

NORTHERN IDAHO ADVANCED CARE HOSPITAL

EFFECTIVE DATE: 02/01/2006

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.

TO WHOM DOES THIS NOTICE APPLY?

This Notice applies to:

- The workforce of Northern Idaho Advanced Care Hospital("Hospital");
- Hospital departments and services;
- Physicians who are members of the hospital Medical Staff with respect to health information created or received by such physicians only as part of their participation in the hospital Medical Staff
- Volunteers who may help you at Hospital.

The persons, departments, and organizations described above are referred to as "the Hospital" throughout this Notice.

The Hospital is required by law to provide you with this Notice and to abide by the terms of its current Notice.

CONTACT PERSON

If you have any questions about this Notice or would like further information regarding any matter covered by this Notice, please contact the Hospital's Privacy Officer at 208-282-2800.

WHAT IS THE PURPOSE OF THIS NOTICE?

The purpose of this Notice is to explain:

- How the Hospital uses and releases your health information;
- Your rights concerning your health information; and
- The Hospital's duties relating to your health information.

WHAT ARE THE HOSPITAL'S RESPONSIBILITIES TO YOU?

Your health information is personal. The Hospital is required by law to protect the privacy of your health information and to provide you with notice of the Hospital's legal duties and privacy practices that relate to your health information.

WHEN IS THE NOTICE EFFECTIVE?

This Notice is effective on the date shown at the top of this page. The Hospital reserves the right to change this Notice after the effective date and to make the revised Notice effective for all health information maintained by the Hospital (including existing health information as well as information the Hospital creates or receives in the future). The Hospital's current Notice is available on the Hospital's website at www.ernesthealth.com.

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WHEN DO WE USE AND RELEASE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION?

The following paragraphs explain some of the situations in which the Hospital is permitted to use and release your health information without your express written authorization:

1. **Treatment Purposes**

The Hospital may use and share your health information with other health care providers who are or will be involved in your treatment. Examples of these health care providers include: doctors, nurses, therapists, pharmacies, and laboratories.

2. **Payment Purposes**

The Hospital may use and share your health information in certain situations to obtain payment, or reimbursement, for the medical services or supplies provided to you. Examples of these situations include: (1) determining your eligibility for health care; and (2) sending claims for payment to your health insurance company.

3. **Health Care Operations Purposes**

The Hospital may use and share your health information for activities that are related to providing health care to you. Examples of these activities include: (1) health care education activities (including the training of doctors, nurses, and other persons); (2) quality assurance activities (in which health information may be used or shared to improve the quality or the cost of care); (3) peer review activities (in which physicians and nurses review the quality of care provided by other physicians and nurses); and (4) other activities that assist the Hospital in providing health care to you **such as healthcare reminders**.

4. **Fundraising**

The Hospital may use certain limited information about you to contact you to support the Hospital in its mission to provide quality health care, research and education. If you do not want the Hospital to contact you for fundraising efforts, please contact the Hospital's Privacy Officer.

5. **As Required by Law**

The Hospital may share your information with a federal, state, or local government agency or authority to the extent authorized or required by law.

Public Health Activities

The Hospital may share your health information with a federal, state, or local public health authority to carry out public health activities.

Abuse, Neglect, or Domestic Violence

The Hospital may share your health information with a federal, state, or local agency or authority to report a patient reasonably believed to be a victim of abuse, neglect, or domestic violence.

Health Oversight Agencies

The Hospital may share your health information with a federal, state, or local agency to assist such agencies with health oversight activities. The Hospital, however, may not disclose your health information if you are the subject of an

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investigation and your health information is not directly related to your receipt of health care or public benefits.

Judicial and Administrative Proceedings

The Hospital may share your health information to comply with an order of a court or administrative tribunal.

Law Enforcement Activities

The Hospital may share your health information with a federal, state, or local law enforcement officer or agency for certain law enforcement purposes.

Activities Related to Death

The Hospital may share information with a coroner or medical examiner that will assist the Hospital in the delivery of health care.

Organ and Tissue Donation and Transplantation

The Hospital may share health information with qualified organ and tissue procurement organizations to carry out organ and tissue donation and transplantation activities.

Research Purposes

The Hospital may use and share your health information for research purposes if a special group called an "institutional review board" has approved the research project, and the Hospital has satisfied certain other requirements. For example, if you agree to participate in a clinical trial, the Hospital may use and share your health information to track your progress as part of that trial.

To Avoid a Serious Threat to Health or Safety

The Hospital may use and share your health information with a federal, state, or local government agency or authority to help avoid a serious threat to health or safety. For example, the Hospital may release your health information to the police if the Hospital believes, in good faith, that the release of information is necessary to prevent or minimize a serious and approaching threat to a person's health or safety.

Specialized Government Functions

The Hospital may use and share your health information with a federal, state, or local government agency or authority for certain military and Veterans activities, certain national security and intelligence activities, and certain protective and correctional purposes.

WHEN WILL WE GIVE YOU THE OPPORTUNITY TO AGREE OR OBJECT TO AN INFORMATION USE OR RELEASE?

1. Directory Information

Except for emergency situations or situations when you are incapacitated, the Hospital will give you an opportunity to agree or object to uses and disclosures of your directory information, which includes your name, location in the Hospital, your general condition, and your religious affiliation.

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2. Involved Persons

Except for emergency situations or situations when you are incapacitated, the Hospital will give you an opportunity to agree or object to the Hospital's sharing of information with your family members, relatives, close friends, or other persons identified by you if the information shared is directly relevant to the person's involvement with your care or payment for your care. For example, if you agree, the Hospital may share health information that is directly relevant to the person's involvement in your care or payment for care.

3. Notification/Disaster Relief Purposes

Except for emergency situations or situations when you are incapacitated, the Hospital will give you an opportunity to agree or object to the Hospital's sharing of your health information to notify, or assist in the notification of, a family member, personal representative, or another person responsible for your care of your location, general condition, or death. For example, if a natural disaster (e.g., a flood) occurs, and you agree, the Hospital may share your health information with the American Red Cross or another similar federal, state, or local disaster relief agency or authority, to help the agency to locate persons affected by the flood.

WHEN IS YOUR WRITTEN AUTHORIZATION REQUIRED BEFORE THE HOSPITAL MAY USE OR SHARE YOUR HEALTH INFORMATION?

Except for the situations listed above, the Hospital is required to obtain your prior written authorization before using or releasing your health information. If you authorize the Hospital to use or release your information, you may cancel, or revoke, that authorization in writing at any time. You can request more information regarding your right to cancel an authorization form you have already signed or are considering signing by contacting the Hospital's Privacy Officer at 208-282-2800.

WHAT ARE YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION?

The Hospital wants you to know that you have the following rights relating to your health information that is obtained or maintained by the Hospital:

1. Right to Receive this Notice of Privacy Practices

You have the right to receive a paper copy of this Notice at any time. You may obtain a copy of the current Notice at Hospital locations previously listed or at www.ernesthealth.com.

2. Right to Request Confidential Communications

You have the right to ask the Hospital to communicate your health information to you in different ways or places. For example, you have the right to ask the Hospital to only contact you by telephone at work, or to only contact you by mail at home. The Hospital will comply with such requests if they are reasonable. To request confidential communications contact the Hospital's Privacy Officer at 208-282-2800.

3. Right to Request Restrictions

You have the right to request restrictions or limitations on how the Hospital uses or releases your health information in certain situations. The Hospital may not

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agree to your request. To request a restriction contact the Hospital's Privacy Officer at 208-282-2800.

4. Right to Access

With a few exceptions, you have the right to review and receive a copy of your health information that is obtained or maintained by the Hospital. Some situations when you do not have the right to review or copy your health information include when: (1) the information is psychotherapy notes; (2) the information is not maintained in a Hospital designated record set; (3) when the information has been compiled in reasonable anticipation of a civil, criminal, or administrative action or proceeding; and (4) any information your provider feels you would commit serious harm to you or to others. To request access to your health information or contact the Hospital's Privacy Officer at 208-282-2800. The Hospital may charge you a fee to copy or mail your health information. If the Hospital denies you access to your health information, the Hospital will give you a written reason for the denial and information regarding how you can file an appeal if you are not satisfied with the Hospital's initial decision to deny you access to your health information.

5. Right to Amend

You have the right to ask the Hospital to amend your health information if your information is inaccurate or incomplete. To request an amendment of inaccurate or incomplete health information or contact the Hospital's Privacy Officer at 208-282-2800. The Hospital may deny your request if, among other reasons: (1) the Hospital did not create the health information at issue; (2) the Hospital does not maintain the health information at issue; (3) you are not allowed to access the information; or (4) the information is accurate and complete.

6. Right to a List of Information Releases

You have the right to request and receive a list, or accounting, of the situations when the Hospital has released your health information. The Hospital is not required to identify every information release in the list. To request a list of situations when the Hospital has released your health information contact the Hospital's Privacy Officer at 208-282-2800. If you request a record of releases more frequently than once per year, the Hospital may charge a fee for providing the list.

WHAT CAN YOU DO IF YOU HAVE A COMPLAINT ABOUT HOW YOUR HEALTH INFORMATION IS HANDLED?

If you believe that your privacy rights have been violated or if you have a privacy-related complaint, you may file a complaint with the Hospital or with the Secretary of the federal Department of Health and Human Services ("HHS"). To file a complaint with the Hospital, you may contact the Hospital's Privacy Officer at 208-282-2800. To file a complaint with HHS, you may write to: **US Department of Health and Human Services, 200 Independence Ave. S.W., Washington, D.C. 20201**, or [hhs@mail@os.dhhs.gov](mailto:hhs@mail.os.dhhs.gov). You will not be denied treatment or penalized in any way if you file a complaint with the Hospital or HHS.

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PRIVACY OFFICER CONTACT INFORMATION

If you have any questions about this Notice, wish to obtain a form to exercise a right described in this Notice, or wish to file a complaint, please contact the Hospital's Privacy Officer at:

**Northern Idaho Advanced Care Hospital
Attn: Privacy Officer
600 North Cecil
Post Falls, ID 83854
208-282-2800**

IMPORTANT NOTICE

Northern Idaho Advanced Care Hospital is not responsible for the judgment or conduct of any physician who treats or provides a professional service to a patient at the hospital. Each physician is an independent contractor who is not the agent, servant, or employee of the hospital. Other physicians may be called upon to provide care, either directly (as consultants) or indirectly through professional services (e.g., radiology, pathology, anesthesiology). These physicians also are independent contractors who are self-employed and are not the agents, servants, or employees of the hospital. The hospital is not responsible for the judgment or conduct of any of the physicians supplying such services. Each person and organization to which this Notice applies is individually responsible for complying with the federal HIPAA Privacy Standards and applicable state law.