

JOINT NOTICE OF PRIVACY PRACTICES

THIS JOINT 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.

This Joint Notice applies to treatment you receive at the Hospital, including inpatient and outpatient hospital services and imaging and laboratory services at all Oklahoma Heart Hospital facilities and clinics (the "Hospital"). Each of the Hospital's facilities and clinics that will comply with this Joint Notice is identified with the "Oklahoma Heart Hospital" logo shown at the top of this page.

We provide you this Joint Notice on behalf of a number of health care providers -- the Hospital, its outpatient clinics, imaging and laboratory facilities, members of Hospital Medical Staff (including your doctor), and other health care practitioners that practice at the Hospital. Each of these providers has agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your health care needs. Each of these providers makes up an Organized Health Care Arrangement (OHCA) for purposes of HIPAA. The members of this arrangement will follow this Joint Notice when they treat you.

Understanding Your Health Record Information.

Each time you visit a hospital, doctor, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, exam and test results, diagnoses, treatment(s), prescriptions, and a plan for future care or treatment(s).

This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can look at and work to improve the care we give you and the outcomes we achieve
- Understanding what is in your record and how your health information is used helps you to:
 - ✓ Make sure it is correct
 - ✓ Better understand who, what, when, where, and why others may read your health information
 - ✓ Make more informed decisions when giving permission to release information to others

What does this Notice cover?

This Notice of Privacy Practices applies to *all* of your medical information used to make decisions about your care that we generate or maintain, including sensitive information such as mental health, communicable disease and drug and alcohol abuse information. It applies to your medical information in written and electronic form.

Who will follow this Joint Notice?

This Joint Notice describes the Hospital's practices and that of:

- Any health care professional allowed to enter information into your Hospital record
- All departments, clinics and facilities of the Hospital
- Any member of a volunteer group we allow to help you while you are under our care
- All employees and staff of the persons described above

You will be asked to sign an acknowledgement when you come to the Hospital. Our purpose is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The Hospital will care for you even if you refuse to sign the acknowledgement. If you refuse to sign the acknowledgement, **we will** use and disclose your protected health information for treatment, payment, and healthcare operations when necessary.

Our Responsibilities

The Hospital is required to:

- Keep your health information private
- Provide you with a Joint Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Follow the terms of this Joint Notice
- Notify you if we are unable to agree to a requested restriction
- Permit reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised copy on our website at www.okheart.com. Each time you register at or are admitted to the Hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Joint Notice in effect.

We will not release your health information without your permission, except as described in this Joint Notice.

Your Health Information Rights

Right to Inspect and Copy. You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. We will provide you with access to your medical information in the form or format requested if it is available in such format. Usually, this includes medical and billing records, but does not include psychotherapy notes, records compiled in reasonable anticipation of, or for use in civil, criminal, or administrative proceeding, or information that subject to law that prohibits your access to such information. If we keep in electronic form a record you request, we must provide you a copy in electronic form, if you so desire.

Various charges do apply for paper or electronic copies of your medical information, radiology films, etc.

We may deny your request to inspect and copy in certain very limited events. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care 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.

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.

In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. This excludes disclosures we may have made to you and disclosures for payment, treatment, and healthcare operations. This also excludes disclosures made according to your written authorization, disclosures of facility directory information or disclosures to family members or friends involved in your care, for notification purposes, for national security purposes, and disclosures of limited data sets, which do not directly identify you.

Your request must state a time frame that may not be longer than six years. Your request will be sent to you in paper form. The first list you request within a 12-month period will be free. For additional list we may charge you for the cost 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 health care 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 of your care, like a family member or friend. You can request a restriction if you do not want us to disclose your medical information to a health information exchange (HIE).

We are not required to agree to your request unless, you are requesting a restriction on the disclosure of information to your health plan and you pay out of pocket for the medical treatment provided. If we agree to a restriction, we will comply with your request unless the information is needed to provide emergency treatment to you.

In your request, you must tell us (1) the type of restriction you want and the information you want restricted; and (2) to whom you want the limits to apply, for example, disclosures to your spouse.

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.

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 Joint Notice.

You have the right to a paper copy of this Joint Notice. You may ask us to give you a copy of this Joint Notice at any time.

You may obtain a copy of this Joint Notice at our website, www.okheart.com. To obtain a paper copy of this Joint Notice, please call 405-608-3586.

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your health information for treatment and services. We maintain medical information about our patients in an electronic medical record that allows us to share medical information for treatment purposes. This facilitates access to medical information by other health care providers who provide care to you. ***For example:*** Your medical information may be disclosed to doctors, nurses, technicians, students or other personnel who are involved in taking care of you.

We may disclose your medical information for the treatment activities of other health care providers. ***Example:*** We may send a copy of your medical record to a physician who needs to provide follow-up care.

Our medical providers and staff not involved in your care may not access your information.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer, billing or collection company. The information on or that goes with the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality management department may use information in your record to assess the care and outcomes in your case and others like it. This information will then be used in effort to continually improve the quality and effectiveness of the healthcare and service the Hospital provides.

Health Information Exchange. We may participate in a health information exchange (HIE). Generally, an HIE is an organization in which providers exchange patient information in order to facilitate health care, avoid duplication of services and to reduce medical errors. If you do not want your medical information to be available through the HIE, you must request a restriction using the process outlined in your Right to Request a Restriction.

Business associates: There are some services provided at the Hospital through contracts with business associates. Examples include services by doctors in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may release your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services given. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the Hospital, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for

religious affiliation, to other people such as family members who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person in charge of your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may release to a family member, other relative, close personal friend or any other person you identify, health information related to that person's involvement in your care or payment related to your care.

Research: We may release information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure privacy of your health information has approved their research.

Funeral directors: We may release health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organization: Consistent with applicable law, we may release health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders of information about treatment alternatives or health-related benefits and services that may be of interest to you.

We must obtain your authorization to communicate with you about a particular product or service virtually any time we are paid to make the communication, with minor exceptions.

Fundraising: We may use medical information about you to contact you in the future. We only release limited information, such as your name, address, phone number, and the dates you received treatment. Each solicitation will include information on how to opt-out of receiving further fundraising communications.

Workers compensation: We may release health information to the extent authorized by and to the extent necessary to obey with laws relating to workers compensation or other similar programs established by law. These programs provide benefits for work-related injuries or illness.

Food and Drug Administration (FDA): We may release to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or displacement.

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 military authority.

Public health: As required by federal and Oklahoma state law, we may release your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may release health information for law enforcement purposes as required by law or in response to a valid subpoena, court order, or search warrant.

Correctional institution: Should you be an inmate of a correctional institution, we may release to the institution or agents thereof health information necessary for your health and the health safety of other individuals.

As required by law: We will release medical information

about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Safety or Health:

We may use and release 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 help prevent the threat.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a co-worker or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially harming one or more patients, workers or the public.

Other Uses of Your Medical Information

Other uses and disclosures of medical information not covered by this Joint Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or release medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer release 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 keep our records of the care that we provided you.

What if my medical information is disclosed to someone that should not have access to it? We are required to notify you of any acquisition, access, use, or disclosure of your medical information that is inconsistent with the federal law governing the protection of medical information (known as HIPAA).

What if I have questions or need to report a problem?

If you believe your privacy rights have been violated, you may file a complaint with us or with the Office of Civil Rights. To file a complaint with us, or if you would like more information about our privacy practices, contact our Privacy Official at (405) 608-3586 or Oklahoma Heart Hospital, Attn: Privacy Official 4050 W. Memorial Road Oklahoma City, Ok 73120

To file a complaint with the Office of Civil Rights of the Department of Health and Human Services, you must submit the complaint within 180 days of when you knew or should have known of the circumstance that led to the complaint. The complaint must be submitted in writing. Information on how to file a complaint can be located on the Office of Civil Rights website at: <http://www.hhs.gov/ocr/privacy/index.html>.

You will not be penalized for filing a complaint.

Form Revision #	Form Changes
OHHP-F680 (New 11/20)	Original