

## HARRISON COUNTY HOSPITAL

### NOTICE OF PRIVACY PRACTICES

*Effective: April 14, 2003. Revised: February 21, 2008; September 23, 2013; June 5, 2018; May 1, 2024; and, March 16, 2026.*

*YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.*

*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.*

#### OUR DUTIES

Harrison County Hospital's (HCH) goal is to take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. We are required by law to: maintain the privacy of medical and financial information provided to us that reasonably identifies HCH patients and/or their conditions (such protected information will be referred to in this document as "Health Information"); provide notice of our legal duties and privacy practices with respect to Health Information; abide by the terms of our Notice of Privacy Practices currently in effect; and notify you following a breach of your unsecured Health Information.

#### WHO WILL FOLLOW THIS NOTICE

The practices described in this notice apply to the following persons or group of persons: 1) All HCH personnel and students in training; 2) Any healthcare professional authorized to enter information into, or obtain information from, an HCH record; 3) Any volunteer or member of a volunteer group that assists you while you are at HCH; 4) Harrison County Hospital Physician Group; and 5) HCH's Medical Staff and its members, attending physicians, radiologists, pathologists, anesthesiologists, surgeons, emergency department physicians, and any other physician or healthcare provider who provides treatment to you while you are at or in HCH and staff members of such physicians who work at HCH.

#### INFORMATION COLLECTED ABOUT YOU

In the ordinary course of receiving treatment and healthcare services from HCH, you will be providing HCH with personal information such as: your name, address and phone number; information relating to your medical history; your insurance information and coverage; and information concerning your doctor, nurse or other medical providers.

In addition, HCH will gather certain medical information about you and will create a record of the care provided to you by HCH and, in many cases, care provided to you by other healthcare entities. Other individuals or organizations that are part of your "circle of care" may also provide some information to HCH. For example, a referring physician, your other doctors, your health plan, family members and/or close friends may provide information to HCH. With some exceptions, your Health Information must be protected by HCH.

#### USE AND DISCLOSURE OF HEALTH INFORMATION

##### 1. How HCH May Use Your Health Information.

**A. Treatment:** HCH may use or disclose your Health Information as necessary for HCH and other healthcare providers to provide medical care. *For example:* HCH may use your medical history, such as the presence or absence of heart disease, to assess your health and perform requested diagnostic services. HCH may also disclose your Health Information to other doctors, nurses, therapists, or other healthcare providers not affiliated with HCH who are providing you with medical care. In some cases, the sharing of your Health Information with other healthcare providers may be done electronically, including through an electronic health information exchange.

**B. Payment:** HCH may use and disclose your Health Information to obtain payment for services provided to you by HCH and as necessary to assist other healthcare providers, health plans and/or healthcare clearinghouses in obtaining payment for healthcare services provided. *For example:* When you register for service, HCH will use your information to verify you have insurance coverage. After you have received service, a bill identifying you, your diagnosis and the procedures performed for you will be sent to your insurer and/or to you. Any bill sent to you will be sent by regular mail at your home address as listed in HCH's records. HCH may also send your contact information to collections agencies if your payment is overdue.

**C. Healthcare operations:** HCH may use and disclose your Health Information for HCH healthcare operations or for limited types of healthcare operations of other healthcare providers, healthcare plans and clearinghouses. *For example:* HCH sometimes arranges for accreditation organizations, auditors or other consultants to review HCH practices, evaluate operations, and tell HCH how to improve its services. As part of that review process HCH may disclose your Health Information to said consultants.

**D. Appointment reminders and other reminders:** HCH may use and disclose your Health Information to contact you as a reminder that you have an appointment or should schedule an appointment, for patient satisfaction surveys, or for other healthcare related matters. HCH may communicate with you by telephone, text, email or mail based on the information you provide to HCH.

**E. Treatment alternatives, benefits and services:** HCH may disclose your Health Information to tell you about possible options or alternatives, health-related benefits or other services that may be of interest to you or to recommend possible treatment options or alternatives that may be of interest to you.

**F. Individuals involved in your care or payment for your care:** Unless you indicate otherwise, HCH may discuss your healthcare with members of your family, close friends and/or other individuals you identify which may be involved in your care or the payment for your care. If you are not able to tell us your preference regarding such a disclosure (e.g., if you are unconscious), HCH may go ahead and share your information if we believe it is in your best interest. HCH may also share your Health Information when needed to lessen a serious and imminent threat to health or safety.

**G. Research:** HCH may use or disclose certain Health Information about a patient's condition and treatment for research purposes where an institutional review board or similar body referred to as a privacy board determines that patient privacy interests will be adequately protected in the study. HCH may also use and disclose Health Information to prepare or analyze a research protocol and for other research purposes.

**H. HCH business associates:** HCH sometimes works with outside individuals and businesses that help HCH operate its business successfully. HCH may disclose Health Information to these business associates so that they can perform the tasks that HCH contracts them to do. HCH business associates are required to comply with the same privacy and security requirements that apply to HCH with regard to your Health Information.

**I. Fundraising Activities:** HCH may use your Health Information to contact you in an effort to raise money for our facility and its operations. We may disclose Health Information to a foundation related to our facility so that the foundation may contact you to raise money for us. In these cases, we would release only limited information, such as your name, address and phone number, age, gender, and dates and departments of service. If you do not want us to contact you for fundraising efforts, you must notify in writing the person listed on the last page of this Notice.

**J. Sale of PHI:** HCH will not sell your Health Information without your written authorization. We will not use or share your Health Information for the purpose of marketing the services or products of non-HCH entities without your written authorization.

**K. Artificial Intelligence.** HCH may utilize technology applications that rely or incorporate artificial intelligence and machine learning (collectively, "AI") for certain treatment, payment, and healthcare operations that will involve the processing of Health Information as permitted by applicable laws. In all cases, AI will not replace the independent clinical judgment of licensed health care providers.

## 2. Other Purposes.

**A. Required by law:** HCH may disclose Health Information about you when HCH is required to do so by federal, state or local law.

**B. Public health activities:** HCH may disclose Health Information in connection with certain public health reporting activities. *For instance*, HCH may disclose Health Information to a public health authority authorized to collect or receive PHI for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, or an official of a foreign government agency that is acting in collaboration with a public health authority. Public health authorities include, but are not limited to, state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency.

**C. Abuse and neglect:** HCH may disclose Health Information to a public health authority or other authorized government authority to report suspected abuse, neglect, or domestic violence.

**D. FDA reports:** HCH may disclose Health Information if you are a person subject to the Food and Drug Administration's power for the following activities: to report adverse events, product defects or problems, biological product deviations, track products, enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

**E. Healthcare oversight activities:** HCH may disclose your Health Information in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include, but are not limited to, audit, investigation, licensure or disciplinary actions, civil, criminal, administrative proceedings or actions; or any other activity necessary for the oversight of 1) the healthcare system, 2) governmental benefit programs for which Health Information is relevant in determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which Health Information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which Health Information is necessary for determining compliance.

**F. Threat to health and safety:** HCH may disclose your Health Information if HCH believes, in good faith, that such a disclosure is necessary to prevent or minimize a serious and/or approaching threat to your health and safety or the health and safety of another person or the public. However, such a disclosure would only be made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**G. Legal actions and law enforcement:** HCH may disclose your Health Information in response to a warrant, subpoena or other order of a court or administrative hearing body, and/or in connection with certain government investigations and law enforcement activities.

**H. National security and intelligence:** HCH may disclose your Health Information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

**I. Disaster relief:** HCH may disclose your protected health information to an authorized public or private entity to assist in disaster-relief efforts.

**J. Hospital Directory:** Unless you object, HCH may include limited information about you in the hospital directory while you are a patient at HCH. This information may include your name, location in the hospital and your general condition. If you are not able to tell us your preference regarding such a disclosure (e.g., if you are unconscious), HCH may go ahead and share your information if we believe it is in your best interest.

### **3. Special Circumstances Requiring Disclosure of Your Health Information.**

**A. Coroners, medical examiners and funeral directors:** HCH may release your Health Information to a coroner, medical examiner and/or funeral director to assist in identifying a deceased person, determining the cause of death, or to otherwise allow them to carry out their duties.

**B. Organ and tissue procurement:** HCH also may release your Health Information to organizations involved with obtaining, storing, and/or transplanting organs, eyes, or tissue when necessary to facilitate organ donation or transplantation.

**C. Workers' compensation and other employee benefit programs:** HCH may release your Health Information to the appropriate persons to comply with laws related to workers' compensation or other similar programs that provide benefits for work-related injuries or illness.

**D. Military:** If you are a member of the armed forces HCH may release your Health Information as required by military command authorities. HCH also may release Health Information about foreign military personnel to the appropriate foreign military authority.

**E. Litigation:** HCH may disclose your Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) or, in certain conditions, in response to a subpoena, discovery request or other lawful process. However, to the extent that your Health Information includes substance use disorder records governed by 42 C.F.R. Part 2, those records and any related testimony shall not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against you unless based on written consent, or a court order after notice and opportunity to be heard is provided to you or the holder of the record, as provided in 42 C.F.R. Part 2. A court order authorizing use or disclosure of substance use disorder records governed by 42 C.F.R. Part 2 must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

**F. Inmates:** If you are an inmate, HCH may release Health Information about you to a correctional institution where you are incarcerated or to law enforcement officials.

#### **4. Uses and Disclosures of Your Health Information That Require Your Written Authorization.**

HCH will not sell your Health Information, nor will it disclose your Health Information to third parties for marketing purposes, without your prior written authorization. Additionally, we will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment, or healthcare operation functions, or unless otherwise required by law. If you provided HCH with such authorization, you may revoke that authorization in writing at any time. If you revoke authorization, HCH will no longer use or disclose personal information about you for the reasons covered by the written authorization. HCH cannot be held responsible for valid disclosures of Health Information made under an effective authorization prior to revocation of that authorization.

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

- 1. Right to request restrictions.** You have the right to ask for restrictions on the ways in which HCH uses and/or discloses your Health Information beyond those imposed by law. HCH will consider each request, but is not required to accept it, except for disclosures to your health plan for health care items or services for which you paid out-of-pocket in full, provided that such disclosure is not necessary for your treatment and is not otherwise required by law.
- 2. Right to request alternative delivery of information.** You have the right to request and receive communications containing your Health Information from HCH by alternative means or at alternative locations. *For example*, you may ask that we only contact you at home or by mail. HCH is not required to accept any such requests that are unreasonable.
- 3. Right to inspect and copy.** Except with respect to psychotherapy notes and under other certain circumstances, you have the right to inspect and/or receive an electronic or paper copy of your medical record or other Health Information that HCH has on you. If you ask for copies or a summary of this information, HCH may charge a reasonable, cost-based fee for those services, and we will typically provide you with the copies or summaries within thirty (30) days of your request. If we maintain Health Information about you in electronic format, you have the right to a copy of your Health Information in the electronic form or in the format you request, so long as the Health Information is readily producible in that form or format. If it is not readily producible in the form or format you request, we will provide it to you in a reasonable alternative format. Under some circumstances, if HCH denies a request to inspect healthcare records, you may request in writing that the denial be reviewed.
- 4. Right to amend information.** If you believe that information in your record is incorrect or incomplete, you have the right to request, in writing, that HCH correct the existing information or correct the missing information. Under certain circumstances we may deny the request.

5. **Right to an accounting of disclosures.** You have a right to ask for a list of certain instances when HCH has disclosed your Health Information for the six years prior to the date you ask, who we shared it with, and why. We will include all of the disclosures except for those about treatment (by HCH or other healthcare providers), payment for services furnished (by HCH or other healthcare providers), HCH healthcare operations, and certain other disclosures, such as any disclosures you asked us to make. The first list requested in any 12-month period will be free. If you request this information from HCH more than once every twelve months, a reasonable, cost-based fee may be charged.
6. **Right to a copy of this privacy notice.** You may ask for a paper copy of this notice at any time, even if you have agreed to receive it electronically, and HCH will promptly provide you with it.
7. **Right to choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your Health Information. HCH will ensure that such person has the proper authority and is able to act for you before taking any action.

**To exercise any of your rights please contact HCH in writing at:**

**Harrison County Hospital  
C/O Lisa Lieber, Privacy Officer  
1141 Hospital Drive NW  
Corydon, IN 47112  
(812) 738-4251**

### CHANGES TO THIS NOTICE

HCH reserves the right to make changes to this notice at any time. HCH reserves the right to make the revised notice effective for your Health Information that HCH currently has, as well as for any of your Health Information that HCH receives in the future. In the event this notice is revised, a copy of the revised version may be supplied upon your first visit after the effective date of the new version. A copy of this notice will also be posted in a public area of each HCH location and on the HCH website, if any, and it will be available at any HCH location upon request.

### COMPLAINTS/COMMENTS

If you have any complaints concerning our privacy policy you may contact our Privacy Officer by phone at (812) 738-4251. A complaint can also be made in writing and given to the registration department or mailed to Harrison County Hospital c/o Lisa Lieber, 1141 Hospital Drive NW, Corydon, IN 47112. You also may contact the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington D.C., 20201 (e-mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)). HCH also maintains a complaint hotline. Complaints can be made anonymously to the hotline at 1-800-822-8806. HCH is prohibited from interfering with a patient's right to file a complaint regarding HCH privacy practices and cannot retaliate against a patient in any way based on filing of such complaint. To obtain more information concerning this Notice of Privacy Practices, you may contact the Privacy Officer at the address listed above.