



## **METHODIST REHABILITATION CENTER**

### **NOTICE OF PRIVACY PRACTICES**

Effective Date: September 10, 2013

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

For more information about this notice, please contact:

HIPAA Privacy Office  
Methodist Rehabilitation Center  
1350 E. Woodrow Wilson Drive  
Jackson, MS 39216  
601-364-3365

This notice applies to:

- All departments, units and sites of the Methodist Rehabilitation Center, including, but not limited to, our outpatient facilities, orthotics and prosthetics offices throughout Mississippi and Louisiana and Methodist Specialty Care Center.
- Any health care professional authorized to enter or access information in your medical chart.
- All volunteers, employees, students, staff and other Methodist Rehabilitation Center personnel.
- Any Business Associate that performs services for or on behalf of these entities is required by us to enter into a contract in which it agrees to provide the same level of confidentiality to personal information that we provide.

All of these entities, sites and locations follow the terms of this Notice. They may share medical information with each other for treatment, payment or health care operations purposes described in this Notice without further request for authorization or notice to you.

#### **OUR PRIVACY PRACTICES REGARDING MEDICAL INFORMATION**

In order to provide you with quality care and to comply with legal requirements, we create a record of the care and services you receive from us at the Methodist Rehabilitation Center. We understand that medical information about you and your health is personal. We are committed to maintaining the confidentiality of medical information about you.

This notice applies to all of the records of your care generated by us, whether made by Methodist Rehabilitation Center 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.

We are required by law to:

- Make sure that medical information that identifies you is treated confidentially;
- Give you this Notice of Privacy Practices with respect to medical information about you;
- Notify you in the event the privacy or security of your protected health information is breached; and
- Follow the terms of the Notice that is currently in effect

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. 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 medical information about you to provide you with medical treatment or services. We may disclose medical information about you either electronically or on site to doctors, nurses, technicians, medical students, or other Methodist Rehabilitation Center personnel who are involved in taking care of you in the Methodist Rehabilitation Center or at home. 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. Different people at the Methodist Rehabilitation Center also may share medical information about you in order to coordinate the different things you need, such as prescriptions and lab work. We may disclose your medical information to pathologists at third-party laboratories or Methodist Rehabilitation Center laboratories for lab work and, in emergencies, may disclose your medical information to University of Mississippi Medical Center emergency physicians or other emergency personnel. We may disclose medical information about you for treatment purposes to doctors and other health care facilities that are involved in taking care of you outside the facility. We also may disclose medical information about you to people outside the Methodist Rehabilitation Center who may be involved in your medical care, such as family members or others we use to provide services that are part of your care. If you are a candidate for a transplant, we may be in communication with transplant centers regarding your condition and eligibility.

➤ **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. Our payment process involves the electronic conveyance of your treatment information to a centralized accounts receivable department, which processes the information for payment. We also may tell your health plan about a treatment you are going to receive in order 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 Methodist Rehabilitation Center operations. These uses and disclosures are necessary to run the Methodist Rehabilitation Center 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 also may combine medical information about many Methodist Rehabilitation Center patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We also may disclose information to doctors, nurses, technicians, medical students, and other Methodist Rehabilitation Center personnel for review and learning purposes. The medical information we have may be combined with medical information from other health care and rehabilitation providers in order 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 medical information so others may use it to study health care and health care delivery without learning who the specific patients are. We also may use this information as part of our ongoing fraud and abuse detection and other compliance efforts.

- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment or to reschedule an appointment for treatment or medical care.
- **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.
- **Health-Related Benefits, Products and Services.** We may use and disclose medical information to tell you about health-related benefits, products or services that may be of interest to you.
- **Fund-raising 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 for fund-raising activities for the hospital. We only would release certain information, such as your name, address, phone number, the dates you received treatment or services at the hospital, the department of the services provided, your treating physician, information regarding the outcome of the services provided to you, and your health insurance status. If you do not want the hospital to contact you for fund-raising efforts, you must notify the Privacy Officer, in writing at the address noted on Page 1. You also will be provided an opportunity to opt out of future fund-raising communications with each solicitation you receive. Treatment will not be conditioned on your decision.
- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient in 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 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; you have the right to opt out of being included in the hospital directory. If you do so, we cannot forward phone calls to you or deliver flowers and mail, because you will be designated as a "no information" patient. If you are unable to object, for example if you are incapacitated and cannot express a preference, we will list minimal information in the hospital directory until you or someone acting on your behalf tells us otherwise.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you request that we not do so, we may release medical information about you to a friend or family member who is involved in your medical care. We also may 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 disaster relief effort so that your family can be notified about your condition, status and location. In the event you are deceased, we may disclose your protected health information to the above mentioned individuals who were involved in your care prior to your death, so long that the information is relevant to that individual's involvement, unless doing so is inconsistent with any prior expressed preference on your part.
- **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 or treatment 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 we use or disclose medical information for research, the project will have been approved through this research approval process, but we may disclose medical information about you to 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 Methodist Rehabilitation Center. 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.

- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and 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. For instance, we report any defects in products or devices to those subject to Food and Drug Administration (FDA) oversight to ensure the safety of medical devices and products.
- **To Business Associates.** We may disclose medical information about you to an outside person or entity that performs a function for us. For example, we may disclose some of your health information to a company that helps the hospital with quality assurance and data aggregation services; this is considered health care operations. We may only disclose information to a Business Associate for one of the purposes outlined in this document.

## SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor or potential recipient, we may 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.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **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 Risks.** 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 deaths;
  - 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;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **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, accreditation and licensure of our facilities. These activities are necessary for the government and accreditation agencies to monitor the health care system, government programs, and compliance with civil rights 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 court or administrative order. We also may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we are assured that efforts have been made to tell you about the request or to obtain an order protecting the information requested.

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

- In response to a court or other tribunal 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 suspected criminal conduct at the Methodist Rehabilitation Center; 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 to determine the cause of death. We also may release medical information about patients of the Methodist Rehabilitation Center to funeral directors as necessary to carry out their duties.

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

➤ **Protective Services for the President and Others.** We may 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 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 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 other inmates; (3) for the health and safety of the officer or other persons responsible for transporting or transferring inmates; (4) for law enforcement on the premises of the correctional institution; or (5) for the safety, security, and good order of the correctional institution.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

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

➤ **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 your medical information, you must submit your request in writing. We have a special form for that purpose that can be obtained from the Medical Records Department of Methodist Rehabilitation Center. 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 are required to give you access in the form and format requested if it is readily reproducible in that format, or if not, in another format as we both agree is acceptable.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information for one of those reasons, we will provide you with a letter explaining why we are denying access. In many cases, you may request that the denial be reviewed. Another licensed health care professional chosen by us 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 Methodist Rehabilitation Center.

To request an amendment, we have a special form for that purpose which may be obtained by contacting the Medical Records Department of Methodist Rehabilitation Center at 601-364-3384.

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 us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

➤ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures of your medical information we have made in the past six years, other than for treatment, payment, health care operations, to you or as specifically authorized by you. This list will not include all disclosures. For questions concerning your right to this list of disclosures, please contact the Medical Records Department or the Privacy Officer at the address and telephone number listed on page 1.

To request this accounting of disclosures, you must submit your request in writing. We have a special form for that purpose which you may obtain by contacting the Medical Records Department of Methodist Rehabilitation Center at 601-364-3384. 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 past medical condition.

**If you pay for services out-of-pocket and in full,** you may request that we not disclose protected health information related solely to those services to an insurance company or health plan, and we must comply with that request unless we are otherwise required by law to disclose that information.

**Otherwise, we are not required to agree with 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. We have a special form for that purpose that will be supplied to you if you ask for it, which you may obtain by contacting the Privacy Officer at the address and telephone number listed on page 1. 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, we have a special form for that purpose that will be supplied to you if you ask for it, which you may obtain by contacting the Privacy Officer at the address and telephone number listed on page 1. 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. You may ask us to give you a copy of our current Notice of Privacy Practices 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 our current Notice at our website, [www.methodistonline.org](http://www.methodistonline.org).

To obtain a paper copy of our current Notice, contact the Admissions Office of Methodist Rehabilitation Center at 601-364-3476.

## **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 Methodist Rehabilitation Center. The Notice will contain the effective date on the first page. This revised notice will be available at the Admissions Office if you would like a current paper copy.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Methodist Rehabilitation Center and/or with the Secretary of the Department of Health and Human Services. To file a complaint with the Methodist Rehabilitation Center, contact Privacy Officer, Methodist Rehabilitation Center, 1350 E. Woodrow Wilson Drive, Jackson, MS 39216. All complaints must be submitted in writing. For further information regarding this Notice, you may contact the Privacy Officer at the address and telephone number listed on page 1.

**You will not be penalized for filing a complaint.**

## **OTHER USES OF MEDICAL INFORMATION**

**Other uses and disclosures of medical information not covered by this notice or by the laws that apply to us will be made only with your written authorization.** We will not use or disclose your protected health information for any other purpose without your written authorization. Specifically, we will not use or disclose your protected health information without your written authorization in the following circumstances: (1) uses and disclosures of psychotherapy notes, unless we are disclosing the notes for very limited and specific treatment, payment or health care operations, including use by the originator of the notes, use or disclosure for our training programs, and use or disclosure in order for the hospital to defend itself in a legal action; (2), uses and disclosures of protected health information for marketing purposes, including subsidized treatment communications, unless it is made face to face or through a promotional gift of nominal value; and (3) uses and disclosures that constitute a sale of protected health information. Once given, you may revoke your authorization in writing at any time except to the extent that we have taken an action in reliance on the authorization. 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 understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we have provided to you. To revoke an authorization, you or your authorized representative may contact the Privacy Officer at the address and telephone number listed on page 1.