

NOTICE OF PRIVACY PRACTICES

PLEASE CAREFULLY REVIEW THIS NOTICE WHICH DESCRIBES HOW PENNOCK HEALTH SERVICES EMPLOYEES, STAFF AND AUTHORIZED PERSONNEL, MAY USE AND DISCLOSE YOUR INFORMATION

If you have any questions about this notice or how to access your information, please contact the Director of Health Information Management. Ext. 1398

PENNOCK HEALTH SERVICES IS COMMITTED TO PROTECTING YOUR MEDICAL INFORMATION.

Pennock Health Services is required by law to make sure that medical information that identifies you is kept private, that you receive a notice of our legal duties and privacy practices with respect to your medical information, and that the terms of this notice are followed.

When your medical information is used for treatment purposes this means we may disclose your information to: doctors, nurses, technicians, medical students and other hospital affiliated personnel involved in your care. People outside of the hospital who may be involved in your medical care when you leave the hospital, such as family members, clergy or others providing services for your continuity of care. When your medical information is used for payment purposes, we may disclose your information to : insurance companies, third party payers or Worker's Compensation for billing and payment purposes health plans to receive approval for reimbursement.

When your medical information is used for health care operations, we may use and disclose your medical information to:

- ❖ run the hospital and make sure all patients receive quality care, communicate treatment alternatives or health related benefits and services
- ❖ complete activities including appointment reminders and hospital directories meet federal, state or local laws including required reporting for abuse, neglect or domestic violence , prevent a serious threat to your health and safety or the health and safety of another person

YOUR INDIVIDUAL RIGHTS REGARDING YOUR MEDICAL INFORMATION INCLUDE THE RIGHT TO:

Inspect and have copies made of medical information or billing records. Please address your written request to the Health Information Management Department. You may be charged a fee for copying, mailing or other supplies associated with your request (for questions call Ext. 1367)

Request an amendment of information on a form provided in the Health Information Management Department. In certain circumstances your request for an amendment may be denied if:

- ❖ the information was not created by us
- ❖ the information is not part of the records kept by the hospital
- ❖ the health information is already accurate and complete

* **request an accounting of certain disclosures and request confidential communications**

* **request in writing a restriction** or limitation on your medical information we used or disclosed. If you previously authorized a release of information you may also revoke this

* **submit a written complaint** to the Privacy Officer if you feel your privacy rights have been violated (questions call Ext. 1123)