

**COMANCHE COUNTY HOSPITAL AUTHORITY**  
**NOTICE OF PRIVACY PRACTICES**  
**Effective Date: March 2015**

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.

Comanche County Hospital Authority (“CCHA”), its medical staff, and its other healthcare providers are part of a clinically integrated care setting that constitutes an organized healthcare arrangement under HIPAA. This arrangement involves the participation of legally separate entities in providing healthcare to CCHA patients, but does not make any entity responsible for the medical judgment or patient care provided by one of the other participating entities. All of these participating entities have agreed to abide by this Notice of Privacy Practices (NPP) while working in CCHA’s facilities, including the hospital itself.

CCHA creates a record of the care and services you receive in the hospital and in other CCHA facilities. Your medical records and billing information are created and retained on a computer system that includes Electronic Health Records. That system is accessible to hospital personnel and members of the medical staff, and these persons are able to access and use your Protected Health Information to carry out treatment, payment, or hospital operations. CCHA uses administrative and technical safeguards, such as personnel training, written policies, password protection, and document encryption, to prevent improper access or use of information maintained on our computer system.

We are required by law to protect your privacy and the confidentiality of your Protected Health Information, to provide you with notice of our legal duties and privacy practices, and to notify you in the event of any breach of unsecured protected health information about you. This NPP describes your rights and our legal duties regarding your Protected Health Information. The entities covered by this NPP include this hospital and all healthcare providers who are members of its medical, dental, and ancillary services staffs.

**Definitions:** From time to time, you may see or hear certain terms that relate to this NPP. Some of the terms you are likely to see or hear are defined below:

- 1. Protected Health Information or PHI.** PHI is individually identifiable information that relates to your medical condition(s), your treatment, and/or payments for your care, and is sent, received, or maintained electronically or in another format, such as a paper record. CCHA uses your PHI to provide your treatment, to bill for the services we provide, and to carry out hospital operations, such as quality assurance reviews.
- 2. Privacy Officer.** The Privacy Officer is the individual at CCHA who is responsible for developing and implementing all CCHA policies and procedures relating to patient privacy and PHI. The Privacy Officer is also responsible for receiving and investigating any concerns or complaints you may have about the use or disclosure of your PHI. While you are in the hospital, you may contact the Privacy Officer by dialing the hospital Operator, or asking a CCHA staff member to contact the Privacy Officer for you. Outside of the hospital, you may contact the Privacy Officer by calling the hospital’s main number and asking the Operator to connect you. Your treatment will not be negatively affected, and you will not be retaliated against for expressing a concern or making a complaint to the Privacy Officer.
- 3. Business Associate.** This an individual or business that is separate from CCHA, but that works with CCHA to carry out certain duties related to healthcare services, payment activities, and hospital operations. For example, if CCHA used an outside company to file patients’ insurance claims, that company would be a Business Associate. Business Associates who have access to your PHI have a legal obligation to protect it from improper use or disclosure.
- 4. Authorization.** We will obtain your authorization any time it is required, giving CCHA permission to use or disclose your PHI for purposes other than your treatment, obtaining payment for your bills, and/or operations of CCHA and its organized healthcare arrangement.
- 5. Organized Healthcare Arrangement.** CCHA and the independent healthcare professionals who have been granted privileges to practice at CCHA are part of a clinically integrated care setting in which your PHI will be shared for purposes of treatment, payment, and healthcare operations as more fully described below.
- 6. Health Information Network.** CCHA may participate in a digital health information exchange with other Oklahoma healthcare providers and health plans, in which your patient data would be sent to a secure electronic network and would be accessible to other network members who were also treating you, those who pay for your care, and for operational purposes. Any such network would be committed to protecting your privacy and information under the federal privacy and security laws.

**TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS**

CCHA may use and disclose your PHI, without your authorization, for the following treatment, payment, and healthcare operations:

- 1. Treatment.** CCHA and its professional staff may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital or other CCHA facilities. 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 CCHA also may share your PHI in order to coordinate the different services you need, such as prescriptions, lab work, and x-rays. We also may disclose your PHI to individuals outside of CCHA who will be providing your follow-up care. For example, we may disclose PHI about your treatment at CCHA to your primary care doctor or another healthcare professional, who is providing you with healthcare services, so that he or she can provide for your care.
- 2. Payment.** We may use and disclose your PHI so that the treatment and services you receive from CCHA or its professional staff may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about surgery you received at CCHA so that 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 to obtain prior authorization or to determine whether your plan will cover the treatment. We may also disclose your PHI to independent members of our professional staffs who provide healthcare services to you, so that they may bill you, your insurer, or a third party for those services. For example, if your surgeon is not a CCHA employee, we may disclose your PHI to your surgeon so that he or she may bill for the surgical services you receive.

**3. Healthcare Operations.** We may use and disclose your PHI for CCHA's healthcare operations. These uses and disclosures are necessary to manage CCHA and make sure that all of our patients receive quality care. For example, we may use PHI about your high blood pressure to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine the PHI of many CCHA patients to decide what additional services CCHA should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the PHI of our patients with the PHI of patients from other hospitals to compare our services with those at other facilities and to see what improvements we can make in the services we offer. For example, may combine the PHI of CCHA patients who have high blood pressure to compare it with the PHI of other hospitals' patients with high blood pressure, so that we can make improvements in the care and services that CCHA provides to these patients.

**4. Business Associates.** We may disclose your PHI to Business Associates with whom we contract to provide certain services or business operations on our behalf. However, we will only make these disclosures if we have received written assurance that the Business Associate and any subcontractors it may use will properly safeguard your privacy and the confidentiality of your PHI. For example, we may contract with a company outside of CCHA to provide medical transcription or billing services for CCHA.

#### **PHI DISCLOSURES NEEDING YOUR CONSENT OR PERMITTING YOUR OBJECTION**

**1. Appointment Reminders.** We may use and disclose your PHI to contact you with a reminder that you have an appointment for treatment or medical care at CCHA. This may be done through an automated system or by one of our staff members. If you are not at home, we may leave this information on your answering machine or in a message left with the person answering the telephone. You have the right to stop appointment reminders by notifying us of your decision in writing.

**2. Health Related Benefits and Services.** We may use and disclose your PHI to tell you about health-related benefits or services or to recommend possible treatment options or alternatives that may be of interest to you. You may notify us in writing if you wish to restrict the manner in which we tell you about such benefits or services, for example, if you do not want to be contacted at home, or if you prefer to be contacted by mail.

**3. Fundraising Activities of CCHA.** We may use or disclose your PHI to contact you in an effort to raise money for CCHA and its operations. This type of use or disclosure would be limited to your contact information, such as your name, address and phone number, your date of birth, health insurance status, the dates you received treatment or services at the CCHA, the department of the hospital that served you, the name of your physician, and the outcome of our services. If you do not want CCHA to contact you for fundraising efforts, please notify the Privacy Officer.

**4. Hospital Directory.** We may include limited information about you in the hospital directory while you are a patient in the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. Except for your religious affiliation, this information may be disclosed to individuals who ask for you by name. Your religious affiliation may be disclosed to a member of the clergy, such as a priest or rabbi, 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. You may object to being included in the hospital directory by notifying admitting personnel or contacting the Privacy Officer.

**5. Individuals Involved in Your Care or Payment for Your Care.** We may disclose to a family member, close friend, or other individual you identify, the PHI that is directly relevant to that person's involvement in your healthcare and/or payment for your healthcare. For example, we may go over your discharge instructions with the person(s) who will be caring for you when you leave CCHA.

**6. Disaster Relief; Disclosure after Death.** We may use or disclose your PHI to an entity that is authorized to assist in a disaster relief effort, so that your family, or another individual you identify, can be notified about your condition, status and location. We may also disclose relevant PHI to persons who were involved in your care or payment for your care, following your death. You may object to these disclosures by notifying a CCHA social worker or contacting the Privacy Officer while you are at a CCHA facility and/or prior to your death.

#### **DISCLOSURES THAT MAY OR MAY NOT REQUIRE YOUR CONSENT**

**1. Research.** Under certain circumstances, CCHA may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health of 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 PHI, trying to balance the needs of research with patients' need for privacy of their PHI. Before we use or disclose medical information for research, the project will have been approved through this approval process. We may, however, disclose PHI about you to people preparing to conduct a research project, to help them look for patients with specific medical needs or conditions, so long as the PHI they review does not leave the hospital. We will generally ask for your specific permission if the researcher will have access to your name, address, or other identifying information, or will be involved in your care at CCHA. You may contact the Privacy Officer for more information about our research approval policy and process.

**2. As Required by Law.** We will disclose PHI about you when required to do so by federal, state, or local law. For example, Oklahoma law requires us to report any deaths that occur in the hospital to the Oklahoma Department of Health.

**3. To Avert a Serious Threat to Health or Safety.** CCHA and its professional staff may use and disclose your PHI 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. Any disclosure will be made only to persons or entities that are reasonably able to prevent or lessen the threat.

**4. Organ and Tissue Donations.** If you are an organ donor, we may release your PHI to organizations that handle organ donations or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**5. Military.** If you are a member of the armed forces, CCHA and its professional staff may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**6. Workers Compensation.** We may release PHI about you for workers' compensation or similar programs as authorized by state laws. These programs provide benefits for work-related injuries or illness.

**7. Public Health Risks.** We may disclose PHI about you for public health activities, to, for example:

- a) prevent or control disease, injury or disability;
- b) report births and deaths;

- c) report child abuse or neglect;
- d) report reactions to medications or problems with products;
- e) notify people of recalls of products they may be using;
- f) notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition as ordered by public health authorities;
- g) notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, if you agree or when required by law.

**8. Health Oversight Activities.** CCHA and its professional staff may disclose PHI to a health oversight agency for activities necessary for the government to monitor the healthcare system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting, and licensure.

**9. 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 court order, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you or your representative about the request or to obtain an order protecting the information requested.

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

- a) in response to a court order, subpoena, warrant, summons or similar process;
- b) to identify or locate a suspect, fugitive, material witness, or missing person;
- c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- d) about a death we believe may be the result of criminal conduct;
- e) about criminal conduct at the hospital; and
- f) 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.

**11. 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 of the hospital to funeral directors as necessary to carry out their duties.

**12. 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.

**13. 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, we may release PHI about you to the correctional institution or law enforcement official. This release would be (1) for the correctional institution to provide you with healthcare; (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 YOUR PHI**

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

**1. Right to Inspect and Copy.** You have the right to inspect and request a copy of your PHI maintained in the "designated record set," except as prohibited by law. The "designated record set" is the PHI in your medical and billing records used to make decisions about your care and payment for your care, as determined by CCHA. You also have the right to authorize third parties (such as a family member) to obtain your PHI.

To inspect and/or request a copy of your PHI in the designated record set, you must submit your request in writing on an approved Authorization form. You may obtain an Authorization form by contacting the Privacy Officer. If you request a copy of your PHI, we may charge a reasonable amount to offset the costs associated with your request, such as labor, postage, etc. You will be advised of any applicable fees at the time you make your request.

**We may deny your request to inspect and copy in certain circumstances.** If you are denied access to certain PHI, you may request that the denial be reviewed. Another licensed healthcare professional chosen by CCHA 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.

**2. 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 CCHA. To request an amendment, your request must be made in a writing that states the reason for the 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 information that:

- a) was not created by CCHA or its professional staff, unless the person or entity that created the information is no longer available to make the amendment;
- b) is not part of the PHI kept by or for CCHA;
- c) is not part of the information which you would be permitted to inspect and copy;
- d) or is accurate and complete.

**3. Right to an Accounting of Disclosures.** You have the right to request one free accounting every 12 months of certain disclosures we have made of your PHI. This accounting does not include disclosures made:

- a) To carry out treatment, payment, or healthcare operations;
- b) To you, of your own PHI;
- c) Incident to a use or disclosure permitted by law;

- d) Pursuant to your signed Authorization;
- e) For national security or intelligence purposes;
- f) To correctional institutions or law enforcement officials;
- g) For your inclusion in the CCHA hospital directory;
- h) In a limited data set not including your individually identifiable information; or
- i) That occurred more than 6 years prior to your request.

To request an accounting, you must submit your request to the Privacy Officer in writing. Your request must state the period of time for which you want an accounting. This period may not be longer than 6 years, and may not include dates that are more than 6 years earlier than your request. Your request should indicate in what form you want the Accounting, such as in paper or electronic format. For additional accountings (i.e., more than one every 12 months), we may charge you for the costs of providing the accounting. We will notify you of the cost involved when you make your request and you may choose to withdraw or modify your request at that time, before any costs are incurred.

**4. 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 details about a procedure you had.

In certain circumstances, 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. We will assist you or provide you with a form for this purpose upon request. 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.

**5. 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 work or by mail.

To request confidential communications, you must make your request in writing. 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. For example, if request that we only contact you at work, you must provide us with your work contact information.

**6. Right to a Paper Copy of This NPP.** You have the right to a paper copy of this NPP. You may ask us to give you a copy of this NPP at any time. Even if you have agreed to receive this notice electronically, you are still entitled to receive a paper copy. To obtain a paper copy of this NPP, please contact:

Privacy Officer, Comanche County Memorial Hospital  
3401 West Gore Boulevard, Lawton, Oklahoma 73505

You also may obtain a copy of this NPP at our web site, [www.CCMHonline.com](http://www.CCMHonline.com).

#### **CHANGES TO THIS NPP**

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 PHI we receive in the future. We will post a copy of the current NPP in the hospital and on our website. The effective date of the NPP will be on the first page, near the top. In addition, each time you register at CCHA for treatment or health care services we will make available to you a copy of the current NPP. We have a legal duty to abide by the NPP currently in effect.

#### **AUTHORIZATION FOR OTHER USES OF YOUR PHI**

Other uses and disclosures of PHI that are not covered by this notice or the laws that apply to us will be made only with your written Authorization. If you provide us Authorization to use or disclose PHI about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, 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 Authorization, and that we are required to retain our records of the care that we provided to you.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a written complaint with the CCHA Privacy Officer or with the Office for Civil Rights at the U.S. Department of Health and Human Services. To file a written complaint with CCHA, please write to the Privacy Officer at the address provided above.

To file a complaint with the Office for Civil Rights, contact: Office for Civil Rights, U.S. Department of Health and Human Services, <http://www.hhs.gov/ocr/office/about/contactus/index.html> or contact:

Office for Civil Rights, DHHS  
1301 Young Street, Suite 1169, Dallas, TX 75202  
(214) 767-4056, (214) 767-8940 (TDD)

You will not be penalized or retaliated against for filing a complaint with CCHA or with the Office for Civil Rights.