

We may deny or limit access to your request to inspect and copy in certain very limited circumstances. If you are denied or limited access to health information, you may request that the decision be reviewed. Another health care professional chosen by the Hospital 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 of the review.

- **Right to Amend.** If you feel that health 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 author of the entry you wish to have amended or to the individual's division director. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support that 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 designated record set kept by or for the Hospital;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Was determined accurate or complete by the Hospital.

- **Right to Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Health Information Management Department. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically.) The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. For example, you could ask that we not use or disclose information about a counseling session you received.

We are not required to agree to your request. 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 Health Information Management Department. 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.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Health Information Management Department. 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. You may ask us to give you a copy of the current notice at any time.

You may obtain a copy of this notice at our website, www.nmcinc.org. To obtain a paper copy of this notice, contact Health Information Management Department, Northwestern Medical Center, P.O. Box 1370, St. Albans, VT 05478.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised changed notice effective for health 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 all Hospital facilities as well as on the Hospital website. The notice will contain the effective date, centered on the top of the front page. In addition, should we make a material change to this notice, we will, prior to the change taking effect, publish an announcement of the change at its Hospital, on its website and in the local paper.

COMPLAINTS

If you believe your privacy rights have been violated, 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: the Privacy Officer at Northwestern Medical Center at (802) 524-5911.

All complaints must be submitted in writing. Complaint forms are available at each location including the reception area in the front lobby. You will not be penalized for filing a complaint.

The Secretary of the Department of Health and Human Services can be contacted through their regional office at Office of Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building - Room 1875, Boston, Massachusetts 02203, voice phone (617) 565-1340, fax (617) 565-3809, TDD (617) 565-1343.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health 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 health 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 health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the services that we provided to you.

Effective Date: April 14, 2003
Revision Date: May 30, 2005



P.O. Box 1370, 133 FAIRFIELD STREET
ST. ALBANS, VT 05478

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.

(If you have any questions about this notice, please contact the Privacy Officer at Northwestern Medical Center.)

WHO WILL FOLLOW THIS NOTICE:

Northwestern Medical Center, its employed physicians, its medical staff and its related entities of Northwestern Medical Center Foundation, Northwestern Vermont Physician Medical Center Organization, Northwestern Vermont Medical Center Services, LLC, and Northwestern Occupational Health, LLC. (collectively referred to as "Hospital") when providing services at these Northwestern Medical facilities are acting as organized health care arrangement. This Joint Notice applies to the medical record of all services provided to you in Hospital's clinically integrated care setting, regardless of whether specific services are provided by employees at Northwestern Medical Center or by independent members of the medical staff. Northwestern Medical Center, its employees and the members of its medical staff and its related entities agree to abide by this Joint Notice as a condition to their participation in this organized health care arrangement. The following entities are included in this organized health care arrangement:

Northwestern Medical Center, Inc., Northwestern Medical Center Foundation, Northwestern Vermont Physician Medical Center Organization, Northwestern Vermont Medical Center Services, LLC, and Northwestern Occupational Health, LLC.

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your health record.
- All divisions and programs of the Hospital.
- Any volunteer we allow to help you while you are receiving services from the Hospital.
- All employees, staff and other personnel.
- All Hospital entities, sites and locations follow the terms of this notice. Staff members at these entities, sites and locations may share health information with each other for treatment, payment or operations purposes as described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health is personal. We are committed to protecting your privacy and health information about you. We create a record of the care and services you receive at the Hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Hospital, whether made by the Hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples.

- **For Treatment.** We may use health information about you to provide you with treatment or services. We may disclose information about you to doctors, nurses, aides, therapists, social services, pharmacists, or other health care specialists who are involved in providing services to you. Your physician will document in your record his or her expectations of the members of your health care team as needed. Members of your health care team will then record the actions they took and their observations. Much of this is done in the care plan process. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from our Hospital.
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at the Hospital may be approved by, billed to, and payment collected from a third party such as an insurance company or Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.
- **For Health Care Operations.** We may use and disclose health information about you for the Hospital's operations. These uses and disclosures are necessary to run the Hospital and make sure that all individuals receiving services from us receive quality care. For example, we may use health information to review our treatment and services to evaluate the performance of our staff in serving you. We may also combine health information about many consumers to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, aides, therapists, social services, pharmacists and other Hospital personnel for review and learning purposes.

We may also combine the health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the services we offer. We will remove information that

identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific consumers are.

- **Directory.** Unless you notify us that you object, we may use your name, location in the Hospital, general conditions (e.g. fair, stable, etc.) and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to the people who ask for you by name.
- **Notification.** We may use or disclose your information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us.
- **Fundraising Activities.** Should the need arise where information about you or where your participation is desired in fundraising activities, the Hospital would obtain your authorization. No information would be released for this purpose without your authorization. For example, if the Hospital was creating a fundraising brochure and pictures or comments from persons served were desired, the Hospital would inquire whether or not you would be willing to participate. Participation would be voluntary and if you agreed, you would be asked to give us written authorization for this specific purpose.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all consumers who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with consumer's need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for consumers with specific health needs, so long as the health information they review does not leave the Hospital. We will 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.
- **As Required by Law.** We will disclose information about you when required to do so by federal, state or local law.
- **To Avert Serious Threat to Health or Safety.** We may use and disclose health 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.

SPECIAL SITUATIONS.

- **Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities.
- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs as authorized by Vermont law. These programs provide benefits for work-related injuries or illnesses.

· **Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report deaths;
- To report child abuse or neglect;
- To report abuse, neglect or exploitation of vulnerable adults; any suspicion of abuse, neglect, or exploitation of the elderly (age 60 or older), or a disabled adult with a diagnosed physical or mental impairment, must be reported;
- To report reactions to medications or problems with products
- To notify individuals of recalls of products they may be using; and
- To notify an individual who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

· **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, but are not limited to, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

· **Legal Proceedings and Disputes.** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order, an administrative order or a search warrant.

· **Suspicious Deaths.** We may also release medical information about a death we believe may be caused by violence or is otherwise unusual, unnatural or suspicious or involve a hazard to public health, welfare or safety.

· **Public Health Officials and Funeral Home Directors.** We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors thereby permitting them to carry out their duties.

· **Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU.

Any assistance (physical, communicative, etc.) you need in order to exercise your rights will be provided to you by the Hospital.

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

· **Right to Review and Copy.** You have the right to review and copy health information that may be used to make decisions about your care. This may include both health and billing records.

To review and copy health information that may be used to make decisions about you, you must submit your request in writing to Health Information Management Department. 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.