

# **PORTER MEDICAL CENTER, INC.** **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.***

Pursuant to Porter Medical Center, Inc. (PMC) being identified as an Organized Healthcare Arrangement for purposes of federal privacy requirements, the following organizations use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. The organizations participating in this Organized Healthcare Arrangement may share protected health information with each other, as necessary to carry out treatment, payment, and healthcare operations relating to the Organized Healthcare Arrangement.

## **ORGANIZATIONS COVERED BY JOINT NOTICE**

This Joint Notice describes the privacy practices of PMC, its affiliated entities, divisions, programs, departments and units, including, but not limited to:

Porter Hospital  
Helen Porter Nursing Home  
Addison Associates in OB/GYN  
Addison Family Medicine  
Bristol Internal Medicine  
Champlain Valley Orthopedics  
Little City Family Practice

Middlebury Pediatric and Adolescent Medicine  
Neshobe Family Medicine  
Porter Cardiology  
Porter Ear, Nose and Throat,  
Porter Internal Medicine  
Tapestry Midwifery

## **ABOUT THIS NOTICE**

This Notice will tell you about the ways 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:

- maintain the privacy of protected health information;
- give you this Notice of our legal duties and privacy practices with respect to your health information; and
- abide by the terms of the Notice currently in effect.

## **ELECTRONIC HEALTH RECORDS**

PMC uses an electronic health record to store and retrieve much of your health information. One of the advantages of PMC's electronic health record is the ability to share and exchange health information among PMC personnel and other health care providers who are involved in your care. When PMC enters your information into the electronic health record, it may share that information as permitted by law by using shared clinical databases and health information exchanges. PMC may also receive information about you from other health care providers who are involved with your care by using shared databases or health information exchanges. The Vermont Health Information Exchange ("VHIE") is the exclusive health information exchange for the state of Vermont. VITL (Vermont Information Technology Leaders), a Vermont non-profit organization, has been authorized to operate the VHIE. We may seek your consent to access medical information from your other health care providers that is available on VHIE. For information about the VHIE and VITL, see [www.vitl.net](http://www.vitl.net). If you have any questions or concerns about the sharing or exchange of your information, please discuss them with your provider.

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

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

- **For Treatment.** We may use health information about you to provide you with medical treatment or services and to send you appointment reminders. We may disclose health information about you to doctors, nurses, technicians, or other individuals who are involved in your care. Different departments within the PMC affiliated organizations also may share health information about you in order to coordinate the different services or items you need, such as prescriptions, lab work and x-rays.
- **For Payment.** We may use and disclose health information about you to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may

also tell your health plan about the treatment you are going to receive to determine whether your plan will cover it. Your health plan may request additional information.

- **For Healthcare Operations.** We may use and disclose health information about you for operations of PMC. These uses and disclosures are necessary to run PMC and make sure that all of our patients receive quality care. For example, we may use health information to evaluate the performance of our staff in caring for you. We may combine health information about many patients to evaluate the need for new services. We may disclose information to doctors, nurses, technicians and medical students and other PMC personnel for educational purposes. We may also disclose health information about you to other healthcare facilities who have treated you for their quality review related to that treatment.
- **Marketing.** Health information about you cannot be used for marketing purposes without your authorization, unless the activity relates to certain permitted exceptions that relate to your treatment or care.
- **Facility Directory.** Unless you object, we may include certain limited information about you in PMC's facility directories while you are a patient or resident at a PMC facility so your family, friends and clergy can visit you and generally know how you are doing. This information may include your name, location in the facility, your general condition and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your name and religious affiliation may be given to a member of the clergy even if they do not ask for you by name.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release relevant health information about you to a friend or family member who is involved in your medical care or who helps pay for your care.

#### **USES AND DISCLOSURES THAT ARE REQUIRED OR PERMITTED BY LAW**

Subject to requirements of federal, state and local laws, we are either required or permitted to report your health information for various purposes. Some of these report requirements and permissions include:

- **Public Health Activities.** We may disclose your health information to public health officials for activities related to the prevention or control of communicable disease; to report suspected abuse, neglect or domestic violence or when required to avert a serious threat to health or safety.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure.
- **Judicial or Administrative Proceeding.** We may disclose your health information when required by court order or warrant.
- **Law Enforcement.** We may disclose your health information to a law enforcement official if required by law or by a warrant or court order.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose health information to a coroner or a medical examiner. This may be necessary to identify a person who died or to determine the cause of death. We may disclose health information to help a funeral director carry out his/her duties.
- **Organ and Tissue Procurement.** We may disclose your health information to organizations that facilitate organ, eye, or tissue procurement, banking or transplantation.
- **Research.** We may use or disclose your health information for research approved by an Institutional Review Board or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Workers' Compensation.** We may disclose your health information as necessary to comply with workers' compensation laws.
- **Military.** If you are a member of the armed forces of the United States or another country, we may disclose health information about you as required by military command authorities.
- **National Security.** We may disclose your health information to federal official(s) for national security activities authorized by law.

#### **USES AND DISCLOSURES SPECIFICALLY AUTHORIZED BY YOU**

We may make other uses and disclosures of your health information only with your specific written authorization. Specifically, we may not use or disclose your health information for marketing purposes and we may not sell your health information without your written authorization. Additionally, if psychotherapy notes are part of your health information, they may not be disclosed unless you provide written authorization.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information:

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes, if applicable. All requests to inspect and copy health information must be made in writing to PMC's Medical Records Department. We may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. If you seek an electronic copy of your electronic medical record in a specific form and format that is not readily producible, we will work with you on providing an alternative. Under very limited circumstances, we may deny your request to inspect or receive a copy of your health information. If you are denied access to your health information, you may request in writing the denial be reviewed. To request a review, contact PMC's Privacy Office as set forth on the last page of this Notice. A licensed healthcare professional chosen by PMC will conduct the review. The person conducting the review will not be the person who denied your request. We will comply with the decision of the reviewer.
- **Right to Amend.** You have the right to request an amendment to your health information that you believe is incorrect or incomplete. Submit your request in writing to PMC's Privacy Office as provided on the last page of this Notice, including your reason for the amendment, using our "Right to Amend Records Form." We may deny your request if we believe that the information that you would like to amend is accurate and complete or other circumstances apply. If your request for amendment is denied, you will be notified in writing of the reason for the denial and you may submit a written statement disagreeing with the information which will become part of your medical record.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures made within the past six years. This is a list of certain disclosures we made of your health information without your authorization for purposes other than treatment, payment or health care operations. Submit your request in writing to PMC's Privacy Office as provided below.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on how much of your health information we use or disclose for treatment, payment, or health care operations. Submit your specific request in writing to PMC's Privacy Office. We do not require a reason for the request. We are not required to agree to your request with the exception of a request to limit access by, or disclosure to, a health plan if you have paid for the health services at the time of service. If we agree to a restriction, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at an alternative location from your home address, such as work, or only contact you by mail instead of phone. Your request must specify how or where you wish to be contacted. We do not require a reason for the request. We will accommodate all reasonable requests.
- **Right to Receive 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. To obtain a paper copy of this Notice at any time contact the Privacy Office. The Privacy Office contact information is listed below.
- **Right to Receive Notification Following a Breach of Your Health Information.** We will provide you written notification in the event of a breach of the confidentiality of your health information.

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

We may change the terms of this Notice at any time. If we change this Notice, we may make the new terms effective for all health information that we maintain including any information created or received prior to issuing the new Notice. We will post copies of the current Notice at PMC facilities and on our internet site at [www.portermedical.org](http://www.portermedical.org). You may also obtain a new Notice by contacting the Privacy Office. The Privacy Office contact information is listed below.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with PMC or with the Secretary of Health and Human Services. To file a complaint with PMC, please call or write to the Privacy Office.

#### **FOR MORE INFORMATION OR FURTHER QUESTIONS PLEASE CONTACT:**

The Compliance Office  
 Porter Medical Center, Inc.  
 115 Porter Drive  
 Middlebury, VT 05753  
 (802) 388-8849

Effective Date: December 2, 2014