for purposes of research, public health reasons or for our health care operations. We would disclose a limited data set only to third parties who have provided us with satisfactory assurances that they will use or disclose your medical information only for limited purposes.

- **Business Associates:** We will share your health information with third party “business associates” that perform various activities for the Network (e.g. billing, health care operations). Whenever an arrangement between our Network and a business associate involves the use or disclosure of your health information, we will have a written contract that contains the terms that will protect the privacy of your health information.
- **Treatment Alternatives or Health-Related Benefits and Services:** We may use or disclose your health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you.
- **Marketing Communications:** We may use and disclose your health information to communicate with you about a product or service to encourage you to purchase the product or service. This may be:
 - To describe a health-related product or service that is provided by us;
 - For your treatment;
 - For case management or care coordination for you;
 - To direct or recommend alternative treatments, therapies, health care providers, or settings of care.

We may communicate to you about products and services in a face-to-face communication by us to you. We also may communicate about products or services in the form of a promotional gift of nominal value.

All other uses and disclosures of health information about you by us to make a communication about a product or service to encourage the purchase or use of a product or service will be done only with your written authorization. You may contact our Privacy Officer to request that these materials not be sent to you.

- **Appointment Reminders:** We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care.
- **Facility Directory:** For our Member facilities who maintain a facility directory, we may include certain information about you in the facility directory while you are a patient with us. The directory may include your name, location in the facility, your general condition (e.g. fair, stable, etc.), and your church affiliation. The directory information, except for your church affiliation, may also be released to people who ask for you by name. If you give us your permission, your church affiliation may be given to a member of the clergy, such as a priest or minister, even if they do not ask for you by name. This way family, friends, and clergy can visit you while you’re in the facility and generally know how you are doing. The only reason this information would not be given out is if you choose to not be included in the facility directory or do not give us permission to tell your clergy you are here. We will give you an opportunity to agree or object to being included in the directory. If you choose not to be in the directory, we cannot give any information out about you. In an emergency situation if you are unable to choose whether or not you want to be in the facility directory, we will try to look at a previous visit and use the decision that you made then. If the information is not readily available, we will use our professional judgment to decide what is in your best interest.

- **Individuals Involved in Your Care or Payment for Your Care:** We may release your health information to a friend, family member, or responsible party who is involved in your health care. We may also give information to someone who is involved with or helps pay for your care. We may use or disclose health information about you to notify or assist in notifying those persons of your location, general condition, or death. We may also tell your family or friends your condition and that you are in the facility if you choose to be in the facility directory and you give permission for us to do so. In addition, we may disclose health information about you to an entity authorized by law or by its charter to assist in disaster relief efforts so that your family can be notified about your condition, status, location, or death. If there is a family member or close friend that you do not want us to disclose health information to, please notify the staff member who is providing care to you. We will try to honor your request.
- **Emergencies:** We may use or disclose your health information in an emergency treatment situation. We will also give you a copy of the Notice as soon as it is reasonable following the emergency treatment situation (unless you have already received a copy).
- **As Required by Law:** We will disclose health information about you when required to do so by federal or state laws and the disclosure will be made consistent with the requirements of those laws. We must also disclose your health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the Privacy Rule.
- **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 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. We may also release your health information if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend individuals who admitted to participating in a violent crime or who is an escapee from a correctional institution or from lawful custody.
- **De-Identified Information.** We may use your medical information, or disclose it to a third party whom we have hired, to create information that does not identify you in any way. Once we have de-identified your information, it can be used or disclosed in any way according to law.
- **Disclosures by Member of Our Workforce.** Members of our workforce, including employees, volunteers, trainees or independent contractors, may disclose your medical information to a health oversight agency, public health authority, health care accreditation organization or attorney hired by the workforce member, to report the workforce member's belief that we have engaged in unlawful conduct or that our care or services could endanger a patient, workers or the public. In addition, if a workforce member is a crime victim, the member may disclose your medical information to a law enforcement official.

SPECIAL SITUATIONS

- **Organ and Tissue Donation:** We may release health 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:** If you are a member of the Armed Forces, we may release health information about you as required by military command authorities. We may also release health information to the appropriate foreign military authority if you are a part of the Foreign Military Personnel.

- **Worker's Compensation:** We may use and release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses without regard to fault.
- **Public Health Purposes:** We may disclose health 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 or adult abuse or neglect;
 - 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;
 - To report defective medical devices or problems with medications; and,
 - To notify people of recalls of products they may be using.
- **Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, licensure, or disciplinary actions. These activities are necessary for the government to monitor the health care system, government benefit programs, entities subject to various governmental regulations, and compliance with civil rights laws.
- **Lawsuits and Disputes:** We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may release health 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 we believe may be the result of criminal conduct;
 - About criminal conduct in one of the Member facilities in the Network; 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.

Except for the first disclosure, the information disclosed to law enforcement officials will be limited to your contact information or physical characteristics.

- **Coroners, Medical Examiners, and Funeral Directors:** We may release health 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 health information about patients in one of the Member facilities to funeral directors as necessary to carry out their duties. We may also disclose such information in reasonable anticipation of passing.
- **National Security and Intelligence Activities:** We may release health 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 health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health 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. Except for disclosures to another provider for your treatment, the information disclosed will be limited to your contact information or physical characteristics.
- **Alcohol and Drug Abuse Information have Some special Privacy Protections:** We will not disclose any information identifying you as being a patient or provide health information relating to your substance abuse treatment unless:
 - You authorize us in writing;
 - A court order requires disclosure of the information;
 - Medical personnel need the information to meet a medical emergency;
 - Qualified personnel use the information for the purpose of management audits or program evaluation; or,
 - It is necessary to report a crime or a threat to commit a crime or to report abuse or neglect as required by law.
- **Mental Health Information has Some Special Privacy Protections:** If your records contain information regarding your mental health, we are restricted in the ways that we can use and disclose them. We can disclose such records without written permission only in the following situations:
 - If the disclosure is made to you (unless it is determined by a physician that the release would be detrimental to your health);
 - Disclosures to our employees in certain circumstances;
 - For payment purposes;
 - For data collection, research, and monitoring managed care providers if the disclosure is made to the division of mental health;
 - For law enforcement purposes or to avert a serious threat to the health and safety of you or others;
 - To a coroner or medical examiner;
 - To satisfy reporting requirements;
 - To satisfy release of information requirements that are required by law;
 - To another provider in an emergency;
 - For legitimate business purposes;
 - Under a court order;
 - To the Secret Service if necessary to protect a person under Secret Service protection; and,
 - To the Statewide waiver ombudsman.
- **Disclosures of Medical Information of Minors:** Under Indiana law, we cannot disclose the medical information of minors to non-custodial parents if a court order or decree is in place that prohibits the non-custodial parent from receiving such information. However, we must have documentation of the court order prior to denying the non-custodial parent such access.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- **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 health and billing records.

To inspect and copy health information that may be used to make decisions about you, you must fill out a "Request for Access" form located in the department/Member facility you are requesting health information from or contact the Health Information Services Department at the hospital and make your request in writing there. If you request a copy of your information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We have 30 days to process your request and under certain circumstances, we may take an additional 30 days after notifying you of the extension needed. If we grant your request, in whole or in part, we will inform you of our acceptance to your request and provide you access and copies.

We may deny your request to inspect and copy in certain very limited circumstances, such as, information compiled in anticipation of, or to use in, a civil, criminal, or administrative action or proceeding. If you are denied access to health information, you may request that the denial be reviewed. A licensed health care professional, chosen by the Network will review your request and the denial. We will comply with the outcome of the review.

- **Right to Amend:** If you feel that health 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 Network.

To request an amendment, you must fill out a "Request for Amendment" form (verbal requests will be accepted to correct/amend financial or demographic data) and you can get the request form at any of the Member facilities (Hospital, Woodcrest, The Village of Heritage, and Adams County Home Health Agency). We will act on your request within sixty (60) days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request.

We may deny your request for an amendment if it is not in writing (Request of Amendment form) 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 health information kept by or for the Network;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Is accurate and complete.

If we deny your request for amendment, we will inform you of the basis for the denial. You will have the right to submit a statement disagreeing with our denial. Your statement may not exceed two (2) pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the health information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for an amendment and our denial (or a summary of that information) with any subsequent disclosure of the health information involved. You also will have the right to complain to our Privacy Officer about our denial of your request.

- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you not including the following:
 - Disclosures for treatment, payment, health care operations;
 - Disclosures that are incident to another use or disclosure;
 - Disclosures made to you or that you have authorized;
 - Disclosures for our facility directory or to persons involved in your care;
 - Disclosures for disaster relief and for national security or intelligence purposes;
 - Disclosures to correctional institutions or law enforcement officials having custody of you;
 - Disclosures that are part of a limited data set for purposes of public health or health care operations (a limited data set is where information that would directly identify you have been removed); and,
 - Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official or to a health oversight agency.

To request this list of accounting of disclosures, you must fill out a “Request for an Accounting of Disclosures” form located in the Health Information Services Department at the hospital. Your request must state a time period, which may not be longer than 6 years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you a fee. 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. Usually, we will act on your request within sixty (60) days after we receive your request. Within that time, we will either provide you with the accounting of disclosures or give you a written statement of when we will provide the accounting and why the delay is necessary.

- **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 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. If we agree to a restriction, either you or we can later terminate the restriction.

To request restrictions, you should make your request in writing to Administration at the appropriate Member facility in the Network. 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 or your responsible party about health 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, you must fill out the “Request for Confidential Communications” form kept in Admitting or Social Services (at the nursing centers) or make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests and it must specify how or where you wish to be contacted. However, we may require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

- **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. To obtain a paper copy of this Notice contact the Admitting Department at the hospital (260) 724-2145 and request a copy be sent to you or visit any one of our Member facilities and request one in person.

AVAILABILITY OF JOINT NOTICE OF PRIVACY PRACTICES

- A copy of our current Notice will be posted in patient registration areas throughout the Network in a clear and prominent location and a copy will also be posted on our website at www.adamshospital.com. At any time you may obtain a copy of the current Notice by contacting the Admitting Department at the hospital at (260) 724-2145 and request one be sent to you or by visiting any one of our Member facilities and requesting one in person.

HOW WE WILL CONTACT YOU

- Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see “Right to Request Confidential Communications” listed above on this page of the Notice.

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 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 at all of the Member facilities. Upon your request, we will provide you with any revised Notice, either by visiting our website, calling the Admitting Department at (260) 724-2145 and requesting a copy be sent to you, or visiting the Member facility and requesting one in person. In addition, if we revise the Notice and you register at or are admitted for treatment or health care services, we may offer you a copy of the current Notice in effect. The Notice will contain on the first page, in the top right-hand corner, the effective date (which may not be earlier than the date on which the Notice is printed or otherwise published).

COMPLAINTS

- If you believe your privacy rights have been violated, you may file a complaint with the Network or with the Secretary of the Department of Health and Human Services, Office of Civil Rights. To file a complaint about any of our Member facilities within the Network, contact the Privacy Officer at the hospital. All complaints must be submitted in writing to:

Privacy Officer
Adams Memorial Hospital
1100 Mercer Ave.
Decatur, IN 46733
Website: www.adamshospital.com

Region V: Office of Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Website: www.OCRComplaint@hhs.gov

You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

- Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission or authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time by contacting the Privacy Officer in Health Information Services at the hospital. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain records of the care that we provided to you.