

**FOR PAYMENT**

We may use and disclose medical information about you so that treatment and services you receive from our Hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about care you received from our Hospital so your health plan will pay us or reimburse you for the surgery. We also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment

**FOR HEALTHCARE OPERATIONS**

We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to run the Hospital and make sure that 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. We may also combine medical information about many patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to physicians, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study healthcare delivery without learning who the specific patients are.

**HOSPITAL DIRECTORY**

Unless you notify us that you object, we will include certain limited information about you in the hospital directory while you are a patient in the hospital. This information includes your name, location in the hospital, and your religious affiliation. The directory information may be given to a member of the clergy, such as a priest or rabbi who is of the same religious affiliation that you indicate, even if they do not ask for you by name. This information may be given to members of the public if they ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

**Five Rivers Medical Center, Inc.  
2801 Medical Center Drive  
Pocahontas, AR 72455**

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***NOTICE  
OF  
PRIVACY  
PRACTICES***

***Effective Date:  
September 23, 2013***

***If you have any questions about this Notice,  
please contact the  
Five Rivers Medical Center, Inc.  
Privacy Officer  
at 870-892-6202***

**FIVE RIVERS MEDICAL CENTER, INC.**

**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.**

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**WHO WILL FOLLOW THIS NOTICE**

This notice describes our Hospital's practices and that of:

- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, members of the Hospital Medical Staff and other Hospital personnel.
- Any healthcare professional authorized to enter information into your chart.

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

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 from our Hospital. We need this record 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 our Hospital, whether made by Hospital personnel or your physician. Your physician may have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician's office or clinic.

This Notice will tell you about the ways 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. Follow the terms of the Notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE  
MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosures in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**FOR TREATMENT**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the physician may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments within the Hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside our Hospital who may be involved in your medical care later, such as family members, clergy or others we use to provide services that are part of your care.

### **COMMUNICATION WITH FAMILY**

Healthcare professionals, using their best judgment, may disclose to a family member, a close friend or any other person you identify, health information needed for that person to be involved in your care or payment related to your care.

### **RESEARCH**

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research project and established protocols to ensure the privacy of your health information. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. We may also disclose medical information about you to people preparing to conduct a research project, for example to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital.

### **AS REQUIRED BY LAW**

We will disclose medical information about you when required to do so by Federal, State or Local law.

### **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

## **SPECIAL SITUATIONS**

### **ORGAN & TISSUE DONATION**

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### **FUNDRAISING**

Our foundation or another affiliate may use information to notify you about fundraising campaigns or other charitable events to raise money for the Hospital. You have the right to opt-out of receiving fundraising communications and may do so by calling 870-892-6202 or e-mailing MDollins@frmcar.com.

### **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. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

### **WORKERS' COMPENSATION**

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries.

### **PUBLIC HEALTH RISKS**

As required by law, we may disclose medical information about you to authorities charged with preventing or controlling disease or disability.

### **HEALTH OVERSIGHT ACTIVITIES**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

### **LAWSUITS AND DISPUTES**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to 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.

### **LAW ENFORCEMENT**

We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, to identify or locate a suspect, fugitive, material witness or missing person, about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement, about a death we believe may be the result of criminal or conduct within our Hospital and in emergency circumstances to report a crime; the location of a crime or victims or the identity, description or location of the person whom committed the crime.

### **CORONERS, MEDICAL EXAMINERS & FUNERAL DIRECTORS**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

### **NATIONAL SECURITY & INTELLIGENCE ACTIVITIES**

We may release medical information about you to authorized Federal officials for intelligence, counterintelligence and other national security activities authorized by law.

### **PROTECTIVE SERVICES FOR THE PRESIDENT & OTHERS**

We may disclose medical information about you to authorized Federal officials so they may provide protection to the President, other authorized persons of foreign heads of state or conduct special investigations.

### **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. This release would be necessary (1) for the institution to provide you with healthcare, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this Notice, specifically those for marketing, the sale of PHI, and psychotherapy notes, will be made only with your written permission. If you provide permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time and we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you:

### **RIGHT TO INSPECT AND OBTAIN A COPY**

You have the right to inspect and obtain either a paper or electronic copy of medical information that is used to make decisions about your care. Usually this includes medical and billing records, but does not include psychotherapy notes.

To inspect and obtain a copy of medical information that may be used to make decisions about you, you must submit your request in writing to the *Five Rivers Medical Center, Inc., Attn: Privacy Officer, 2801 Medical Center Drive, Pocahontas, AR 72455*. If you request a copy of the information, we may charge a fee for the costs of copying, mailing and other supplies associated with your record.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### **RIGHT TO AMEND**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, your request must be made in writing and submitted to the *Five Rivers Medical Center, Inc., Attn: Privacy Officer, 2801 Medical Center Drive, Pocahontas, AR 72455*. In addition, you must provide a reason that supports your request. In addition, we may deny your request if you ask us to amend information that:

- (1) was not created by us, unless the person or entity that created the information is no longer available.
- (2) Is not part of the medical information kept by or for our Hospital.
- (3) Is not part of the information which you would be permitted to inspect and obtain a copy.
- (4) Is accurate and complete.

### **RIGHT TO RECEIVE NOTICE OF BREACH**

You have the right to received notice if there is a breach of your protected health information.

### **RIGHT TO AN ACCOUNTING OF DISCLOSURES**

You have the right to request an "accounting of disclosures". This is a list of some of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to: *Five Rivers Medical Center, Inc., Attn: Privacy Officer, 2801 Medical Center Drive, Pocahontas, AR 72455*. Your request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list. For example, on paper, electronically. The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **RIGHT TO REQUEST RESTRICTIONS**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare 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 family members or friends. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. However, we must agree to a request to restrict the disclosure of your protected health information to a health plan if you request the restriction in writing and in advance of any of the services being provided and if you have paid the Hospital in full for the services, out-of-pocket, in advance.

### **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. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **RIGHT TO A PAPER COPY OF THIS NOTICE**

You have the right to a paper copy of this Notice. You can ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with FRMC or with the Secretary of the Department of Health and Human Services. To file a complaint with the Hospital, contact the *PRIVACY OFFICER, Five Rivers Medical Center, Inc., 2801 Medical Center Drive, Pocahontas, AR 72455*. All complaints must be submitted in writing.