

FOR MORE INFORMATION OR TO REPORT A COMPLAINT

If you have questions and would like additional information, you may contact SVHC's Privacy Officer at (802) 447-5552.

If you believe your privacy rights have been violated, you can file a complaint with SVHC's Privacy Officer in writing by mail or electronically to:

Privacy Officer
Southwestern Vermont Health Care
100 Hospital Drive
Bennington, VT 05201
Voice Phone (802) 447-5552
E-mail: privacyofficer@phin.org

Or with

Office of Civil Rights Regional Manager
U.S. Department of Health and Human Services
Government Center
J.F. Kennedy Federal Building - Room 1875
Boston, MA 02203
Voice Phone (617) 565-1340
Fax (617) 565-3809
TDD (617) 565-1343

There is no retaliation for filing a complaint.

Fold



*Southwestern
Vermont Health Care*

100 Hospital Drive
Bennington, VT 05201

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU IS USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

WE ARE REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF YOUR PROTECTED HEALTH
INFORMATION.

Southwestern Vermont Health Care is made up of: Southwestern Vermont Medical Center (SVMC) and Centers for Living and Rehabilitation (CLR). SVMC consist of the hospital, Visiting Nurse Association & Hospice, SVMC medical practices, SVMC Renal Dialysis Center, and the Cancer Center. SVHC is also designated as an Organized Health Care Arrangement with physicians who are members of our medical staff, many of whom are Dartmouth-Hitchcock Putnam Physicians – a multi-specialty physician group based in Bennington, Vermont and part of the Dartmouth-Hitchcock health system. Information is shared across the entities and with SVHC Medical Staff to assist in the delivery of quality care. We protect your privacy by putting into practice policies and procedures that limit access to your medical information.

Understanding Your Health Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment, it may also contain genetic information protected by the Genetic Information Nondiscrimination Act of 2008 (GINA). This information, often referred to as your medical record, is confidential and protected by State and Federal law. It serves as:

- basis for planning your care and treatment
- means of communications among the 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 received
- 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 assess and continually work to improve the care we render and the outcomes we achieve.

SVMC uses an electronic health record. When SVMC enters your information into an electronic health record, it may share your information by using shared clinical data bases and health information exchanges. This gives SVMC the advantage to share and exchange information among SVMC personnel, and other community health care providers who are involved in your care and may need your information for treatment, payment, and healthcare operations.

Your Health Information Rights

Although your health record is the physical property of SVHC, the information belongs to you.

You have the right to:

- request a restriction on certain uses and disclosures of your information, as provided in 45 CFR 164.522;
- however, SVHC is not required agree to a requested restriction, unless the restriction is related to a service for which you alone have paid, in which case, we must honor your request for a restriction.
- obtain a paper or electronic copy of the notice of information practices upon request, as provided in 45 CFR 164.520
- inspect and copy your health record, as provided for in 45 CFR 164.524
- amend your health record, as provided in 45 CFR 164.528
- obtain an accounting of disclosures of your health record, as provided in 45 CFR 164.528
- revoke your authorization to use or disclose health information except to the extent that action has already been taken
- request communications of your health information by alternative means or at alternative locations, as provided in 45 CFR 164.522 (b), as applicable

Our Responsibilities

Southwestern Vermont Health Care is required to:

- maintain the privacy of your health information
- provide you with a notice of legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable request you may have to communicate health information
- notify affected individuals following a breach of unsecured protected health information

We reserve the right to change our health information practices and the terms of this notice, and to make the new provisions effective for all protected health information we maintain, including health information created or received prior to the effective date of any such revised notice. Should our health information practices change, we will post and/or provide a revised notice.

Disclosures Permitted Without Consent for Purposes of Treatment, Payment and Healthcare Operations.

- We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of the healthcare team will be recorded in your record and used to determine the course of treatment. Your information may be shared with consultants. Actions and observations on how you are responding to treatment will be recorded. We will also provide your physician, or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you have received services from Southwestern Vermont Health Care.
- We may use and disclose health information about you to remind you that you have an appointment with us for treatment or that it is time for you to schedule a regular check-up with us, or to provide you with information about treatment alternatives.
- We will use your health information for payment.
For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as, your diagnoses, procedures, and supplies used.
- We will use your health information for regular health operations. For example: Members of the medical staff, the risk, safety, or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: We provide some services with business associates, who are independent professionals that use patient health information provided by us in order to perform these services. Examples include quality assurance consultants, physician services, patient satisfaction surveys, certain laboratory tests, transcription services, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you and your third-party payer for services rendered. Other examples of business associates include Joint Commission, an independent accrediting agency; and state hospital associations, to whom we disclose comparative statistics as required by our certifying accrediting agencies.

To protect your information, however, we require the business associate to appropriately safeguard your information.

Uses and Disclosures that We May make unless you object

- Directory: Unless you notify us that you object, we will use your name, location in the facility, and religious affiliation in our facility directory. This information may be provided to members of your family, friends, members of the clergy and, except for religious affiliation, to other people who ask for you by name such as florists.
- Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relative to that person's involvement in your care or payment related to your care.
- Fund-raising: We may use or disclose name, address, and related information in connection with limited fund-raising communications permitted under the Federal Privacy Rules. Any such communication addressed to you will contain clear and conspicuous instructions describing how you can "opt out" or receiving further such communications..

Required Disclosures

The Federal Privacy Rules require us to disclose your personal health information in two instances: to you at your request under 45 C.F.R. 164. 524 or 45 C.F.R. 164. 528, and to the Secretary of Health and Human Services when requested as part of an investigation or compliance review under 45 C.F.R. 164.502.

Disclosures Permitted Without Authorization for Purposes.

In addition, 45 C.F.R. 164.512 permits uses and disclosures of your health information without your consent or authorization for certain "national priority" purposes, including:

- When required by state or federal law
- Food and Drug Administration (FDA): We may disclose 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 replacements.
- To state and federal public health authorities, including state medical offices and other agencies charged with preventing or controlling disease.
- 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 work-force member 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 endangering one or more patients, workers, or the public. Examples include: public health activities such as vital statistics; health investigations; to report victims of abuse, neglect, or domestic violence; health oversight activities such as regulatory review.
- To government health oversight agencies, such as state and federal Departments of Health and Human Services, Medicare/Medicaid Peer Review Organizations (PRO'S), state Boards of Medicine, Nursing, and Pharmacy, and other licensing authorities.
- When required or court order in a judicial or administrative proceeding.
- To law enforcement officials for certain law enforcement purposes, including the reporting of certain types of wounds or injuries, or pursuant to a warrant, subpoena, or other legal process, or for the purpose of identification or locating a subject, fugitive, material witness, missing person or victim, provided that the conditions in the rule are met for the purpose of identifying a deceased person or carrying out the duties as required by law.
- Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents there-of health information necessary for your health and safety of other individuals.
- We may disclose health information to funeral directors, medical examiners, or coroners consistent with applicable law to carry out their duties.
- Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engage in the procurement, banking, or transplantation for the purpose of tissue donation and transplant.
- We may disclose information to researchers when an Institutional Review Board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- When required to avert a serious threat to health or safety.
- When requested for certain specialized government functions authorized by law, including military and similar situations.
- We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- Cancer Registry: We may disclose health information to the cancer registry in order to report cancer cases and specified tumorous or pre-cancerous conditions.

In most occurrences, SVHC will request your authorization to release certain types of health information. Examples include:

- Psychotherapy notes
- HIV test results
- Alcohol/Drug abuse records
- Records pertaining to sexually transmitted diseases

Effective: 9/23/13



Summary of the Notice of Privacy Practices

Southwestern Vermont Health Care cares about you and your health information. As an organization, we are committed to protecting your health information under the regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The following points summarize our Notice of Privacy Practices that describes in greater detail how information about you may be used and disclosed and how you can get access to this information.

Our responsibilities include:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- 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

Your health information rights include:

- request a restriction on certain uses and disclosures of your information
- obtain a copy of the Notice of Information Practices
- inspect and copy your health record
- amend your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

Attached to this summary is the Southwestern Vermont Health Care's Notice of Privacy Practices. Please review it carefully. If you have any questions you may contact the Privacy Officer at 802-447-5552.

