

# 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.

If you have any questions about this Notice, please contact the Privacy Officer listed on the second-to-last page of this Notice.

Protected Health Information ("PHI") is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition, in the past, present or future. This Notice of Privacy Practices describes how we may use and disclose your PHI. It also describes your rights to access and control your PHI.

As providers of health care, we are required by Federal and state law to maintain the privacy of PHI. We are also required to notify you following a breach of the privacy of your PHI.

We are required to provide you with this Notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. We will provide you with any revised Notice of Privacy Practices upon request; you may either call the office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. We will also promptly post the revised Notice of Privacy Practices on our websites and at our facilities.

## PERMITTED USES AND DISCLOSURES

### General Rules

Federal law allows a health care provider to use or disclose PHI as follows:

- **You.** We will disclose your PHI to you, as the covered individual, at your request.
  - **Authorization.** We will disclose your PHI pursuant to the terms of an authorization signed by you.
  - **Personal representative.** We will disclose your PHI to a personal representative designated by law such as the parent or legal guardian of a child, attorney-in-fact under a durable power of attorney for health care, representative of the estate of a deceased individual, or, in certain circumstances, your surviving spouse.
  - **Treatment.** We will use and disclose your PHI to provide, coordinate, or manage your treatment. Treatment refers to the provision and coordination or management of health care and related services by one or more health care providers, including consultation or referral. For example, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist laboratory or pharmacy) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.
  - **Payment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. Payment refers to the collection of premiums, reimbursements, coverage, determinations, billing, claims management, medical necessity determinations, utilization review, and preauthorization services. For example, we may provide portions of your PHI to our billing services provider and your health plan to get paid for the health care services we provided to you.
  - **Health care operations.** We may disclose your PHI in order to operate our hospital. Health care operations refer to specified administrative support activities by or for a health care provider, including quality assessment and improvement, peer review, training and credentialing of providers, and legal and auditing functions. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you.
  - **Appointment reminders and other notifications.** We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives.
  - **Business Associates.** We will share your PHI with third party "business associates" that perform various activities (for example, billing or transcription services) for the hospital. Whenever an arrangement with a business associate involves the use or disclosure of your PHI, we have a written contract that contains legally required terms that will protect the privacy of your PHI.
  - **Fundraising.** We may send you fundraising notices and appeals, unless you opt out of receiving fundraising communications. With each communication, we will provide you with an opportunity to opt out of any further fundraising communications. Or, you may contact our Privacy Officer to opt out of fundraising communications.
- Uses and Disclosures Allowed Without Authorization or Opportunity to Agree or Object
- Federal law also allows a health care provider to use and disclose PHI, without your consent or authorization, or opportunity to agree or object, in the following ways:
- **As required by law.** When a disclosure is required by Federal, state, or local law, judicial or administrative proceedings, or by law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
  - **For public health activities.** For example, we report information about births, deaths, and various diseases to government officials in charge of collecting that information, and we may provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
  - **For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
  - **For purposes of organ donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
  - **For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
  - **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
  - **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And, we may disclose PHI for national security purposes.
  - **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.
- The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

### Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

- **Others Involved in Your Healthcare.** If you agree or do not object, we may disclose to a member of your family, a relative, a close personal friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care or payment for your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We also may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.
- **Directories.** We may maintain a directory of patients that includes your name and location within the facility, your religious affiliation, and information about your condition in general terms that will not communicate specific medical information about you. Except for your religious affiliation, we may disclose this information to any person who asks for you by name. We may disclose all directory information to members of the clergy. You have the right to object, in writing, upon admission to the hospital, and any time during hospitalization, to the use or disclosure of your medical information from the hospital directory to family members, friends, visitors, clergy, and others who may ask for you by name, and, if you do so, we will follow your wishes. As allowed by law, we may use your personal information from the hospital directory in the event you are incapacitated or undergoing emergency medical treatment, but only consistent with your prior expressed wishes.
- **Following your death.** After your death, we may disclose the following PHI. First, if you have an executor or administrator of your estate, we may release your medical records upon either's submission of an appropriate authorization. Second, if no estate administration has been taken out, we may release your medical records to your surviving spouse or "next of kin," meaning a) an adult child by blood or adoption only in the absence of a surviving spouse; b) a parent, only in the absence of a surviving spouse or adult child, provided that we receive from them an appropriate affidavit and authorization required under state law. In addition, to the extent that none of the above mentioned personal representatives are available and as long as you have not objected before your death to our doing so, we will release your medical records to another family member or close friend to the extent that they relate to that person's involvement in your care at the hospital and the person has a compelling reason to obtain the medical records, such as review and payment of an outstanding hospital bill.

### ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

In any other situation not described in this notice, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures.

Specific examples of uses or disclosures that require authorization include:

- **Psychotherapy Notes.** Most uses and disclosures of psychotherapy notes require your written authorization. "Psychotherapy notes" are the recorded notes (in any form) of a mental health professional that document or analyze the contents of conversations during a counseling session, if kept separately from the rest of your medical record.
- **Marketing.** Uses and disclosures of your PHI for marketing require your written authorization. Marketing is a communication that encourages you to purchase or use a product or service. However, it is not marketing if we communicate with you about health-related products or services that we offer, as long as we are not paid by a third party for making the communication. Nor is your written authorization required for us to communicate with you face-to-face or for us to give you a gift of nominal value.
- **Sale.** We may not sell your PHI without your written authorization, except as permitted by law.

## YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION

You have the following rights with respect to your PHI:

- **To Request Restrictions.** You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment, or health care operations purposes or notification purposes. We are not required to agree to your request, with one exception: If you have paid out of pocket and in full for a health care item or service, you may request that we not disclose your health information related to that item or service to a health plan for purposes of payment or health care operations. If you make such a request, we will not disclose your information to the health plan unless the disclosure is otherwise required by law. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Privacy Officer listed on the final page of this Notice.
- **Alternative Modes of Communication.** You have the right to ask that we send PHI to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format that you request.
- **Access.** In most cases, you have the right to look at or obtain copies of your PHI that we have, but you must make the request in writing. You also have the right to have us provide a copy of your PHI directly to another person whom you designate by providing us with a completed authorization form. You are also entitled to an electronic copy of your Electronic Health Record ("EHR"), if one exists. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.
- **Accounting of Disclosures.** You have the right to an accounting of instances in which we have disclosed your PHI for a period of up to six years prior to the date of the request, except for certain disclosures, including disclosures that you have authorized and disclosures made for the purpose of carrying out treatment, payment, or health care operations. We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable fee for each additional request.
- **Amendment of Records.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and notify others that need to know about the change to your PHI.
- **Paper Notice.** You have the right to request a paper copy of this Notice.
- **To Receive Notice of Breach.** You have the right to be notified upon a breach of any of your unsecured health information.

## PRIVACY OFFICER

Our Privacy Officer may be reached by mail or phone at:

Privacy Officer  
600 St. Johnsbury Road  
Littleton, NH 03561  
Phone: 603-575-6040

## COMPLAINTS

You may complain to us or to the Office for Civil Rights (OCR) of the US Department of Health and Human Services, email OCR at OCRMail@hhs.gov or call the U.S. Department of Health and Human Services, Office for Civil Rights toll-free at: 1-800-368-1019, TDD: 1-800-537-7697.

## EFFECTIVE DATE OF NOTICE

This Notice was published and becomes effective on January 21, 2020.

## SERVICE LOCATIONS

This Notice applies to the hospital and the following locations:

Littleton Regional Healthcare 600 St. Johnsbury Road Littleton, NH 03561	The Alpine Clinic 2396 White Mountain Highway, Unit 1 North Conway, NH 03860
Littleton Urgent Care 600 St. Johnsbury Road Littleton, NH 03561	The Alpine Clinic 1095 Profile Road Franconia, NH 03580
Littleton, NH 03561 North Country Primary Care - RHC 580 St. Johnsbury Road Littleton, NH 03561	The Alpine Clinic 15 Town West Road Plymouth, NH 03264
The Doorway at LRH 11 Riverglenn Lane Littleton, NH 03561	