



NOTICE OF PRIVACY PRACTICES

AT EPHRAIM MCDOWELL HEALTH WE CARE ABOUT YOUR PRIVACY. 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.

WHO WE ARE

This Notice describes the privacy practices of Ephraim McDowell Health and its related entities and facilities including those in our Organized Health Care Arrangement. Collectively, these entities will be referred to herein as “we” or “us.”

Our Responsibilities:

We are required by law to maintain the privacy of certain health information called “Protected Health Information” (PHI). PHI is the information that you provide us or that we create or receive about your health care. The law also requires us to provide you with this Notice of our legal duties and privacy practices. When we use or disclose (share) your PHI, we are required to follow the terms of the Notice that is in effect at that time. Finally, the law provides you with certain rights as described in this Notice.

OUR PLEDGE REGARDING YOUR PHI

We understand that your PHI is personal and we are committed to protecting this information. Each time you visit our physicians or receive treatment from any of our entities, we create a record of the care and services that you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice tells you about the ways in which we may use and disclose your PHI.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures in this document, we will explain what we mean and try to 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 PHI will fall within one of the categories.

A. For Treatment We may use and disclose PHI about you to provide you with medical treatment or services. We may use and disclose PHI about you to doctors, nurses, technicians, health students, or other Ephraim McDowell Health personnel who are involved in taking care of you. 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 dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of Ephraim McDowell Health also may share PHI about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose PHI about you to people outside Ephraim McDowell Health who may be involved in your medical care after you leave here, such as family members, clergy or others who provide services that are part of your care. In addition, we may disclose your PHI to another physician or health care provider (e.g., a specialist) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

We also participate in the Kentucky Health Information Exchange (KHIE). This means that your electronic medical record (EMR) will be available to other health care organizations who also participate in the KHIE. This exchange is a way for health care organizations to share PHI in order to take better care of you. For example, if you were hurt in an accident in Western Kentucky, and the hospital you were taken to for care participates in the KHIE, then their physicians will have access to your EMR from our organization.

B. For Payment We may use and disclose PHI about you to bill and collect payment from you, an insurance company, or a third party for the treatment and

services you receive at Ephraim McDowell Health. For example, we may need to disclose PHI to your health plan about surgery performed at Ephraim McDowell Health so we may receive payment from your health plan or you may be reimbursed for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

C. For Health Care Operations We may use and disclose PHI about you for our operations. These uses and disclosures are necessary to run Ephraim McDowell Health and make sure that all of our patients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI of many Ephraim McDowell Health patients to decide what additional services Ephraim McDowell Health should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose PHI to doctors, nurses, technicians, students, and other Ephraim McDowell Health personnel for review and learning purposes. We may also combine the PHI we have with PHI from other health care entities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without identifying specific patients. We will share your PHI with third party “business associates” that perform various activities (e.g., billing, transcription services) for us. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

D. Appointment Reminders We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care within a facility of the Ephraim McDowell Health system.

E. Treatment Alternatives We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

F. Health-Related Benefits and Services We may disclose PHI to tell you about health-related benefits or services that may be of interest to you.

G. Organized Health Care Arrangement Ephraim McDowell Health and its medical staff have organized and are presenting you this document as a joint notice. PHI will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to PHI about you in their offices to assist in reviewing past treatment as it may affect current treatment.

USES AND DISCLOSURES YOU HAVE THE RIGHT TO RESTRICT

A. Fundraising Activities We may use PHI about you to contact you in an effort to raise money for Ephraim McDowell Health and its operations. We may disclose PHI to a foundation related to Ephraim McDowell Health so that the foundation may contact you in raising money for us. We would release information, such as your name, address and other contact information, demographic information, the department in which the services were provided, the name of your treating physician, outcome information, health insurance status, and the dates you received treatment or services at any of our entities. If you do not want Ephraim McDowell Health to contact you for fundraising efforts, please notify the Executive Director of the Ephraim McDowell Health Care Foundation, in writing, at 217 South Third Street, Danville, KY 40422.



B. Facility Directory We may include certain limited PHI about you in the facility directory while you are a patient. This PHI may include your name, your location (e.g., room number), your general condition (e.g., fair, critical, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may also be given to a member of the clergy, such as a minister, priest or rabbi, even if they do not 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. You have the option to object to inclusion in the hospital directory by contacting the Privacy Officer and/or their liaison or designee in the facility where you are receiving treatment.

C. Individuals Involved in Your Care or Payment for Your Care We may release PHI about you to a family member, other relative, close personal friend, or other person identified by you who is involved in your medical care or payment for your care if we (1) first provide you with the chance to object to the disclosure and you do not object; (2) infer that you do not object to the disclosure; or (3) obtain your agreement to share your PHI with these individuals. If you are not present at the time we share your PHI, not able to agree or disagree to our sharing your PHI because you are not capable, or there is an emergency circumstance, we may use our professional judgment to decide that sharing the PHI is in your best interest. We may also use or share your PHI to notify (or assist in notifying) these individuals about your location and general condition. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have the option to object to the disclosure of this information, in its entirety, or restrict what information may be disclosed or to whom the information may be given.

D. Certain Disclosures to Health Plans You have the right to restrict certain disclosures of PHI to a health plan if (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the PHI pertains solely to a health care item or service for which you (or any person other than the health care plan) pays for “out of pocket” and in full.

SPECIAL SITUATIONS

We are NOT required to seek your written authorization to disclose PHI about you under the following limited circumstances:

A. As Required By Law We will disclose medical information about you when required to do so by federal, state or local law.

B. Public Health Activities We may disclose PHI about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition; and/or
- To 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 by law.

The following are more detailed examples of the Public Health Activities mentioned above:

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse

events, product defects or problems, biologic product deviations, track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

C. Health Oversight Activities We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, 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.

D. Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested.

E. Law Enforcement We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- 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.

F. Coroners, Medical Examiners and Funeral Directors We may release PHI 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 PHI about patients to funeral directors as necessary to carry out their duties.

G. Organ and Tissue Donation If you are an organ donor, we may release PHI 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.

H. Research Under certain circumstances, we may use and disclose PHI 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, 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 medical information, trying to balance the research needs with patient needs for privacy of their PHI. Before we use or disclose PHI for research, the project will have been approved through this research approval process, but we may, however, disclose PHI 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 PHI 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 any Ephraim McDowell Health entities.

I. To Avert a Serious Threat to Health or Safety We may use and disclose PHI 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.

J. Specialized Government Functions The following are examples of specialized government functions for which we may be required to disclose PHI about you:

Military and Veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may



also release PHI about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, then we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with 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.

K. Workers' Compensation We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

L. State Specific Requirements Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law pre-empts the federal law.

YOUR RIGHTS REGARDING PHI ABOUT YOU

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

A. Right to Inspect and Copy You have the right to inspect and copy PHI 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 PHI that may be used to make decisions about you, you must submit your request in writing to the area within the organization responsible for the specific records you wish to inspect. If you request a copy of the information, the first copy will be provided to you without charge. If additional copies are requested, we may charge a fee for the costs of copying (not to exceed \$1.00 per page) and costs for mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by Ephraim McDowell Health 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.

B. Right to Amend If you feel that PHI 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 Ephraim McDowell Health.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer and/or their liaison or designee in the facility where the document was created. 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 the request. In addition, we may deny your request if you ask us to amend PHI that:

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

C. Right to an Accounting of Disclosures You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of PHI about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer for Ephraim McDowell Health. Your request must state a time period, which may not be longer than six (6) years and may not include dates before February 26, 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.

D. Right to be Notified of a Breach of Your Unsecured Protected Health Information You have the right to and will be notified following any breaches of your unsecured PHI.

E. Right to Request Restrictions You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI 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.

To request restrictions, you must make your request in writing to the Privacy Officer and/or their liaison or designee in the facility where you would like to make the request for a restriction. 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.

If your request is agreed to by us, then we will comply with your request unless the PHI is needed to provide you emergency treatment.

Please note that we are not required to agree to a restriction that you request unless you are asking us to restrict the use and disclosure of your PHI to a health plan and (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the PHI pertains solely to a health care item or service for which you (or any person other than the health care plan) pays for "out of pocket" and in full.

F. Right to Request Confidential Communications You have the right to request that we communicate with you about PHI 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 the liaison to the privacy officer at the facility where you are receiving treatment. 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.

G. 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 obtain a copy of this Notice at our website, www.emhealth.org, or by visiting any Ephraim McDowell Health facility.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI 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 our facilities. The Notice will contain on the first page, in the lower right-hand corner, the effective date. In addition, each time you register at or are admitted to an Ephraim McDowell Health facility for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Ephraim McDowell Health or with the Secretary of the Department of Health



and Human Services. To file a complaint with us, contact the Patient Representative at any Ephraim McDowell Health facility or the Privacy Officer for Ephraim McDowell Health at (859) 239-1000. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose PHI about you, then you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI 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 care that we provided to you.

Some typical situations that require your written permission include:

A. Marketing We may ask you to sign a written authorization to use or disclose PHI as part of a marketing effort when required by law. If the marketing involves any direct or indirect compensation to us from a third party, we will disclose that information in the authorization. Simply put, we will not sell your PHI to a third party or other business associate for that party's own purpose unless prior written authorization is obtained from you. Your authorization is not needed for face-to-face communications made by us to you or for promotional gifts of nominal value provided by us to you (e.g., providing a free package of formula and other baby products to new mothers as they leave the maternity ward).

Marketing is defined as a communication about a product or service that encourages the purchase or use of the product or service. Marketing does not include communications made: (1) to describe a health-related product or service (or payment for such product or service) that is provided by us (e.g., using our patient list to announce the arrival of a new specialty group or the acquisition of new equipment through a general mailing or publication); (2) for your treatment (e.g., mailing prescription refill reminders to you); or (3) for your case management or care coordination, or to direct or recommend alternative treatments, therapies, providers, or settings of care to you (e.g., an endocrinologist sharing your medical record with several behavior management programs to determine which program best suits your ongoing needs). The communications described in those three (3) exceptions often are considered to be within the definition of "health care operations" under HIPAA, and thus permissible without your authorization.

B. Sale of Electronic Health Records or PHI We may not sell PHI unless a written authorization is signed by you. If the marketing involves any direct or indirect compensation to us from a third party, we will disclose that information in the authorization. An authorization is not needed if the purpose of the exchange is for:

- Your treatment;
- Public health activities;
- Research purposes where the price charged reflects the cost of preparation and transmittal of the information;
- Health Care Operations related to the sale, merger or consolidation of Ephraim McDowell Health or its entities;
- Performance of services by a business associate on behalf of Ephraim McDowell Health or its facilities;
- Providing you with a copy of the PHI maintained about you; or
- Other reasons determined necessary and appropriate by law.

C. Psychotherapy Notes We will not disclose psychotherapy notes unless a written authorization is signed by you except: (1) to carry out the following treatment, payment, or health care operations: (a) use by the originator of the psychotherapy notes for treatment; (b) use or disclosure by us for our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (c) use or disclosure to defend ourselves in a legal action or other proceeding brought by you; and (2) a use or disclosure required by law.

WHO WILL FOLLOW THIS NOTICE

This Notice describes Ephraim McDowell Health's practices and that of:

- Any health care professional authorized to enter information into your health record.
- All employees, medical staff and other personnel of the Ephraim McDowell Health Organized Health Care Arrangement.
- Any member of a volunteer group we allow to help you while you are in the Ephraim McDowell Health system.
- All divisions, departments and units of Ephraim McDowell Health's Organized Health Care Arrangement.
- All these entities, sites and facilities participating in Ephraim McDowell Health's Organized Health Care Arrangement, including, but not limited to:
 - Ephraim McDowell Regional Medical Center;
 - Ephraim McDowell Fort Logan Hospital;
 - Ephraim McDowell Commonwealth Cancer Center;
 - Ephraim McDowell Heart and Vascular Institute;
 - Ephraim McDowell Specialty Center;
 - Central Kentucky Surgery Center;
 - Harrodsburg Family Medical Center;
 - Ephraim McDowell Liberty Family Medical Center;
 - Immediate Care at Stanford Medical Park;
 - North Garrard Family Medical Center;
 - Danville Family Physicians;
 - McDowell Place of Danville;
 - Ephraim McDowell MedSource;
 - Ephraim McDowell Diagnostic Center;
 - Cooperative Care, Inc.;
 - Fort Logan Rehabilitation Services;
 - Ephraim McDowell Springfield Family Medical Center;
 - McDowell Wellness Center;
 - Ephraim McDowell Lancaster;
 - Bluegrass Immediate Care;
 - Ephraim McDowell Garrard Clinic;
 - Ephraim McDowell Spine Physical Therapy;
 - Kids Can Do Pediatric Therapy Center;
 - Weekend Walk-in Care; and
 - Ephraim McDowell Health Care Foundation

These affiliated entities, sites and facilities follow the terms of this Notice and may share protected health information with each other, as necessary, to carry out treatment, payment, or health care operations relating to Ephraim McDowell Health's Organized Health Care Arrangement.

If you have any questions about this Notice, please contact the Privacy Officer for Ephraim McDowell Health at (859) 239-1000.

