

## MERCY HEALTH SYSTEM – NWA NOTICE ON PRIVACY OF HEALTH INFORMATION PRACTICES

This Notice describes how information about you may be used and disclosed and how you can get access to this information, which is referred to as PHI (Protected Health Information). Please review it carefully.

This Privacy Notice applies to all Mercy Health System of Northwest Arkansas (MHS-NWA) facilities, which includes but is not limited to Mercy Medical Center departments and Mercy Medical Clinics.

### MERCY HEALTH SYSTEM OF NORTHWEST ARKANSAS

The Gardens at Osage Terrace

#### MERCY MEDICAL CENTER

- ◆ Mercy Home Health
- ◆ Mercy Endoscopy Services
- ◆ Mercy Sleep Disorders
- ◆ Mercy Therapy
- ◆ Mercy Wellness Center
- ◆ Mercy Wound Care Center
- ◆ Mercy Health Center – Outpatient Services provided by Mercy Medical Center

#### **ORGANIZED HEALTHCARE ARRANGEMENT**

Mercy Medical Center Medical Staff for Services at Mercy Medical Center

#### MERCY MEDICAL CLINICS

- ◆ Bella Vista Medical Center
- ◆ Benton County Surgical Associates
- ◆ Bentonville Medical Associates
- ◆ Garrett Goss Clinic – Bentonville & Centerton
- ◆ Gravette Medical Associates
- ◆ Lowell Medical Center (Pediatrics, Family Practice, Children/Adolescent Psychology)
- ◆ Mercy Health Center Clinics
  - Mercy Pediatrics
  - Mercy Convenient Care & Business Health
  - Family Medicine
- ◆ Mercy Medicine at Rogers
- ◆ Mercy Physicians Plaza Clinics
  - Mercy Heart and Vascular Center (Cardiology and Cardiovascular/Thoracic Surgery)
  - Mercy Institute of Gastroenterology
  - Mercy Internal Medicine
  - Mercy Medical Clinics Central Lab & Imaging
  - Mercy Medical Specialties (Endocrinology, Rheumatology, Neurology)
  - Mercy Women's Health
  - NWA Gynecology
  - Rogers Medical Center
- ◆ Noel Family Clinic
- ◆ NWA Ear, Nose & Throat Clinic

MHS-NWA is a member of the Sisters of Mercy Health System ("Mercy"), an Affiliated Covered Entity.

**CONTACT INFORMATION, QUESTIONS OR COMPLAINTS:** For questions about this Notice, or to file a complaint, contact the Privacy Officer at the following address.

◆ **EXERCISING YOUR RIGHTS, RESTRICTIONS OR REQUESTS AS LISTED IN THIS NOTICE:**

- You may go to the facility where your information is on file regarding your rights, or
- You may send a letter to the following address. Please be sure to indicate the facility where your information is kept on file.

Indicate the facility or clinic listed above where your information is on file and mail your request, question or concern to:

Mercy Health System – NWA, ATTN: Privacy Officer  
2710 Rife Medical Lane - Rogers, AR 72758

Or Call the Privacy Officer at: **(479) 338-3353 (phone) / (479) 338-3448 (fax)**

### **UNDERSTANDING YOUR HEALTH RECORD/INFORMATION**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. The parts of the record that can be used to identify you are called PHI (Protected Health Information).

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

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

**Who Will Follow This Notice?** This Notice describes MHS-NWA's practices and that of:

- All MHS-NWA and Mercy Medical Center health care professionals authorized to enter information into your patient records
- All MHS-NWA and Mercy Medical Center co-workers who may have direct or indirect access to your patient information,
- Any member of the Mercy Medical Center Auxiliary we allow to help you while you are under our care,
- Mercy Medical Clinics employees and physicians,
- Members of Mercy Medical Center medical staff in the MHS-NWA Organized Healthcare Arrangement.

All clinic sites, locations and entities listed above follow the terms of this Notice. In addition, these listed entities may share medical information with each other for treatment, payment or operations purposes described in this Notice.

**OUR RESPONSIBILITIES** - Mercy Health System - NWA is required to:

- Maintain the privacy of your health information
- Provide you a Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice
- To notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

**Changes to the Notice:** We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised copy at each Mercy Health System – NWA facility and on our website at [www.Mercy4U.com](http://www.Mercy4U.com). Each time you register at any MHS-NWA facility for treatment or health care services as an inpatient or outpatient, you will have the opportunity to obtain a copy of the current Notice in effect.

**Disclosures:** We will not disclose your health information without your authorization, except as described in this Notice.

**Revoking authorization:** Your authorization can be revoked at any time in WRITING to the facility where your information is located (contact information on the first page of this Notice) except to the extent that disclosure made in good faith has already occurred.

**YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR PHI (PROTECTED HEALTH INFORMATION)**

**The Right to See and Get Copies of your PHI (Inspect and Copy)**

In most cases, you have the right to request to review or get copies of your medical information that we have, such as medical and billing records. We are not able to provide any psychotherapy notes, records that may be needed for civil, criminal or administrative proceedings, any information not allowed by law, or other certain situations. If your request is denied, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. **We will respond within 30 days from the date of your request (60 days for off-site info) with one 30-day extension if needed.**

To inspect and copy your medical information, your request must be made in person at the facility where your information is kept AND/OR in writing to the Privacy Officer at the contact information on the first page of this Notice. The request must include:

- Your name
- Date of birth
- Reason for needing your information
- Social Security Number (optional but assists with location of your record)
- Date(s) of treatment at which MHS – NWA facility
- Specific information needed (i.e. progress notes, history & physical, etc.)
- Your signature
- Address & phone number where we may contact you

**Charges:** We may charge you a \$15 retrieval fee which covers the first five pages, and \$0.25 per page thereafter for copies of your medical information. There is a \$5.00 per sheet for radiology film copies.

**Denials:** We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. A licensed health care professional chosen by MHS-NWA 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.

**The Right to Correct or Update Your PHI (Amend)**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend it. Each request will be reviewed and may be approved or denied based on certain criteria.

To request an amendment, your request may be made in person at the facility where the information is kept OR in writing and submitted to the Privacy Officer at the address in the contact information on the first page of this Notice. In addition, you must provide a reason that supports your request. We will respond within 60 days of receiving your request.

**Approvals:** If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

**Denials:** We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital/clinic;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied, a written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file a written statement, you have the right to request that your request and our denial be attached to all future disclosures of your PHI subject to the amendment request.

**The Right to Get a List of the Disclosures We Have Made (Accounting of Disclosures)**

You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, information given directly to you or to your family, or listings made in our facility directory. This list will also not include information given for national security purposes, and disclosures of limited information which does not directly identify you.

**We will respond within 60 days from the date of your request, with an allowable 30 day extension if needed.**

To request this list or accounting of disclosures, your request must be made in person at the facility where the information is kept OR in writing and submitted to the Privacy Officer at the address in the contact information on the first page of this Notice.

**Time Period Limitations:** Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your Accounting of Disclosures will be sent to you in paper form.

**Charges:** The first list you request within a 12-month period will be free. For additional lists, we will charge you a \$15 retrieval fee, which covers the first five pages, and \$.25 per page thereafter.

---

### The Right to Request Limits on Uses and Disclosures of Your PHI (Restrictions)

You have the right to ask that we limit how we use and disclose your information. 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.

**We are not legally required to agree to your request.** If we accept your request, any limits will be in writing and abide by them except in emergency situations. You may not limit the uses and disclosures we are legally required or allowed to make.

To request restrictions, your request must be made in person at the facility where the information is kept OR in writing and submitted to the Privacy Officer at the address in the contact information on the first page of this Notice.

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.

---

### The Right to Choose How We Send PHI to You (Confidential Communications)

You have the right to ask that we send information to you to an alternate address or by alternate means (for example, at work rather than at home). We may agree to your request so long as we can easily provide it as you requested.

To request confidential communications, your request must be made in person at the facility where the information is kept OR in writing and submitted to the Privacy Officer at the address in the contact information on the first page of this Notice.

We will not ask you the reason for your request. We will accommodate all **reasonable** requests. Your request must specify how or where you wish to be contacted.

---

### Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice. We will provide or otherwise make available a copy at your first registration, and you may also ask us to give you a copy of this Notice at any time. You may obtain a copy of this Notice at our website, [www.mercyhealthnwa.smhs.com](http://www.mercyhealthnwa.smhs.com). To obtain a paper copy of this Notice, please call the Privacy Officer at (479) 338-3353.

---

## HOW WE MAY USE OR DISCLOSE YOUR PATIENT INFORMATION

**DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS** - Upon admission or registration, we will use and disclose your PHI without specific authorization for:

---

**Treatment** - We may disclose your PHI to physicians, nurses, and other health care personnel who are involved in your care. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

**Emergency Treatment:** We may disclose your PHI to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment, as long as we try to get your consent after treatment or we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think you would consent if you were able to do so.

---

**Payment** - We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.

---

**Operations** - We may disclose your PHI in order to operate this facility. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.

---

## OTHER DISCLOSURES THAT DO NOT REQUIRE YOUR CONSENT

We may use and disclose your PHI without your consent or authorization for the following reasons:

---

**Business associates** - There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to them so that they can perform the job we've asked them to do. To protect your health information, however, we require these business associates to appropriately safeguard your information.

---

**Notification** - We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care. This may also include your facility location and general condition.

---

**Communication with family** - Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

---

**Research** - We may disclose information to researchers when their research has been approved by the Institutional Review Board. This board will review all approved research proposals for established guidelines to ensure privacy of your health information.

---

**Funeral directors** - We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

---

**Organ procurement organizations** - Consistent with applicable law, we may disclose health information to organ donor organizations or other entities to assist them in organ, eye, or tissue donation and transplants.

---

---

**Marketing** - We may contact you to provide appointment or prescription refill reminders, communicate to you face-to-face about MHS-NWA health-related products or recommend certain outside services that may be of interest to you, and may, from time-to-time, offer a promotional gift of nominal value. All other uses of your PHI require authorization by you or your personal representative.

---

**Fundraising activities** - We may contact you as part of a MHS-NWA fund-raising effort. We may disclose information to the Mercy Medical Center Foundation or a business associate to contact you in raising money for MHS-NWA. The information we will disclose will be limited to contact information, such as your name, address and phone number and the dates you received treatment or services at MHS-NWA. If you do not want the hospital to contact you for fundraising efforts, you must notify the MHS-NWA Privacy Officer or the Foundation in writing at the address in the contact information on the first page of this Notice.

---

**Workers compensation** - We may disclose health information to those authorized and/or required by law relating to workers compensation or other similar programs established by law. These programs provide benefits for work-related injuries or illness. If you present to MHS-NWA to obtain healthcare services at your employer's request for a work related illness, injury or issue, the information related to that visit will be disclosed to your employer.

---

**Food and Drug Administration (FDA)** - We may disclose to the FDA any health information related to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or displacement.

---

**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. We may also release medical information about foreign military personnel to the appropriate military authority.

---

**Public health** - As required by federal and Arkansas state law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

---

**Law enforcement** - We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, court order or search warrant.

---

**Correctional institution** - Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health safety of other individuals.

---

**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 safety or health** - 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.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

---

### THREE ADDITIONAL USES AND DISCLOSURES THAT YOU MAY REQUEST TO RESTRICT

---

**Patient directories** - We will include your name and room location at Mercy Medical Center (inpatient or outpatient), general condition, and religious affiliation, in our patient directory for use by clergy and visitors who ask for you by name, unless you object in whole or part. The opportunity to consent may be obtained retroactively in emergency situations.

---

**Family billing** - Mercy Medical Clinics may utilize "Family Billing" practices, which means all members of a family may be included in billing statements. This practice will be exercised unless you object in whole or in part.

---

**Disclosures to family, friends, or others** - We may provide your PHI to a family member, other relative, close personal friend, or any other person you identify, as appropriate and relevant to that person's involvement in your care or payment unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

---

### ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

---

In any other situation not described in the sections above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

---

### FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have more questions and would like additional information, you may call (479) 338-3353, or by using the contact information on the first page of this Notice.

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer listed on the first page of this Notice. You also may send a written complaint to The U.S. Department of Health and Human Services, Region VI, Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, Texas 75202. All complaints must be submitted in writing. **You will not be penalized in any way by MHS-NWA for filing a complaint.**

**Notice Approval Date:** 4/7/03

**Effective Date:** 4/14/03

(Revised 12/04, 3/05, 9/05, 11/07, 1/08, 1/09 – Hospital/Clinic Name Revisions only)

FORM 650-114