

ARKANSAS HEART HOSPITAL

Joint 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.

Federal law requires that Arkansas Heart Hospital (“Hospital”) maintain the privacy of medical information about you, and we are committed to complying with that law. Certain state laws governing medical records and information will continue to apply. We are required by law to notify you of our legal duties and privacy practices with respect to the medical information that we collect and maintain about you. This Joint Notice of Privacy Practices explains the ways that the Hospital, physicians, employees and staff, and Business Associates of the Hospital may use and disclose medical information about you and your rights regarding the use and disclosure of medical information.

This notice is effective on February 17, 2010, and applies to the medical records of your care at the Hospital, including the information provided by Hospital personnel and your personal treating physician. However, your personal physician may have different policies or notices regarding the use and disclosure of medical information created in the physician’s office or clinic. Certain physicians who are members of the Medical Staff of the Hospital and who are not likely to treat you other than at the Hospital have elected to use this Joint Notice of Privacy Practices instead of giving you a separate notice. These physicians are affiliated with the following group practices: Medical Emergency & Trauma Assoc., PA, AHH Anesthesia Consultants, LLC, Arkansas Pathology Associates, P.A., and Arkansas Specialty Radiology, PLLC. Please note that although these physician group practices have elected to give a Joint Notice of Privacy Practices with the Hospital, the Hospital is not responsible for their conduct, including without limitation, their compliance with the laws and regulations governing the privacy of your medical information, nor are these physician groups responsible for the Hospital’s conduct or the Hospital’s compliance with the laws and regulations governing the privacy of medical information.

We reserve the right to change this Notice at any time. The revised or changed Notice will be 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 and make copies of the revised Notice available upon request (either at the Hospital or through the contact person listed below). **In addition, the revised Notice will be posted on our Web site at www.arheart.com. If you have any questions or requests, please contact the Hospital’s Privacy Officer at Arkansas Heart Hospital, 1701 South Shackelford Road, Little Rock, AR 72211, (501) 219-7000.**

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose medical information without your written authorization. For each category of uses or disclosures, we provide an explanation and 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.

1. **For Treatment.** We may use medical information about you to provide you with medical treatment or services and to coordinate and manage your care. We may disclose medical information about you to doctors, nurses, medical or other students, Hospital volunteers or other Hospital personnel who are involved in taking care of you at the Hospital, including those physician groups issuing this Notice jointly with 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 who may be involved in your medical care after you leave the Hospital, such as home health providers or others who may provide services that are part of your care.

2. **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, and may also disclose it to those physician groups issuing this Notice jointly with the Hospital for purposes of enabling such groups to bill and receive payment for the services they provide to you at the Hospital. 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 and relevant information about your health to obtain prior approval or to determine whether your plan will cover the treatment. We may also share portions of your medical information with the following:
 - billing departments;
 - collection departments or agencies; and
 - Hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury.

3. **For Health Care Operations.** We may use and disclose medical information about you for hospital operations and may disclose it to those physician groups listed below that are jointly issuing this Notice for their health care operations that enable them to provide services to you at the Hospital. These uses and disclosures are necessary to run the Hospital and work to provide quality care to our patients. For example, we may use medical information in the following ways:

- to review our treatment and services and to evaluate the performance of our staff in caring for you.
- to review and improve the efficiency and cost of care that we provide to you and our other patients. For example, we may use medical information about you to develop ways to assist our health care providers and staff in deciding what medical treatment should be provided to others.
- to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective.
- to provide training to doctors, nurses, technicians, medical students, and other Hospital personnel.
- to compare how we are doing and to make improvements in the care and services we offer.
- to cooperate with outside organizations that assess the quality of the care we and others provide. These organizations may include government agencies or accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations.
- to cooperate with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty. For example, we may use or disclose medical information so that one of our nurses may become certified as having expertise in a specific field of nursing, such as pediatric nursing.
- to assist various people who review our activities. For example, medical information may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with applicable laws.
- to plan for our organization's future operations and fundraising for the benefit of our organization.
- to conduct business management and general administrative activities related to our organization and the services it provides.
- to resolve grievances within our organization.
- to review activities and otherwise use or disclose medical information in the event that we sell our business, property or give control of our business or property to someone else.
- to comply with this Notice and with applicable laws.

4. **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.
5. **Treatment Alternatives and Health-Related Benefits and Services.** We may use and disclose medical information to tell you about or recommend possible treatment options, alternatives, health-related benefits or services and that may be of interest to you. For example, if you are diagnosed with diabetes, we may tell you about nutritional and other counselling services that may be of interest to you.
6. **You Can Object to Certain Uses and Disclosures.** Unless you may object, we may use or disclose medical information about you in the following circumstances:
 - **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. These disclosures are to enable 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.** We may release medical information about you to a friend or family member who is involved in your medical care and may also tell your family or friends your condition and that you are in the Hospital. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort (such as the American Red Cross) so that your family can be notified about your condition, status and location. Please note that even if you object, we may still share information as necessary under emergency circumstances.

If you would like to object to our use or disclosure of medical information about you in the above circumstances, please call our contact person listed on the cover page of this Notice.

7. **Fundraising Activities.** We may use information about you to contact you in an effort to raise money for the Hospital and its operations, including disclosure of information to a foundation related to the Hospital. We only will release contact information, such as your name, address and phone number, and the dates you received treatment or services at the Hospital. Any fundraising communications you receive will explain how you can opt out of future fundraising communications.
8. **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing

the health and recovery of all patients who received one medication to those who received another medication. 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, however, 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 hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Hospital.

9. **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law or judicial or other administrative proceeding.
10. **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. For example, we may disclose medical information about you to prevent or lessen a serious and eminent threat to the safety or health of a person or the public.
11. **Organ and Tissue Donation.** If you are an organ donor, 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.
12. **Specialized Government Functions.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. In addition, we may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law and for providing protection to the President, other authorized persons or foreign heads of state. Also, information may be released in connection with medical suitability or determinations of the Department of State.
13. **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
14. **Public Health Risks.** Subject to the requirement of applicable state law, we may disclose medical information about you for public health activities, such as to:
 - Prevent or control disease, injury or disability. For example, we may disclose medical information about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

- Report births and deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.
- Notify people of recalls of products they may be using.
- 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 applicable state or federal law.

15. 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.

16. 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, subpoena, discovery request or other lawful process, provided that all applicable state law requirements are satisfied.

17. 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 that complies with all applicable state law requirements;
- To comply with laws that requires the reporting of certain types of wounds or other injuries;
- 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 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.

18. **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner, 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.
19. **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 under certain circumstances.

Some Arkansas state laws provide you with more protection for specific types of information than federal laws protecting the privacy of medical information, and where applicable, we will follow the requirements of those laws.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

1. **You have the right to inspect and copy your medical information.** 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 HIM Team Leader. 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 to the extent permitted by state law.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information, you will be provided with information about your rights to have the denial reviewed.

2. **You have the right to amend your medical information.** 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 the HIM Team Leader. You must provide a reason that supports your request.

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 which you would be permitted to inspect and copy;
or
- Is accurate and complete.

3. **You have the right to an accounting of disclosures.** You have the right to request a list of the disclosures we have made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer or HIM Team Leader. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are not required to include disclosures:

- For your treatment.
- For billing and collection of payment for your treatment.
- For our health care operations.
- Requested by you, that you authorized, or which are made to individuals involved in your case.
- Allowed by law (for examples, please see above).

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

4. **You have the right to request restrictions.** You have the right to request restrictions 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 unless it relates solely to disclosure of information to a health plan for payment or operations purposes for services or items for which we have been paid in full out of pocket. 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 Privacy Officer and HIM Team Leader. 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.

5. **You have the right to receive confidential communications from us by alternative means or at an alternative location.** You have the right to request how and where we contact you about Protected Health Information. For example, you may request that we contact you at your work address or phone number. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that

accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact.

6. **You have the 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 also obtain a copy of this notice at our website, www.arheart.com.

To obtain a paper copy of this notice, please contact the Privacy Officer.

OTHER USES 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. 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 retract any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

COMPLAINTS

If you believe your privacy rights have been violated by the Hospital, you may file a complaint with the Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the Hospital, contact Privacy Officer or the Hospital's Administrator On Call. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

**Arkansas Heart Hospital
Attn: Privacy Officer
1701 South Shackleford Road
Little Rock, AR 72211
(501) 219-7000**

If you feel your privacy rights have been violated by a physician or individual affiliated with one of the physician groups listed below, you may file a complaint with the Group or with the U.S. Department of Health and Human Services / Office of Civil Rights. To file a complaint against one of the groups, please contact the privacy officer of the group in question, as listed below.

Medical Emergency & Trauma Assoc., PA
4710 Studer Road
Little Rock, AR 72223
501-821-4435

Arkansas Pathology Associates, P.A.
1 St. Vincent Circle, Suite 220
Little Rock, AR 72205
501-663-4116

AHH Anesthesia Consultants, LLC
2701 North Taylor
Little Rock, AR 72207
501-219-7369

Arkansas Specialty Radiology, PLLC
13107 Colonel Glenn Road
Little Rock, AR 72210
501-425-3537