

# 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.

If you have any questions about this notice, please contact the privacy officer at (603) 448-3121.

This notice describes Alice Peck Day (APD) Memorial Hospital's privacy practices and that of:

- Any health care professional authorized to enter information into your chart
- All employees, staff, or other APD personnel and members of the medical staff
- Any member of a volunteer or student group that we allow to help you while you are a patient at APD
- All departments and units of the hospital system
- All entities, sites, and locations owned or administered by APD

In addition, APD entities, sites, and locations may share information with each other for treatment, payment, or hospital operations as described in this notice.

## Our Commitment to Your Privacy

We are dedicated to maintaining the privacy of your health information. In conducting our business, we may receive, create, use, or disclose individually identifiable health information regarding you and the treatments and services we provide to you. We are required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your identifiable health information
- Your privacy rights in your identifiable health information
- Our obligations concerning the use and disclosure of your identifiable health information

## How We May Use and Disclose Medical Information about You

The following categories describe different ways that we may use and disclose your protected health information. Not every use or disclosure in a category will be listed; however, all of the ways we are allowed to use and share information will fall into 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 to doctors, nurses, technologists, medical students, or other health care personnel who are helping us take care of you at APD. For example, a doctor treating you for a broken leg needs to know if you have diabetes because diabetes could slow the healing process. In addition, the doctor will need to tell the dietitian if you have diabetes so we can prepare the right meals. Different departments of the hospital may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, or X-rays. We may also share medical information about you to people outside APD who may be involved in your medical care at home, such as family members, clergy, or others we use to provide services that are part of your care. Finally, if you are transferred or referred to another facility, we may send health information for your continued treatment.

**For Payment:** We may use and share medical information about you so the treatment and services you receive here can be billed to, and payment collected from, an insurance company or a third party. For example, we will give your health plan information about services you had at APD so your health plan will pay us or reimburse you for the services. We may also tell your health plan about your treatment plan in order to receive approval for a procedure, or to find out whether your plan will pay for the treatment.

**For Health Care Operations:** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital 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 may also combine medical information about many patients to decide what additional services the hospital should offer, what services are not needed, and whether certain treatments are effective. We may also disclose information to doctors, nurses, technologists, medical students, and other personnel for review and learning purposes.

**Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that might be of interest to you.

**Marketing:** We may use limited medical information about you to make health-related information available to you. Departments may share your medical information among themselves and with other staff members in order to provide services to you. We may also provide you with promotional items of nominal value. Our policy is not to see or otherwise give your protected health information to any other person or organization for their use in sending you marketing information.

**Fundraising:** The APD Office of External Affairs may use your demographic information for fundraising activities. Some of these activities are for new building projects, equipment, and new programs and services. APD does not sell protected health information to outside organizations and you may opt out of receiving any fundraising request at any time. To opt out, contact the Office of External Affairs at (603) 448-7442, send an e-mail to [development@AlicePeckDay.org](mailto:development@AlicePeckDay.org), or write us at Alice Peck Day Office of External Affairs, 10 Alice Peck Day Drive, Lebanon NH 03766. Please include your full name and address in all communications.

**Appointment Reminders:** We may use and disclose medical information to contact you and remind you of an appointment.

**Hospital Directory:** We may include limited information about you in the hospital directory while you are a patient in the hospital. This information includes your name and location in the hospital. The directory information may be released to people who ask for you by name. This is so your family, friends, and clergy can visit you in the hospital and know how you are doing. You have the right to object to the hospital's use of your information in the directory. If you object, please contact the privacy officer.

## 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. We may also give information to someone who helps pay for your care. We may tell your family or friends your status and that you are in the hospital. In addition, we may disclose medical information about you to someone assisting in a disaster relief effort, so that your family can be notified of your condition, status, and location. You have the right to object to the hospital's disclosure of your information to a friend or family member who is involved in your medical care. If you object, please contact the privacy officer.

## 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 share 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 would only be to someone able to help prevent the threat.

**Organ and Tissue Donation:** We may release medical information to organizations that handle organ procurement; or organ, eye, or tissue transplantation; or to an organ donation bank to facilitate organ or tissue donation that you have authorized.

**Military:** 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 foreign military authority.

**Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health Activities:** We may share medical information about you for public health activities. These activities generally include, but are not limited to, the following:

- To prevent or control disease, injury, or disability
- To report births or deaths
- To regulate products subject to FDA regulations
- To notify a person who might have been exposed to a disease or might be at risk for getting or spreading a disease or condition
- To report child abuse or neglect
- To notify the appropriate government agency if we think a patient has been the victim of abuse, neglect, or domestic violence.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities such as audits, investigations, inspections, and licensure.

**Business Associates:** We may disclose protected health information to a business associate and may allow a business associate to create, receive, or use protected health information on its behalf pursuant to a written contract or other written arrangements. A business associate performs a function on behalf of Alice Peck Day Memorial Hospital. For example, APD contracts with vendors to perform billing services, accountants to perform audits, services to copy medical records, and agencies to provide accreditation.

**Judicial and Administrative Proceedings:** If you are involved in a lawsuit or dispute, we may share medical information about you to respond to a court or administrative order, such as a subpoena, discovery request, or other lawful process.

**Law Enforcement:** We may release medical information, so long as all legal requirements are met, for law enforcement purposes, as required by law, or in response to a court-order or proper subpoena, warrant, summons, or similar process. We may also disclose information about crime victims, deaths, crimes on APDHS premises, and crime-related information obtained in providing emergency relief services.

**National Security:** We may disclose medical information about you to federal officials for intelligence and national security activities authorized by law. We may also share your medical information with federal officials in order to protect the President of the United States or other officials, or to conduct investigations.

**Decedents:** We may release medical information to a coroner or medical examiner for the purpose of identifying a deceased person or to find out the cause of death, or for other legal duties. We may release medical information about hospital patients to funeral directors so they can carry out their duties. Where there is no estate administration, the surviving spouse or next of kin of the deceased may obtain the medical records of the deceased as provided in RSA 332-1:13.

**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 to the law enforcement official, where necessary:

- For the correctional institution to provide you with health care
- To protect your health and safety or the health and safety of others
- For the safety and security 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 request a copy of certain medical information we use to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, certain information compiled in anticipation of litigation, and certain lab information. To inspect and request a copy of medical information used to make decisions about you, you must submit a request to the privacy officer or designee. If you request a copy of your medical information, we may charge a fee for the costs of copying, mailing, or other supplies. We may deny your request to inspect or receive a copy in certain limited cases. If we deny your request, you may ask for a review of the denial. The person who conducts the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Request an Amendment:** If you think medical information we have about you is not correct or is incomplete, you may ask us to amend the information. You have the right to request an amendment to your medical information. You must request an amendment in writing and submit it to the privacy officer or designee. You must also tell us the reason for your request. The request to amend your record may be denied, in which case you have the right to enter a statement into your medical record saying that you disagree with the decision.

**Right to an Accounting of Disclosures:** You have the right to request a list (accounting) of the times we have shared your PHI in the six years prior to the date of your request. The following types of disclosures are exempt from this accounting: disclosures made to carry out treatment, payment, or health care operations; disclosures made to you; incidental disclosures; disclosures made with your written permission; disclosures made from the hospital directory, to persons involved in your care, or for other notification purpose; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement officials regarding inmates in their custody; and those that were made as part of a limited data set. We may charge you for the costs of providing the information.

**Right to Request Restrictions:** You have the right to request a restriction on the medical information we use or share for treatment, payment, or health care operations. You also have the right to request a limit on the medical information about you that we give to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or share information about a treatment you had. We are not required to agree to your request, but, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. You must submit your request for restrictions to the privacy officer or designee. In your request, you must tell us:

- What information you want to restrict
- Whether you want to limit our use, disclosure, or both
- To whom you want the restrictions to apply, such as your spouse or great aunt

The privacy officer will inform you if APD can comply with your requested restrictions.

**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 your work, or by mail. You must submit your request for confidential communication in writing, to APDHS or its affiliates. Your request must specify how or where we should contact you. When appropriate, we might ask you how payment will be handled, but we will not ask the reason for the request. We will try to 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 for a copy of this notice at any time. To receive a paper copy of this notice, contact the privacy officer, designee, or registration personnel. This notice is also available on our website, [AlicePeckDay.org](http://AlicePeckDay.org).

## Changes to this Notice

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this notice at any time. The new notice will apply to all protected health information we maintain at that time. The Notice of Privacy Practices in effect will be posted on our website at [www.alicepeckday.org](http://www.alicepeckday.org) and at the registration/admitting areas of our facilities. Or you may request a copy at any time by calling our privacy officer, or by asking for one at one of our facilities.

## 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 only be made with your written permission or after you have had an opportunity to agree or object. If you provide us with permission to use or share your medical information, you may revoke that permission, in writing, at any time. If you revoke, or take away, your permission, we will no longer use or share your medical information for the reasons in your written authorization. We will not be able to take back any information that we have already shared.

## For More Information or to Report a Problem

If you think your privacy rights have been violated and would like to register a complaint, or if you have questions and would like additional information, you may contact APD's privacy officer or the Office for Civil Rights at the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

Privacy Officer  
Alice Peck Day Memorial Hospital  
10 Alice Peck Day Drive, Lebanon NH 03766  
(603) 448-3121

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201



**ALICE PECK DAY**  
MEMORIAL HOSPITAL

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