



## Notice of Privacy Practices

**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.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information (such as your address and date of birth), that may identify you, and that relates to your past, present or future physical or mental health or condition and related health care services and treatment.

Protecting your privacy is a priority for us and we are required by both federal and state laws to maintain the privacy of your protected health information. We also are required to provide you this notice of our duties and privacy practices and abide by the terms of the notice currently in effect. Should there be any breach of unsecured protected health information affecting you, we will provide you with notice of the breach.

Please review this notice carefully. While we have described the ways in which we may use or disclose your protected health information, we have not described every situation or circumstance that might involve the use or disclosure of your protected health information. If you have any questions about this notice or would like additional information about our privacy practices, please contact our Privacy Officer at the telephone number or address listed below.

### **I. Permissible and Required Uses and Disclosures of Protected Health Information**

In certain situations, we are required to obtain a written authorization before we can use or disclose your protected health information. However, except as noted, we do not need written authorization when we use or disclose your protected health information for the purposes described in the categories below. For each category of uses or disclosures listed below, there is one or more example of the types of uses and disclosures that fall within that category. Not every example of the type of use or disclosure in each category is listed.

- **Treatment:** We may use your protected health information, as necessary and in accordance with applicable legal requirements, to provide, coordinate, or manage your health care and any related services we provide to you. For example, we would disclose your protected health information, as necessary, to a physician, nurse, or a non-clinical member of our staff involved in providing care and treatment to you. With your consent, we also may provide your protected health information to a therapist, nurse, physician, durable medical equipment provider, home health agency, or hospital that becomes involved in providing subsequent or continuing care, treatment, or related items or services to you.



We use several methods to transmit your protected health information to other health care providers and facilities involved in your care. These methods include (i) secure electronic transmission through the New Hampshire Health Information Organization (NHHIO), an entity set up to securely route protected health information from one provider or facility to another; (ii) direct interfaces between various electronic medical records systems with affiliated entities; (iii) via facsimile; and, (iv) via U.S. mail. You have the right to opt out of having your protected health information transmitted via the NHHIO. If you wish to exercise this right, please send a letter stating that you do not want your protected health information transmitted via the NHHIO to our Privacy Officer at the address listed below.

- **Payment:** With your consent, your protected health information may be used and disclosed, as needed, to obtain payment for health care services provided to you by us or by another health care provider involved in your care. This means information about the care and treatment provided to you, as well as any medications or supplies you may have received, demographic information, and diagnostic information (meaning the reason(s) for the care and treatment provided or descriptions of any injuries, illnesses, or conditions you have) may be disclosed to your health insurance company or other third party payer, such as Medicare or Medicaid, (collectively referred to hereinafter as your “health plan”) in order that we or, as applicable, another provider may receive payment. For example, we may need to give your health plan information about professional services provided by a physician or a medical procedure we performed so that we may obtain payment for those services or that procedure. We also may inform your health plan about care or treatment you might or are going to receive either to obtain prior approval for the treatment or to determine whether the care or treatment is covered by your health plan.
- **Healthcare Operations:** We may use and disclose your protected health information for operational and business activities. For example, we may use or disclose information in your medical record to assess the quality of your care, to monitor and evaluate the services we provide, for licensing or regulatory purposes, or for educational or training purposes. In addition, we may disclose your protected health information to “business associates” that perform or provide certain activities or services, such as transcription, billing, or medical record storage or copying, on our behalf. Whenever we have an arrangement with a business associate, we will have a written agreement in place to protect the privacy and security of your protected health information and we will limit the amount of information that we disclose to the business associate to the amount necessary to accomplish the particular activity or service that the business associate is performing or providing for us.
- **Fundraising:** Without first obtaining written authorization, we may use or disclose to an institutionally related foundation or a business associate the following types of protected health information for fundraising purposes: (i) demographic information, including name, address, other contact information, age, gender, and date of birth; (ii) dates of health care provided to you; (iii) department or location of service information; (iv) treating physician; (v) outcome information, including information regarding any sub-optimal result of treatment or services; and (vii) health insurance status. You have the right to opt out of receiving fundraising communications from us or anyone on our behalf. If you do not want to receive any such fundraising communications, please send a letter stating that you do not want to receive fundraising communications to: Community Relations, 5 Alumni Drive, Exeter, NH 03833.



We do not need written authorization when we use or disclose your protected health information for these other purposes.

- **Case Management, Care Coordination, and Treatment Reminders:** We may use and disclose your protected health information to communicate with you for case management and care coordination purposes or to provide treatment related reminders.
- **Treatment Alternatives:** We may use and disclose your protected health information to inform you about or recommend alternative treatments or therapies, health care providers, or settings of care which may be of interest to you.
- **Health-Related Benefits and Services:** We may use and disclose your protected health information to inform you about government sponsored health programs and health promotion activities, such as promoting a healthy diet or encouraging you to get certain routine diagnostic tests.
- **Required by Law:** We will disclose your protected health information when required to do so by federal and state laws and regulations. For example, we must make disclosures when required (i) by the Secretary of the Department of Health and Human Services to determine our compliance with federal privacy requirements or (ii) by New Hampshire law to report child abuse or neglect. When we make a disclosure required by law, it will be made in compliance with the law and will be limited to the relevant requirements of the law.
- **Public Health Activities:** We may disclose your protected health information for public health activities, such as by reporting your protected health information to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease or disability. For example, we may disclose information for purposes of public health surveillance or investigations, and required reports to the Food and Drug Administration regarding regulated products.
- **Adult Victims of Abuse or Neglect:** If you are an adult who is incapacitated and is suspected to have been subject to abuse, neglect, self-neglect, or exploitation or is living in hazardous conditions, we may disclose your protected health information to a government authority authorized by law to receive such information.
- **Health Oversight Activities:** We may disclose your protected health information to a health oversight agency (such as New Hampshire's Medicaid Fraud Control Unit) for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations, inspections and licensure.
- **Judicial and Administrative Proceedings:** We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request, or other lawful process.



- **Law Enforcement Purposes:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (i) required reports of certain wounds or injuries, (ii) responding to certain legal processes, such as a grand jury subpoena, (iii) responding to limited information requests for identification and location purposes, (iv) responding to a request for information about a victim of a crime, (v) reporting a suspicion that death has occurred as a result of criminal conduct, and (vi) disclosing information in the event that a crime occurs on our premises.
- **Coroners, Medical Examiners, and Funeral Directors:** We may disclose your protected health information to a coroner or medical examiner for the purposes of identification, determining a cause of death, or other duties as authorized by law or to a funeral director, consistent with applicable law, as necessary to carry out his or her duties.
- **Organ, Eye, or Tissue Donation:** We may use or disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.
- **Research Purposes:** Under certain circumstances and after an Institutional Review Board or Privacy Board ensures adequate protections to protect your privacy are in place, we may disclose your protected health information for research purposes.
- **Avert a Serious Threat to Health or Safety:** Consistent with applicable law and standards of ethical conduct, we may use or disclose your protected health information if we have a good faith belief the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions:** Under certain circumstances, if you are a member of the Armed Forces, we may use or disclose your protected health information for activities deemed necessary by appropriate military command authorities. Even if you are not a member of the Armed Forces, we may disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
- **Workers' Compensation:** We may disclose your protected health information as authorized by and to the extent necessary to comply with workers' compensation laws and other similar legally-established programs.

## II. Uses and Disclosures of Protected Health Information That Require Providing You with an Opportunity to Agree or Object

In the following situations, we may use or disclose your protected health information without written authorization if, upon being provided with an opportunity to object to the use or disclosure, you do not object to (meaning prohibit or restrict) the use or disclosure. If the opportunity to object cannot be provided due to your incapacity or an emergency treatment circumstance, we may use or disclose your protected health information if, in our professional judgment or that of your physician, it is in your best interests.



- **Facility Directory:** Unless you object, we may include the certain limited protected health information about you in our inpatient directory during your admission or stay at Exeter Hospital to assist family, friends, and visitors in finding you and learning about your general condition or to provide such information to members of the clergy. This information includes your name, your location in the Hospital, your condition described in general terms (such as stable or fair), and your religious affiliation. The information in the facility directory, except for your religious affiliation, may be released to anyone who asks for you by name. Information about your religious affiliation may only be released to members of the clergy.
- **Clergy:** Unless you object, your religious affiliation may be given to a member of the clergy, such as a priest, minister, or rabbi, even if he or she doesn't ask for you by name so that he or she may visit you during your stay in the Hospital.
- **Individuals Involved in Your Care:** Unless you object, we may use or disclose to family, friends, or other persons you identify as being involved in your care or payment related to your health care protected health information that is directly relevant to such individual's involvement. Likewise, unless you object, we may also use or disclose your protected health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location, general condition, or death.
- **Disaster Relief Purposes:** Unless you object, we may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for the purpose of coordinating those efforts.

### III. Uses and Disclosures of Protected Health Information Requiring Written Authorization

Uses and disclosures of your protected health information for purposes other than those described above will be made only with a valid written authorization. For example, under New Hampshire law, the identity of a person tested for the human immunodeficiency virus ("HIV") may be disclosed in response to a written request only if such person has given written authorization for the disclosure; however, a physician or other health care provider may disclose information pertaining to the identity and test results of a person tested for HIV to other physicians and health care providers directly involved in the health care of the person when the disclosure is necessary in order to protect the health of the person tested. Also under New Hampshire law, written consent is required for disclosures regarding genetic testing and genetic test results, except for disclosures by appropriate professionals within a physician's medical practice or hospital. In addition, we must have a valid written authorization to use or disclose certain types of protected health information for marketing purposes, to sell protected health information, or send protected health information to an attorney representing you.

If you authorize in writing the use or disclosure of your protected health information for a specific purpose, you may revoke this authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reason(s) described in your written authorization. Please understand that, if you revoke your authorization, we are unable to undo any use or take back any disclosures already made based upon that authorization.



## IV. Your Rights Regarding Your Protected Health Information

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- **Right to Request a Restriction:** You have the right to request that we not use or disclose your protected health information for purposes of treatment, payment, or health care operations. For example, you have the right to request that we not disclose part of your protected health information to a family member or other individual involved in your care or for the notification purposes described in this Notice of Privacy Practices. However, we are not required to agree to any requested restriction on the use or disclosure of your protected health information, except if you request that we not disclose protected health information to a health plan for the purposes of obtaining payment or health care operations, the disclosure is not otherwise required by law, and the protected health information involved in the request pertains solely to a health care item or service for which you, or a person other than the health plan on your behalf, has paid us in full prior to the receipt of the item or initiation of the service. If you wish to request a restriction, you should submit your request to our Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply; and, if you wish to request a restriction on the disclosure of protected health information to a health plan, you must pay us in full prior to the receipt or initiation of the health care item or service related to the requested restriction.
- **Right to Receive Confidential Communications:** You have the right to request to receive confidential communications containing protected health information by alternative means, such as by contacting you at a specific telephone number or at an alternative location, such as by contacting you at work rather than home. We will accommodate reasonable requests. We may condition providing this accommodation by asking you for information as to how payment will be handled or an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. If you wish to make a request to receive a confidential communication, please make this request in writing to our Privacy Officer.
- **Right to Inspect and Copy Your Protected Health Information:** You have the right to inspect and obtain copies of your designated record set, meaning medical and billing records that we maintain and use for making decisions about you. While you have the right to obtain copies of your records, we may charge for providing those copies at rates set by New Hampshire law. In certain cases, such as where records have been compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, we can deny a request to inspect or copy records and, depending upon the circumstances, you have the right to request that the decision to deny access be reviewed. If you wish to exercise your right to inspect and copy your protected health information, please contact our Privacy Officer.



- **Right to Request an Amendment to Your Protected Health Information:** You have the right to request that we amend protected health information that we maintain in your designated record set. We will comply with a written request for an amendment unless we believe that the record you requested be amended is accurate and complete or other special circumstances apply. If we deny your request, you have the right to file a statement explaining the reason(s) you disagree with our denial of your request; and, in response, we may prepare a rebuttal to your statement, which we will provide to you. Your request for amendment and, as appropriate, our denial, your statement of disagreement, and our rebuttal will become part of your designated record set. If you wish to exercise this right, please submit your written request to our Privacy Officer and you will receive a written response to your request.
- **Right to Receive an Accounting of Disclosures:** You have the right to receive an accounting of disclosures we made for a six year period prior to the date of your request for an accounting of disclosures, except for disclosures made for purposes of treatment, payment, or health care operations or other limited circumstances, such as disclosures made to family or friends involved in your care as described in this Notice of Privacy Practices or pursuant to a valid written authorization. If you wish to receive an accounting of disclosures, please contact our Privacy Officer.
- **Right to Obtain a Paper Copy of this Notice of Privacy Practices:** Even if you have agreed to receive electronically a copy of this Notice of Privacy Practices, you have a right to receive a copy of this notice upon request. If you wish to receive a paper copy of this Notice of Privacy Practices, please contact our Privacy Officer.

## V. Contacting Us; Our Privacy Officer

If you wish to exercise any of the rights described in this notice or you have questions or would like further information regarding your rights or our privacy practices, please contact our Privacy Officer either via telephone at 603-580-6729 or by mail at Privacy Officer, Exeter Hospital, 5 Alumni Drive, Exeter, NH 03833.

## VI. Complaints

If you believe that your privacy rights have been violated, you may complain to us by submitting a written statement to our Privacy Officer at the address above. You also may submit a complaint to the Secretary of the United States Department of Health and Human Services through the Office of Civil Rights (<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>). If you do submit a complaint to either us or the Secretary, we will not retaliate against you for doing so.

## VII. Effective Date and Change to Notice

- **Effective Date:** This Notice of Privacy Practices is effective as of September 23, 2013.
- **Our Right to Change the Terms of This Notice:** We reserve the right to change the terms of this notice and to make the new notice effective for all protected health information we maintain, including any protected health information we received or created prior to the effective date of the new notice. If we revise this notice, the new notice will be posted and available at locations where we provide care, posted on our website, and provided upon request.

