

PORTER HOSPITAL, INC.
115 Porter Drive
Middlebury, Vermont 05753

Joint Notice of Health Information 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.

Porter Hospital, Inc., its employed physicians and its medical staff when providing services at the Porter Hospital facilities are acting as an Organized Health Care Arrangement (collectively referred to herein as "Porter"). This notice applies to the medical record of all services provided to you in Porter's clinically integrated care setting, regardless of whether specific services are provided by Porter employees or by independent members of our medical staff. Porter Hospital, Inc., its employees and the members of its medical staff agree to abide by this Notice as a condition to their participation in this Organized Health Care Arrangement. Porter Hospital, Inc., its employed physicians and the members of its medical staff will share health information about you with each other for treatment, payment and operations as further described below.

Understanding Your Health Record/Information

Each time you visit a Porter physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, which we refer to as your health or medical record, is an essential part of the health care we provide for you. It serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating health professionals.
- Source of data for medical research.
- Source of information for public health officials charged with improving the health of the nation.
- Source of data for facility planning and marketing.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Your health record contains personal health information, the confidentiality of which is protected under both state and federal law. Understanding how we expect to use and disclose your health information helps you to:

- Ensure its accuracy,
- Better understand who, what, when, where, and why your health care providers and others may access your health information, and
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. Under the Federal Privacy Rules, 45 CFR Part 164, you have the right to:

- Receive this Notice of the uses and disclosures we expect to make of your health information, including a paper copy of the Notice if requested, as provided in Rule 520.
- Request additional restrictions on uses and disclosures of your health information (though we are not required to agree to any such request), or request that we send you confidential communications by alternative means or at alternative locations, as provided in Rule 522.
- Inspect and obtain a copy of your health record as provided in Rule 524.
- Request that your health record be amended as provided in Rule 526.
- Obtain an accounting of disclosures of your health information made after April 14, 2003, for purposes other than treatment, payment, or health care operations, as provided in Rule 528.

Please direct requests to: Privacy Office, Porter Hospital, Inc., 115 Porter Drive, Middlebury, VT 05753, Phone: 802-388-4701.

Our Responsibilities

We are required by the Federal Privacy Rules to:

- Maintain the privacy of your health information,
- Provide you with this Notice as to our legal duties and privacy practices with respect to health information we collect and maintain about you,
- Abide by the terms of this Notice, subject to the following reservation of rights.

We reserve the right to change our health information practices and the terms of this Notice, and to make the new provisions effective for all protected health information we maintain, including health information created or received prior to the effective date of any such revised Notice. Should our health information practices change, we will post and/or provide a revised notice. We will not otherwise use or disclose your health information without your consent or authorization, except as described in this Notice.

Uses and Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your primary care physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from Porter. We may also send relevant portions of your medical record to specialists to whom you are being referred for care, or to physicians whom your providers here may want to consult on a care issue.

We may use and disclose health information about you (for example, by calling you or sending you a letter) to remind you that you have an appointment with us for treatment or that it's time for you to schedule a regular checkup with us, or to provide you with information about treatment alternatives.

We will use your health information for payment.

For example: A bill may be sent to you or your insurance company or health plan. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, risk managers, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: We provide some services through business associates, who are independent professionals that use patient health information provided by us in order to perform these services. Examples include certain laboratory tests, a copy service we may use when making copies of your health record, or a billing service. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. Other examples of business associates include JCAHO (Joint Commission on Accreditation of Healthcare Organizations), our independent accrediting agency, and state health associations, to whom we disclose comparative statistics as required by our certifying/accrediting agencies. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Uses and Disclosures that We May Make Unless You Object

Directory: Unless you notify us at the time of intake, or later in writing that you object, we will use your name, location in the hospital, general condition, and religious affiliation in our facility directory. This information may be provided to members of your family, friends, members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Family or friends involved in care: Unless you object in writing, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Marketing and Fundraising. We may use or disclose non-medical information in connection with limited marketing or fund-raising communications permitted under the

Federal Privacy Rules. Any such communication addressed to you will contain instructions describing how you may “opt out” of receiving further such communications.

Required Disclosures

The Federal Privacy Rules require us to disclose your personal health information in two instances: to you at your request under Rule 524 or Rule 528, and to the Secretary of Health and Human Services when requested as part of an investigation or compliance review under Rule 502.

Disclosures Permitted Without Consent for National Priority Purposes

In addition, Rule 512 permits uses and disclosure of your health information without your consent or authorization for certain “national priority” purposes, including:

- When required by state or federal law.
- To state and federal public health authorities, including state medical officers, the Food and Drug Administration (FDA), and other agencies charged with preventing or controlling disease.
- To government authorities, including protective service agencies, authorized to receive reports of abuse, neglect, or domestic violence.
- To government health oversight agencies, such as the state and federal Departments of Health and Human Services, Medicare/Medicaid Peer Review Organizations (PRO’s), state Boards of Medicine, Nursing, and Pharmacy, and other licensing authorities.
- When required or court ordered in a judicial or administrative proceeding.
- To law enforcement officials for certain law enforcement purposes, including the reporting of certain types of wounds or injuries, or pursuant to a warrant, subpoena, or other legal process, or for the purpose of identifying or locating a subject, fugitive, material witness, missing person, or victim, provided that the conditions in the rule are met.
- To coroners, medical examiners, or funeral directors for purposes of identifying a deceased person or carrying out their duties as required by law.
- To organ procurement organizations for purposes of organ or tissue donation and transplantation, consistent with applicable law.
- For research approved by an Institutional Review Board (IRB) or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- When required to avert a serious threat to health or safety.
- When requested for certain specialized government functions authorized by law, including military and similar situations.
- As authorized by law in connection with workers compensation programs.

Uses and Disclosures Specifically Authorized By You

We expect to make other uses and disclosures of your protected health information only on the basis of specific written authorization forms signed by you. You have the right to revoke any such authorization at any time, except to the extent we have already relied on it in making an authorized use or disclosure.

For More Information or to Report a Problem / Complaint Procedure

If you have questions you may contact the Privacy Officer at Porter Hospital, Inc., 115 Porter Drive, Middlebury, Vermont 05753, phone no. 802-388-4701.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at the above address, or with the Secretary of Health and Human Services, Region I, Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building – Room 1875, Boston, MA 02203, phone (617) 565-1340, fax (617) 565-3809, TDD (617) 565-1343. There will be no retaliation for filing a complaint.

Effective Date: April 14, 2003

JOINT NOTICE OF HEALTH INFORMATION PRACTICES
ACKNOWLEDGEMENT

The undersigned acknowledges that I received a copy of this Joint Notice of Health Information Practices from Porter Hospital, Inc. on the date stated below.

Date

Signature of Patient or
Authorized Signer

Relationship to Patient

Print Patient's Name

Patient's Date of Birth