



# NOTICE OF PRIVACY PRACTICES

**BAXTER HEALTH**

[www.baxterhealth.org](http://www.baxterhealth.org)

## **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 this notice carefully.** If you have any questions, please contact our Privacy Officer, Lora Stone, at (870) 508-1015 or [risk@baxterregional.org](mailto:risk@baxterregional.org).

### **SCOPE OF THIS NOTICE**

This notice describes our hospital's practices and those of:

- Any healthcare professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to assist you while you are in the hospital.
- All employees, staff, and other hospital personnel. Baxter County Regional Hospital, Inc. dba Baxter Health includes the following entities:
  - Baxter Health Foundation
  - Hospice of the Ozarks
  - Baxter Health Clinics
  - Baxter Health Medical Staff: Full listing available at [www.baxterhealth.org/providers](http://www.baxterhealth.org/providers)
- Any outside vendors assisting Baxter Health while on Baxter Health properties.
- All these entities, sites, and locations will follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or hospital operations purposes described in this notice.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical 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 records of your care generated by the hospital, whether made by hospital personnel or your personal doctor or other practitioners involved in your care. Your personal doctor may have different policies or notices regarding the use and disclosure of your medical information created in the doctor's office or clinic.

This notice will inform you about the ways in which we

may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

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

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

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and provide some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

Some uses and disclosures not described in this notice will be made only with the authorization of the patient, legal guardian, and/or personal representative.

**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, technicians, healthcare students, clergy, or others who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes, as diabetes may slow the healing process. In addition, the doctor may need to inform the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital may also share medical information about you to coordinate the various services you need, such as prescriptions, lab work, and x-rays. We may also disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave, such as long-term care facilities or other services that are part of your care.

**For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to provide your health plan with information about surgery you received at the hospital so your health

plan will pay us or reimburse you for the surgery. We may also inform 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.

If you request that Baxter Health not file a claim on your behalf with your insurance, we must comply, provided you pay in full for the services.

**For Healthcare Operations:** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and ensure that all 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 or our designee may also send you a patient satisfaction survey. We may combine medical information about many hospital patients to determine what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, healthcare students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with information from other hospitals to compare our performance and identify areas for improvement in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without knowing the identities of the specific patients.

**Health-Related Benefits and Services:** We may use and disclose medical information to inform you about health-related benefits, services, or medical education classes that may be of interest to you.

**Service Updates:** We may include your name on mailings regarding hospital information and services (e.g., newsletters, brochures, new services, etc.).

**Fundraising Activities:** We may use information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose information to a foundation related to the hospital so that the foundation may contact you for fundraising purposes. We would only release contact information, such as your name, address, phone number, and the dates you received treatment or services at the hospital. You may choose to opt out of fundraising efforts by contacting the Privacy Officer at (870) 508-1015 or

risk@baxterregional.org.

**Hospital Directory:** We may include certain 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., undetermined, good, fair, serious, or critical), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given 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. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to a caregiver who may be a friend or family member. We may also provide information to someone who helps pay for your care (e.g., if you ask your healthcare provider a question in the presence of your spouse or any other person, you are giving implied consent for the healthcare provider to answer your question, unless you state otherwise).

**Research:** Under certain circumstances, we may use and disclose medical information 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 are subject to a special approval process. We will ask for your specific permission if the researcher will have access to your name, address, or other information that reveals your identity, or if the researcher will be involved in your care at the hospital.

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

## **SPECIAL SITUATIONS**

**Organ and Tissue Donation:** If you are an organ donor, we may release medical information 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.

**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 Risks (Health and Safety to You and/or Others):** We may disclose medical information about you for public health activities. We may use and disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. 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 for contracting or spreading a disease or condition.
- 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 when required or authorized by law.

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**Law Enforcement:** We may release medical information

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.  
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.

**Coroners, Medical Examiners, and Funeral Directors:**

We may release medical 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 medical information about patients of Baxter Health to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:** We may release medical information 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 medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state.

**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 law enforcement official. This release would be necessary (1) for the 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 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 copy medical information that may be

used to make decisions about your care. This usually includes medical and billing records but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, contact the Medical Records Department at (870) 508-1286. If you request a copy of information, we will charge a fee for the costs of copying, mailing, or other supplies associated with your request.

If the health record is maintained in electronic format, you have the right to obtain the record in electronic format.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional, chosen by Baxter 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.

**Right to Amend:** If you believe that medical 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 as long as the information is kept by or for Baxter Health.

To request an amendment, your request must be made in writing and submitted to the Director of Medical Records. Additionally, 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. We may also 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 medical information kept by or for Baxter Health;
- Is not part of the information you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we have made of medical



information about you to others, except for purposes of treatment, payment, and operations identified above.

To request a list or accounting of disclosures, you must submit your request in writing to the Director of Medical Records. Your request must specify a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate the form in which you want the list (for example, on paper or 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 medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone 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 disclose information about a surgery you had.

**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 with emergency treatment.

To request restrictions, you must make your request in writing to the **Director of Medical Records**. In your request, you must specify (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 Restrict Disclosures of PHI to Health Plans:** You have the right to request that we not disclose your PHI to your health plan if you pay in full for the requested services.

**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 to the **Director of Medical Records**. 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 privacy notice. You may ask us to provide you with a copy of this privacy notice at any time by requesting a copy from any member of our hospital personnel.

**Right to Be Notified in the Event of a Breach:** You have the right to be notified in the event of a breach in the privacy of your protected health information.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We also reserve the right to make the revised or changed notice effective for medical 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 the hospital. The notice will contain, on the first page in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or healthcare services as an 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 contact our Privacy Officer at (870) 508-1015 or [risk@baxterregional.org](mailto:risk@baxterregional.org), or submit your complaint in writing to:

HIPAA Privacy Officer  
624 Hospital Drive  
Mountain Home, AR 72653  
[www.baxterhealth.org](http://www.baxterhealth.org)

If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services.

The quality of your care will not be jeopardized, nor will you be penalized for filing a complaint.

## **TELEMEDICINE**

### **What is Telemedicine?**

Telemedicine is a new terminology used in hospitals throughout the United States, especially in rural settings. Telemedicine is a communication and information tool used as an adjunct for providing another layer of care to support our patients, our patients' physicians,

and the bedside care team.

### **How does it work?**

Telemedicine provides in-room audio, video, computer and high-speed data links to connect our patients to specialists for their specific medical condition.

### **Where are you using this technology?**

Currently, Baxter Health Telemedicine is used on 2 South Critical Care, Baxter Health Behavioral Health Geriatric Unit on 6 South, Women & Newborn Care Center on 2 East and in the Cline Emergency Center. Additional areas may be added in the future.

### **Will my health information be kept private?**

Baxter Health and the telemedicine partners take special care to be sure that each patient's health information remains private. Information access is limited to those with hospital authorization, and no information is released to anyone other than those providing medical care. Telemedicine partners only view patients when necessary. Your physician is the ultimate decision-maker in the care you are provided. The patient's physician and the telemedicine partners discuss the patient's medical status and treatment plan, and modify as needed to ensure the best possible medical status and treatment plan, and modify as needed to ensure the best possible medical care for the patient.

### **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 be made only with your written permission. If you provide us with permission to use or disclose medical 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 medical 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 care that we provided to you.

Baxter Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-870-508-7770.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-1-870-508-7770.

**BAXTER HEALTH**

624 Hospital Drive  
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