

Notice of Privacy Practices

1 Summary of Your Privacy Rights

UNDERSTAND YOUR MEDICAL RECORD/INFORMATION. EACH TIME YOU VISIT NHBP CLINICS FOR SERVICES, A RECORD OF YOUR VISIT IS MADE. TYPICALLY, THIS RECORD CONTAINS YOUR SYMPTOMS, EXAMINATION, TEST RESULTS, DIAGNOSES, TREATMENT AND A PLAN FOR FUTURE CARE.

THIS INFORMATION, OFTEN REFERRED TO AS YOUR MEDICAL RECORD, SERVES AS A:

- Plan for your care and treatment.
- Communication source between health care professionals.
- Tool with which we can check results and continually work to improve the care we provide.
- Means by which Medicare, Medicaid, or private insurance payers can verify the services billed.
- Tool for the education of health care professionals.
- Source of information for public health authorities charged with improving people's health.
- Source of data for medical research, facility planning, and marketing.
- Legal document that describes the care you receive.

UNDERSTANDING WHAT IS IN YOUR MEDICAL RECORD AND HOW THE INFORMATION IS USED HELPS YOU TO:

- Ensure its accuracy.
- Better understand why others may review your health information.
- Make an informed decision when authorizing disclosures or releases.

2 Your Medical Record/Information Rights. Although your medical record is the physical and electronic property of NHBP, the information belongs to you.

YOU HAVE THE RIGHT TO:

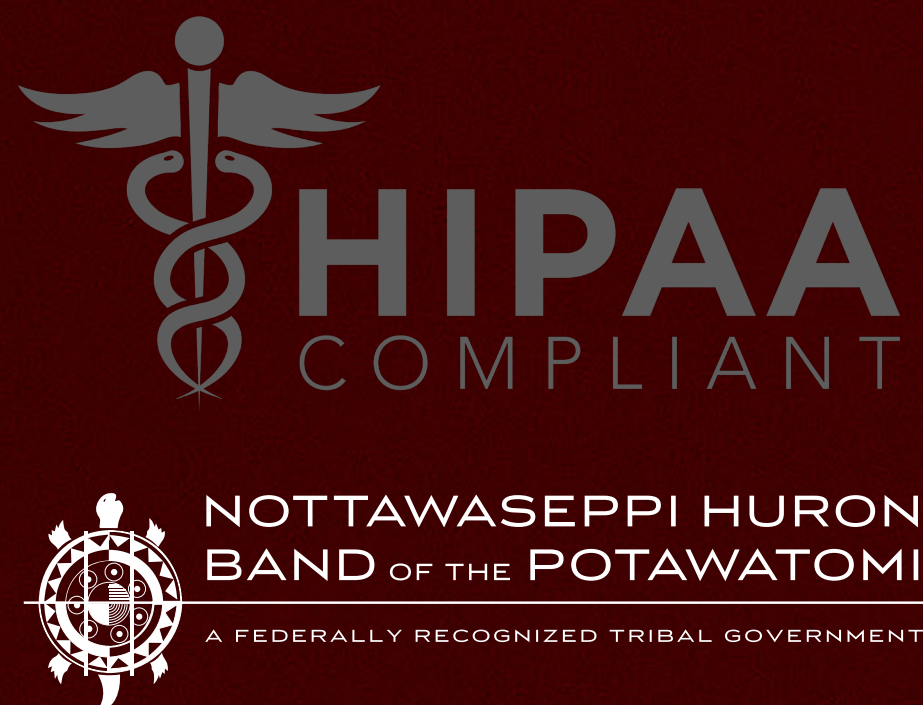
- Inspect and receive a copy of your medical record.
- Request a restriction on certain uses and disclosures of your health information.
 - i. For example, you may ask that we not disclose your health information or treatment to a family member.
 - ii. Although NHBP is not required to agree to your request, we typically will unless the restriction prevents you from accessing emergency services in a time of need.
- Request a correction/amendment to your medical record; if you believe the health information we have about you is incorrect or incomplete, we may amend your record or include your statement of disagreement.
- Request confidential communications about your health information. You may ask that we communicate with you at a location other than your home or by a different means of communication, such as telephone, email, or postal mail.
- Upon request, receive a listing of certain disclosures NHBP has made of your health information. This information is maintained for five years or the life of the record, whichever is longer.
- Revoke your written authorization to use or disclose health information. This does not apply to health information already disclosed or used or in circumstances where NHBP had acted in reliance on your authorization.
- Obtain a paper copy of NHBP's Notice of Privacy Practices upon request.

3 NHBP Responsibilities.

NHBP IS REQUIRED BY LAW TO:

- Maintain the privacy of your health information.
- Inform you about our privacy practices regarding health information we collect and maintain about you.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Honor the terms of this Notice or any subsequent revisions of this Notice.

NHBP reserves the right to change its privacy practices and to make the new provisions effective for all protected health information (PHI) it maintains. NHBP will post any revised Notice of Privacy Practices at public places within its health care facilities and on its web site at <https://nhbp-nsn.gov/health-and-human-services/> and you may request a copy of the Notice. NHBP is committed to protecting your health information, understands that it is personal and will not disclose it without your permission.



4 How NHBP may use and disclose health information about you.

WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION TO PROVIDE OR HELP COORDINATE YOUR TREATMENT.

- Your personal information will be recorded in your medical record and used to determine your course of treatment. Your health care provider will document their instructions for your health care team's reference. They will then record their actions and observations, so your provider will know how you are responding to treatment.
- If NHBP refers you to another health care facility.
- If you are transferred to another facility for further care and treatment.
- Your health care provider(s) may provide copies of your health information to others, such as personal representatives to assist in your treatment.

WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION FOR PAYMENT PURPOSES.

FOR EXAMPLE:

- A bill will be sent to your NHBP Health Plan, private insurance, Medicare or Medicaid coverage for payment. The information on or accompanying the bill will include information that identifies you, as well as your diagnosis, procedures, and supplies used for your treatment.
- If NHBP refers you to another health care provider, NHBP may disclose your health information with that provide for health care payment purposes.

WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION FOR HEALTH CARE OPERATIONS.

- We may use your health information to evaluate your care and treatment outcomes with our quality improvement team. This information will be used to continually improve the quality and effectiveness of the services we provide.
- **Business Associates.** NHBP provides some healthcare services and related functions through the use of contracts with business associates. For example, NHBP may establish contracts for our Electronic Health Record or medical dictation services. When these services are contracted, NHBP may disclose your health information to business associates so that they can perform their jobs. We require our business associates to protect and safeguard your health information in accordance with all applicable Federal laws.
- **Notification.** NHBP may use or disclose your health information to notify or assist in the notification of a family member; personal representative or other authorized person(s) responsible for your care, unless you notify us that you object.
- **Communication with Family.** All NHBP health providers may use or disclose your health information to others responsible for your care unless you object. For example, NHBP may provide your family members, other relatives, close personal friends, or any other person you identify, with health information that is relevant to that person's involvement with your care or payment for such care.
- **Adults and Emancipated Minors with Personal Representatives or Legal Guardians.** NHBP shall treat a personal representative or legal guardian of any such individual who has been declared incompetent due to physical or mental incapacity by a court of competent jurisdiction for the purposes of the use and disclosure of PHI as it relates to such personal representation.
- **Interpreters.** In order to provide you proper care and services, NHBP may use the services of an interpreter. This may require the use or disclosure of your personal health information to the interpreter.

- **Organ Procurement Organizations.** NHBP may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of facilitating organ, eye, or tissue donation and transplant.

- **Uses and Disclosures about Decedents.** NHBP may use or disclose health information about decedents to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. NHBP also may disclose health information to funeral directors consistent with applicable law as necessary to carry out their duties. In addition, NHBP may disclose protected health information about decedents where required under the Freedom of Information Act or otherwise required by law.

- **Treatment Alternatives and Other Health-related Benefits and Services.** NHBP may contact you to provide information about treatment alternatives or other types of health-related benefits and services that may be of interest to you. For example, we may contact you about availability.

- **Food and Drug Administration.** NHBP may use or disclose your health information to the Food and Drug Administration (FDA) in connection with an FDA-regulated product or activity. For example, we may disclose to the FDA information concerning adverse events involving food, dietary supplements, product defects, or problems, and information needed to track FDA-regulated products or to conduct product recalls repairs, replacements, or lookbacks (including locating people who have received products that have been recalled or withdrawn), or post marketing surveillance.

- **Appointment Reminders.** NHBP may contact you with reminder that you have an appointment for medical care at an NHBP clinic or to advise you of a missed appointment.

- **Workers Compensation.** NHBP may use or disclose your health information for workers compensation purposes as authorized or required by law.

- **Public Health.** NHBP may use or disclose your health information to public health or other appropriate government authorities as follows:

- i. NHBP may use or disclose your health information to government authorities that are authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or conducting public health surveillance, investigations, and interventions;
- ii. NHBP may use or disclose your health information to government authorities that are authorized by law to receive reports of child abuse or neglect
- iii. NHBP may use or disclose your health information to government authorities that are authorized by law to receive reports of other abuse, neglect, or domestic violence as required by law, or as authorized by law if NHBP believes it is necessary to prevent serious harm. Where authorized by law, NHBP may disclose your health information to an individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

- **Correctional Institution.** If you are an inmate of a correctional institution, NHBP may use or disclose to the institution, health information necessary for your health and the health and safety of other individuals such as officers or employees or other inmates.

- **Law Enforcement.** NHBP may use or disclose your health information for law enforcement activities as authorized by law or in response to a court of competent jurisdiction.

- **Health Oversight Authorities.** NHBP may use or disclose your health information to health oversight agencies for activities authorized by law. These oversight activities may include: Investigations, audits, inspections, and other actions. These are necessary for the government to monitor the health care system, government benefit programs, and entities subject to government regulatory programs and/or civil rights laws for which health information is necessary to determine compliance. NHBP is required by law to disclose protected health information to the Secretary, HHS, to investigate or determine compliance with the HIPAA privacy standards.

- **Members of the Military.** If you are a member of the military services, NHBP may use or disclose your health information if necessary to the appropriate military command authorities as authorized by law.

- **Compelling Circumstances.** NHBP may use or disclose your health information in certain other situations involving compelling circumstances affecting the health or safety of an individual.

FOR EXAMPLE, IN CERTAIN CIRCUMSTANCES:

- i. NHBP may disclose limited protected health information where requested by a law enforcement official for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
- ii. If you are believed to be a victim of a crime, a law enforcement official requests information about you and we are unable to obtain your agreement because of incapacity or other emergency circumstances, we may disclose the requested information if we determine that such disclosure would be in your best interests;
- iii. NHBP may use or disclose protected health information as we believe is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person;
- iv. NHBP may use or disclose protected health information in the course of judiciary and administrative proceedings if required or authorized by law;
- v. NHBP may use or disclose protected health information to report a crime committed on NHBP land or property or when NHBP is providing emergency health care;
- vi. NHBP may use or disclosure PHI during a disaster and for disaster relief purposes; and
- vii. NHBP may make any other disclosures that are required by law.

- **Non-Violation of this Notice.** NHBP is not in violation of this Notice or the HIPAA Privacy Rule if any of its employees or its contractors (business associates) disclose protected health information under the following circumstances:

- i. Disclosures by Whistleblowers. If an NHBP employee or contractor (business associate) in good faith believes that NHBP has engaged in conduct that is unlawful or otherwise violates clinical and professional standards or that the care or services provided by NHBP has the potential of endangering one or more patients or members of the workplace or the public and discloses such information to:

1. A Public Health Authority or Health Oversight Authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions, or the suspected violation, or an appropriate health care accreditation organization for the purpose of reporting the allegation of failure to meet professional standards or misconduct by NHBP; or
2. An attorney on behalf of the workforce member, or contractor (business associate) or hired by the workforce member or contractor (business associate) for the purpose of determining their legal options regarding the suspected violation.

- **Disclosures by Workforce Member Crime Victims.**

- i. Under certain circumstances, an NHBP workforce member (either an employee or contractor) who is a victim of a crime on or off the NHBP clinic's premises may disclose information about the suspect to law enforcement official provided that:

1. The information disclosed is about the suspect who committed the criminal act.
2. The information disclosed is limited to identifying and locating the suspect.

Any other uses and disclosures will be made only with your written authorization, which you may later revoke in writing at any time. (Such revocation would not apply where the health information already has been disclosed or used or in circumstances where NHBP has acted in reliance on your authorization or the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim under the policy or the policy itself.) To exercise your rights under this Notice, to ask for more information, or to report a problem contact the NHBP Compliance Officer at: compliance.officer@nhbp-nsn.gov or 269-243-0642

If you believe your privacy rights have been violated, you may file a written complaint with the above individual(s) or the Secretary, U.S. Department of Health and Human Services, Washington, D.C. 20201. There will be no retaliation for filing a complaint.

Effective Date: August 30, 2022