

This notice describes how medical information about you at Fairmont Regional Medical Center and its wholly owned subsidiaries may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Uses and Disclosures

How do we use or share your Protected Health Information (PHI)? We use or share your PHI in the following ways:

- To Treat You. We can use your PHI and share it with other professionals who are treating you.
Examples:
 - A doctor treating you for an injury may ask another doctor about your overall health condition
 - Different departments of the hospital may share medical information about you in order to coordinate the different things you need such as prescriptions, lab tests, and x-rays
- To Operate our Organization. We can use and share your PHI to run our organization, improve your care, and contact you when necessary.
Examples:
 - We use PHI about you to manage your treatment and services
 - We may disclose PHI to physicians, nurses, technicians, medical students, and other personnel at the hospital for review and learning purposes
 - We may provide appointment reminders or use your PHI to tell you about possible treatment alternatives
- To Bill for Your Services. We can use and share your PHI to bill and get payment from your health insurance or other entities.
Examples:
 - We give information about you to your health insurance plan so it will pay for your services
 - We may tell your health plan about a treatment planned for you to obtain prior approval or to determine whether your plan will cover the treatment

How else can we use or share your health information? We are allowed or required to share your PHI in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- Public health and safety issues. We can share PHI about you for certain situations.
Examples:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

- Research. We can use or share your PHI for health research.
- Compliance with the law. We will share information about you if state or federal law requires it.
 - Example:
 - Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Organ and tissue donation. We can share PHI about you with organ procurement organizations.
- Medical examiner or funeral director. We can share PHI with a coroner, medical examiner, or funeral director.
- Workers' compensation, law enforcement, and other government requests.
 - Examples:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law for special government functions such as military, national security, and presidential protective services
- Lawsuits and legal actions. We can share PHI about you in response to a court or administrative order, or in response to a subpoena.
- Business associates. We will share your PHI with other companies or individuals with whom we contract to provide services on our behalf. To help protect your information, we require such companies or individuals to sign business associate agreement contracts that require them to protect your PHI.

Your Choices

For certain PHI, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to:
 - Share PHI with your family, close friends, or others involved in your care
 - We may use or disclose your PHI to notify a family member, a personal representative, or another person identified by you as responsible for your care, of your location, general condition, or both
 - Share PHI in a disaster relief situation
 - Include your name, location, condition in general terms, and your religious affiliation in our directory of patients

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases, we never share your PHI unless you give us written permission:
 - Marketing purposes
 - Sale of your information
 - Psychotherapy notes
- In the case of fundraising. We may contact you for fundraising efforts, but you can tell us not to contact you again.

Your Rights

When it comes to your PHI, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- Get an electronic or paper copy of your medical record.

FRMC Notice of Privacy Practices-Page 3 of 4

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Contact the Health Information Management (HIM) Department at 1-304-367-7580
- We will provide a copy or a summary of your health information, usually within 30 days of your written request. We may charge you a reasonable cost-based fee
- We may deny your request in certain circumstances but you may ask that the denial be reviewed
- You may also access certain parts of your medical record on our Patient Portal. Ask us how
- Ask us to correct your medical record. You can ask us to correct PHI about you that you think is incorrect or incomplete. We have a form to help you do this. Contact the HIM Department at 304-367-7580 to ask us how. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Request confidential communications. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- Get a list of those with whom we’ve shared information. You can ask for a list (accounting) of the disclosures we have made of your PHI in the last six years. Contact the HIM Department at 304-367-7580 to ask us how. We will include all the disclosures in the accounting except for those about treatment, payment, and our operations, and certain other disclosures (such as any you asked us to make).
- Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. You may also access the privacy notice on our website at <http://www.frmcwv.com>.
- Ask us to limit what we use or share. You can ask us not to use or share certain PHI for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will ask you to complete a form at the time of your request and we will say “yes” unless a law requires us to share that information.
- File a complaint if you feel your rights are violated. You Have the right to make a complaint to Fairmont Regional Medical Center and/or the U.S. Department of Health and Human Services Office for Civil Rights if you feel we have violated your privacy rights. We will not retaliate against you for filing a complaint.
 - You can file a complaint with Fairmont Regional Medical Center by calling 304-367-7541, or by sending a letter to:

Fairmont Regional Medical Center
ATTN: Patient Experience Coordinator
1325 Locust Avenue
Fairmont, WV 26554
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ or by sending a letter to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
- State Laws. If West Virginia state law provides greater protection in connection with the privacy of your PHI, we will follow the state law as it applies.

Our Responsibilities

We are required by law to maintain the privacy and security of your PHI.

We will let you know if a breach occurs which may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your PHI other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our organization, and on our web site.

If you have any questions about this notice, please contact:

Privacy Officer at 304-367-7568

Effective Date: 07/01/2003

Latest Revision: 04/13/2018