

Wetzel County Hospital  
3 East Benjamin Drive  
New Martinsville, WV 26155  
Phone: 304-455-8000

## Notice of Privacy Practices

Effective Date: April 14, 2003

**This notice describes how medical information about you may be used/disclosed and how you can get access to it. Review it carefully.**

This Notice of Privacy Practices describes our Hospital practices and those of:

- any health care professional authorized to enter information into your chart,
- all departments and units of the Hospital,
- all employees, staff and other Hospital personnel, and
- any volunteer allowed to help you while you are in the Hospital.

All of the above adhere to the terms of this notice. In addition, they may share medical information with each other for treatment, payment or Hospital operations.

Our Pledge Regarding Medical Information is that your medical information is personal, and we're committed to protecting it. We need a record of the care and services you receive at the Hospital to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care generated or maintained by the Hospital, whether by Hospital personnel or by your doctor. Your doctor may have different policies; or notices regarding the use and disclosure of your medical information that is created in the doctor's office.

This notice will describe the ways we may use and disclose your medical information, your rights, and certain obligations regarding use and disclosure. We are required by law to:

- ensure that your medical information is kept as private as possible;
- give you this notice of our responsibilities and privacy practices; and
- to adhere to the terms of the notice currently in effect.

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

The following categories describe ways we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we use and disclose information will fall in one of the categories.

#### 1) Treatment

We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, or other personnel who are involved in your care. For example, a doctor treating

you for a broken leg may need to know if you have diabetes because diabetes slows the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that your meals are appropriate. Different departments of the Hospital also may share medical information about you in order to coordinate your care, such as prescriptions, lab work and x-rays. We also may disclose your medical information to people outside the Hospital who may be involved in your care after you leave the Hospital, such as family members, clergy or others that provide services that are part of your care.

2) Payment

We may use and disclose your medical information so that the services you receive may be billed, and payment may be collected from you or a third party. 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 in order to obtain prior approval or to determine whether your plan will cover the treatment.

3) Health Care Operations

We may use and disclose your medical information for operations 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 Hospital patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, and other Hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements. We may remove information that identifies you from the medical information so that others may study health care and health care delivery without learning who the specific patients are.

4) Appointment Reminders

We may use and disclosed medical information to remind you that you have an appointment for medical care at the Hospital or physician office.

5) Treatment Alternatives

We may use and disclose medical information to tell you about possible treatment options that may be of interest to you.

6) Health-Related Benefits and Services

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

7) Fundraising Activities

We may use medical information about you to contact you or so that the Hospital Foundation Committee may contact you in an effort to raise money for

the Hospital. If you do not want the Hospital to contact you for fundraising efforts, notify us in writing.

8) 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 (for example, fair, stable, etc.) and your religious affiliation. Your religious affiliation may be given to a member of the clergy 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. If you do not want certain information included in the Hospital Directory, please let us know in writing.

9) Individuals Involved in Your Care or Payment

We may release medical information to a friend or family member who is involved in your medical care, or 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, or entities assisting in disaster relief efforts so your family can be notified about your condition and status.

10) Research

We may use and disclose your medical information for research purposes. For example, for comparing patients who received one medication to those who received another for the same condition. Before we do so, the project will have been approved through a stringent approval process, for example, to help look for patients with specific needs, so long as the information they review doesn't leave the Hospital.

11) As Required by Law

We will disclose your medical information when required to do so by federal, State or Local law.

12) To Avert a Serious Threat to Health/Safety

We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of another person.

#### **SPECIAL SITUATIONS**

13) Organ and Tissue Donation

If you're an organ donor, we may release information or organizations handling organ procurement or to an organ donation bank, as necessary.

14) Military and Veterans

If you're a member of the armed forces, we may release your medical information as required by military authorities, and may release medical information about active military personnel to appropriate foreign military authorities.

15) Worker's Compensation

We may release your medical information for worker's compensation or similar programs providing benefits for work-related injuries or illness.

16) Public Health Risks

We may disclose your medical information for public health activities, including:

- Prevention/control of disease, injury/disability;
- Reporting reactions to medications, problems with products, or notification of recalls or products; or
- Notifying those who may have been exposed to a disease, may be at risk for contracting or spreading disease.

17) Health Oversight Activities

We may disclose information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor health care systems, programs, and civil rights compliance.

18) Lawsuits and Disputes

If you're involved in a lawsuit/dispute, we may disclose your medical information in response to a court order, subpoena or other lawful process, usually after our efforts to tell you about the request or to obtain an order to protect the information.

19) Law Enforcement

We may release information if asked to do so by a law enforcement official in response to a court order or similar process to identify or locate a suspect or other person; about the victim of a crime; about a death which may be the result of criminal conduct; about criminal conduct at the Hospital; and to report a crime.

20) Coroners, Medical Examiners/Funeral Directors

We may release medical information to a coroner/medical examiner helpful in identifying a deceased person or determining cause of death, and also to funeral directors.

21) National Security/Intelligence/Protection Activities

We may release medical information for intelligence and other national security activities authorized by law, or to provide protection to the President.

22) Inmates

If you're an inmate or in custody of the law enforcement, we may release your medical information as necessary to protect your or others' health and safety.

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

- a) The right to inspect and copy your medical information, including medical and billing records, upon written request excluding psychotherapy notes. We will charge a fee for the costs of copying/ mailing/ supplies associated with the request. Note that If you're denied access to medical information, you may request review of that denial.
- b) The right to request amendment, in writing, or medical information we have about you that is incorrect or incomplete.
- c) The right to an accounting of disclosures of your medical information, except those relevant to treatment/ payment/ health care operations. An "accounting" is a list of the disclosures we made of information about you. To request an accounting, submit a written request noting a time frame of interest (no more than six (6) years prior to the date of the request, and not prior to April 14, 2003). The first accounting in an twelve (12) month period will be free. We will charge for costs of providing additional accountings.
- d) The right to request restrictions and/or confidential communications, in writing, regarding the medical information we use or disclose about you, and the right to request a limit on the information we disclose to someone who is involved in your care or payment, like a family member or friend. You also have the right to request that we communicate with you about medical matters in a certain way or at a certain location (for example, at work or by mail).

#### **CHANGES TO THIS NOTICE**

We might revise this notice periodically. If we do, we will post a current notice copy in the Hospital. Each time you register as an inpatient or outpatient, we will offer you a copy of the notice version then in effect.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Hospital Privacy Officer, Vincent T. Greene, by calling the Hospital or Tad's Office at 304-455-8195, emailing him at [tgreene@wetzelshealth.org](mailto:tgreene@wetzelshealth.org), or by contacting the Secretary of the Department of Health and Human Services.