



# Your privacy is important.

## York Hospital Privacy Notice

EFFECTIVE MARCH 1, 2003. REVISED NOVEMBER 1, 2009

This notice describes how medical information about you may be used and disclosed and how you can access information. Please review this information carefully.

### **How committed is York Hospital to respecting my privacy?**

At York Hospital, 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 York Hospital to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital for services at any and all facilities, locations and physician practices owned and operated by York Hospital. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of

your medical information created in the doctor's office or clinic. This notice will tell 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; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that are currently in effect.

### **How can York Hospital use and disclose medical information about me?**

**For Treatment.** In order to offer comprehensive medical care, we may need to give necessary information to doctors, nurses, technicians, other hospital staff 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 because diabetes could slow the healing process.

**For Payment.** We may utilize and share medical information about you in order to ensure proper billing and payment for hospital services including for prescriptions obtained at the hospital's pharmacy. For example, we may need to give your health plan information about surgery you received at the hospital (or for prior approval for services to determine coverage). Information about your current and/or past health status may be required in order to process bills for any private insurance, state, workers compensation or federal payment programs.

**For Health Care Operations.** We may use and disclose medical information about you for hospital operations that are necessary to make sure all of 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.

#### **Appointment Reminders & Treatment Alternatives.**

We may use and disclose your medical information to remind you about future hospital appointments or to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

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

**Fund-raising Activities.** We may use general information about you to contact you in an effort to raise money for the hospital and its operations.

**Hospital Directory.** We may include certain limited information (such as your name, location in the hospital and your general condition - e.g., fair, stable, etc) about you in the hospital directory or to people who ask for you by name while you are a patient at the hospital.

**Individuals Involved in Your Care or Payment for Your Care.** In an emergency, or if you have given permission, we may release medical information about you to a friend or family member who is involved in your medical care or to someone who helps pay for your care. 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.



## Are there special situations in which York Hospital may disclose my medical information?

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

**Public Health Risks & As Required By Law.** We may disclose medical information about you for public health activities including: to prevent or control disease, injury or disability; to report births and deaths; to report abuse, domestic violence or neglect (with patient's consent); to report child abuse & 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.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include 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.

**Lawsuits and Disputes.** We may disclose medical information about you in response to a court or administrative order; and 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 information requested.

**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.

**Deceased Patients.** We may release medical information to organizations that handle organ procurement or transplantation; to an organ donation bank; or to a coroner, medical examiner or funeral director.

## What are my rights regarding my medical information?

**You can inspect and copy your medical information.** You have the right to inspect and receive a copy of medical information that may be used to make decisions about your care. There are some instances where this is not possible and if a copy cannot be provided, you will be given a written explanation as to why. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. We will comply with the outcome of the review.

**You can amend your medical information.** If you feel that medical information we have about you is incorrect or incomplete, you may amend the information or add comments to medical information about you.

**You can request an Accounting of Disclosures.** You have the right to request an accounting of disclosures that occur after April, 2003. This is a list of the disclosures we made of medical information about you that were not included in this booklet.

**You can request restrictions on medical information.** You have the right to request restriction or limit the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information 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. However, if we cannot honor your request, you will receive the explanation in writing.

**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 or that we send bills to another address.

**How will I be notified if this statement changes?** A current copy of this notice will be posted in the hospital and on our Website at [www.yorkhospital.com](http://www.yorkhospital.com). The notice will contain on the cover, the effective date. A copy will be sent to you if requested. We reserve the right to change the terms of this notice.

**If I have a complaint, who do I talk to?** Patients may voice grievances and recommend changes in policies and services to facility staff, outside representatives or through the hospital's complaint line at any time. Although our goal is to provide quality services and to respond immediately to patients' concerns, the right to lodge a grievance or complaint about a hospital stay or the care received can be made with the Maine Department of Human Services Division of Licensing and Certification. The address and phone number may be obtained through the hospital switchboard at 207 363-4321.

**What about 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. You may revoke that permission in writing at any time with the understanding that we are unable to take back any disclosures we have already made with your permission.

**Thank you for reading this privacy statement document.** Should you have any questions, concerns or need to act on any of the items you read about, please contact our Risk Coordinator at 207 351-2139 or try our toll free line at 1-877-363-4321 x2139.

