

## NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES



Springfield Hospital, Inc.

### Notice of Health Information 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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health or condition, and related health care services. Springfield Hospital (SH), and all subsidiaries, are required by law to maintain the privacy of PHI and to provide individuals with notice of their legal duties and privacy practices with respect to PHI. Furthermore, SH will not use or disclose your PHI without your consent or authorization, except as described in this Notice.

We are required to abide by the terms of this Notice. We may change the terms of our Notice, at any time. The new Notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice or you may obtain a copy by accessing our website at [www.springfieldhospital.org](http://www.springfieldhospital.org), by calling Springfield Hospital and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

### Electronic Health Records

SH uses an electronic health record to store and retrieve much of your PHI. One of the advantages is the ability to share and exchange PHI among SH personnel and other community health care providers who are involved in your care. When SH enters your information into the electronic health record, it may share that information as permitted by law by using shared clinical databases or health information exchanges. SH may also receive information about you from other health care providers in the community who are involved with your care by using shared databases or health information exchanges. The Vermont Health Information Exchange ("VHIE") is the exclusive health information exchange for the state of Vermont. Vermont Information Technology Leaders (VITL), a Vermont non-profit organization, has been authorized to operate VHIE. If you have signed a VHIE consent, we may access medical information from your other health care providers that is available to VHIE. For information about the VHIE and VITL, see [www.vitl.net](http://www.vitl.net). If you have any questions or concerns about the sharing or exchange of your information, please discuss them with your provider.

SH personnel may use or disclose PHI, as necessary to carry out treatment, payment, or health care operations within SH.

### 1. Uses and Disclosures of PHI

This document serves as notification of how SH will utilize your PHI to support treatment, payment, and health care operations. Your PHI may be used and disclosed by your physician, SH staff, and others outside SH who are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay for your health care bills and to support the operations of SH.

The following examples highlight the types of uses and disclosures of your PHI that SH is permitted to make. These examples are not meant to be exhaustive; on the contrary, they are provided as educational information that underscores the various types of disclosures that may be made by SH.

**Treatment:** We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you. We will also disclose PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

**Payment:** Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we have recommended for you; such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the hospital admission. Your health plan may request additional information.

**Healthcare Operations:** We may use or disclose, as needed, your PHI in order to support the operational activities of SH. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing and conducting or arranging for other business activities. We may also disclose your PHI to other healthcare facilities who have treated you for their quality review related to that treatment. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment.

**Fundraising Activities:** We may contact you to raise money for SH fundraising activities. Unless you give us permission to use additional information, we would limit the use of your information to demographic information, such as your name, contact information, gender, and birth date and to information on your treating physician, department of service and health insurance status. You may opt out of receiving fundraising communications by contacting the Corporate Compliance/ Privacy Officer at 802-885-7626 or [achaffee@springfieldmed.org](mailto:achaffee@springfieldmed.org).

**Facility Directory:** Unless you object, we may include certain limited information about you in SH's facility directories while you are a patient or resident at an SH facility so your family, friends and clergy can visit you and generally know how you are doing. This information may include your name, location in the facility, your general condition and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your name and religious affiliation may be given to a member of the clergy even if they do not ask for you by name.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release relevant health information about you to a friend or family member who is involved in your medical care or who helps pay for your care.

We will share your PHI with third party "business associates" that perform various activities (e.g., billing, transcription services) for SH. Whenever an arrangement between SH and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

**Marketing:** Health information about you cannot be used for marketing purposes without your authorization, unless the activity relates to certain permitted exceptions that relate to your treatment or care.

#### **Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. Specifically, we may not use or disclose your health information for marketing purposes and we may not sell your health information without your written authorization. Additionally, if psychotherapy notes are part of your health information they may not be disclosed unless you provide written authorization. You may revoke this authorization, at any time, in writing, except to the extent that SH has taken an action in reliance on the use or disclosure indicated in the authorization.

#### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed. We may use and disclose your PHI in the following instances:

**Emergencies:** We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your authorization as soon as reasonably practicable after the delivery of treatment. If your emergency department physician is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.

**Communication Barriers:** We may use and disclose your PHI

if your physician attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to authorize the use or disclosure under the specific circumstances.

#### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

**As Required By Law:** We will disclose medical information about you when required to do so by federal, state or local law. In Vermont, this would include: child abuse; abuse, neglect or exploitation of vulnerable individuals, firearm-related injuries, communicable diseases, fetal deaths, cancer and mammography results, lead poisoning, blood alcohol level after motor vehicle accident, as needed for identification by a dentist or where a child under the age of sixteen is a victim of a crime.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** SH may not release medical information in response to a subpoena, but may disclose PHI, in the course of any judicial or administrative proceeding, in response to an order of the court or administrative tribunal (to the extent such disclosure is expressly authorized), and/or a search warrant.

**Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes (if authorized by law).

**Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Imminent Threat to Health or Safety:** Consistent with applicable federal and state laws, there may be instances where it is appropriate to disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; however, any disclosure would only be to someone who is believed to be able to help prevent the threat.

**Workers' Compensation:** Your PHI may be disclosed by SH as authorized to comply with state workers' compensation laws and other similar legally-established programs.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## 2. Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. We may charge a reasonable fee for the costs of copying. If you seek an electronic copy of your electronic medical record in a specific format and that is not readily producible, we will work with you on providing an alternative.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Compliance/Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request, except that we must adhere to a request to limit access by, or disclosure to, a health plan if you have paid for the health services at the time of service. Except as otherwise stated, if your physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting the SH Compliance/Privacy Officer at (802) 885-7626 or Health Information Management at 802-885-7307.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Compliance/Privacy Officer.

You may have the right to request to have your physician amend your PHI. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our compliance/Privacy Officer to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI during the six years prior to any request. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members, or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

We will provide you written notification in the event of a breach of the confidentiality of your health information.

**3. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by SH. You may file a complaint with us by notifying our Compliance/Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Compliance/Privacy Officer, Amanda Chaffee at (802) 885-7626 or by e-mailing at [achaffee@springfieldmed.org](mailto:achaffee@springfieldmed.org) for further information about the complaint process.

Approved by,



Vice President of Quality, Compliance & Risk;  
Privacy Officer & Corporate Compliance Officer  
Springfield Hospital, Inc.

**4. Notice**

Following any discovery of a breach of unsecured protected health information, SH shall notify you if your protected health information has been or is believed by the covered entity to have been accessed, acquired, used or disclosed as a result of the breach. This notice was published and first became effective on April 14, 2003; and was revised 11/6/07, 1/7/10, 3/1/10, 9/17/13, 3/18/16, and 3-25-21.

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**HOSPITAL OPT OUT NOTIFICATION**

I \_\_\_\_\_, (DOB \_\_\_\_\_) have been notified that SH will place my name in a directory upon registration to the hospital and/or may use my information, such as my admission and discharge dates, to identify me for fundraising activities (such as receiving hospital publications via the mail). Per SH's Notice of Health Information Privacy Practices, I acknowledge that I have the opportunity to "opt out" of one or all of these activities and have chosen to do so as outlined below (check all that apply).

\_\_\_\_\_ I request to "opt out" of having my name listed within any Springfield Hospital directory upon registration.

\_\_\_\_\_ I request to "opt out" of having any/all fundraising material sent to me via any/all types of media.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SPECIALTY PHYSICIAN PRACTICE OPT OUT NOTIFICATION**

I \_\_\_\_\_, Date of birth: \_\_\_\_\_

have been notified that SH may use my information, such as my appointment dates and address, to identify me for fundraising activities (such as receiving publications via the mail). Per SH's Notice of Health Information Privacy Practices, I acknowledge that I have the opportunity to "opt out" of these activities and have chosen to do so as outlined below.

\_\_\_\_\_ I request to "opt out" of having any/all fundraising material sent to me via any/all types of media.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please forward this executed document to the following address:  
Springfield Hospital, Attn: Compliance/Privacy Officer, Box 2003, Springfield, VT 05156**