DARTMOUTH-HITCHCOCK PRIVACY GROUP

Notice of Privacy Practices

Effective Date: April 14, 2003

This Notice is provided on behalf of the following members of the Dartmouth-Hitchcock Privacy Group:

• Dartmouth-Hitchcock Clinic
• Mary Hitchcock Memorial Hospital
• Dartmouth Medical School
• Dartmouth-Hitchcock Psychiatric Associates
• West Central Behavioral Health
• Cheshire Medical Center
• Mt. Ascutney Hospital and Health Center
• Upper Connecticut Valley Hospital
• Weeks Medical Center

Effective Date: April 14, 2003
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.

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WHAT IS THIS NOTICE?

This notice was prepared for you by the members of the Dartmouth-Hitchcock Privacy Group (DHPG). The Dartmouth-Hitchcock Privacy Group is a single affiliated covered entity for purposes of the new Federal Privacy Rule (HIPAA).

Our intention is to meet the requirements of the Privacy Rule and to provide you with an understandable explanation about how we may “use” and “disclose” your “protected health information.” (See page 4 for definitions.)

Health information is an indispensable part of healthcare treatment, payment and operations; without access to health information, the healthcare system could not function. But at the same time the privacy rights of individuals must be respected and guarded. An informed patient is an important ally for us in meeting these two goals.

The uses and disclosures of health information are complex. We have tried to explain these uses and disclosures in a simple manner so that you can feel informed and secure. The table on pages 8 and 9 was created to give you a quick overview of the most common uses and disclosures for treatment, payment, and healthcare operations across the continuum of care.

We hope you will take the time to read our notice and to call us if you have questions. (See page 16 for phone numbers and contacts.)
SOME USEFUL DEFINITIONS

PROTECTED HEALTH INFORMATION (“PHI”)
Any information, created or received by us in any form, that identifies an individual and is related to the past, present, or future:

1) physical or mental health of the individual;
3) provision of health care to the individual; or
3) payment for health care provided to the individual.

If all personal identifiers have been removed from the information, it is considered “de-identified health information” and may be used more freely than protected health information.

“USES” AND “DISCLOSURES”
We use these terms as they are defined in the Privacy Rule.

We “use” your protected health information when we examine, review, analyze, apply, or share it within the institutions that make up the Dartmouth-Hitchcock Privacy Group.

We “disclose” your protected health information when we release, transfer, provide access to, or share it in any other way with any organization that is not a member of the DHPG—for example, to a state agency, to your health insurer, or to a referring provider outside DHPG.
HOW DO WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION?

The Privacy Rule permits us to use and disclose your “protected health information” (PHI, see definition on page 4) for treatment, payment, and healthcare operations. (Applicable statutes or rules may require us to ask for your written consent in some states or with respect to certain classes of health information, such as records relating to mental health, drug or alcohol treatment, genetic testing, or HIV/AIDS.) Examples of uses and disclosures of protected health information for treatment, payment, or healthcare operations might include:

Treatment: Health care and related services
For example: when a doctor or nurse sees you for care and they read your medical record, or when they share information with others involved in your health care.

Payment: Getting paid for health care
For example: when we send a bill to your insurance company.

Health Care Operations: What we do to keep the hospital or clinic running.
For example: training new doctors, nurses and therapists, or maintaining a medical record for you, or evaluating or improving the quality of care, or conducting patient satisfaction surveys.

We also use your protected health information to contact you to provide appointment reminders or the results of testing.

If you are interested in more examples, see the chart on pages 8 and 9.

OTHER USES AND DISCLOSURES

Required or permitted disclosures are described on pages 12 – 14. Other uses and disclosures will be made only with your written authorization. You may revoke your authorization (that is, “change your mind”) if you contact us and put it in writing.
WHAT ARE YOUR PRIVACY RIGHTS?
The Federal Privacy Rule gives you several new rights with respect to your protected health information (in addition to those rights you already have under state law). Beginning April 14, 2003, you have the right to:

• RECEIVE WRITTEN NOTICE OF OUR PRIVACY PRACTICES (That’s this document). If you have received this notice electronically, you have the right to a paper copy if you want it.

• ASK FOR FURTHER RESTRICTIONS ON THE WAYS IN WHICH WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION. We are not required to agree to a requested restriction. We will not agree to any request, unless we feel that we can fully meet our commitment.

• ASK THAT WE COMMUNICATE WITH YOU AT A DIFFERENT ADDRESS, OR USE A DIFFERENT MEANS OF COMMUNICATION. We will make efforts to accommodate reasonable requests. You must make this request in writing.

• SEE AND GET A COPY OF YOUR MEDICAL RECORD OR ANY OTHER PROTECTED HEALTH INFORMATION THAT WE KEEP IN A REGULAR PAPER OR ELECTRONIC FILE. We may charge you a reasonable fee for copies, consistent with state law. You must make this request in writing. We may ask for a verification of identity as you make these requests. (Note: There are a few situations specified in the Privacy Rule where this right does not apply.)

• ASK FOR AN AMENDMENT OF YOUR PROTECTED HEALTH INFORMATION. Entries are not deleted from medical records because of legal requirements but may be corrected or amended by the author of the entry. You may request an amendment of your medical record or other protected health information that we keep in a regular file. You must make this request in writing. If the information is accurate and complete as determined by the author of the entry, we will decline the request for amendment but will include your request and statement of disagreement in your file.
• **Receive a Written Accounting of the Disclosures We Have Made of Your Protected Health Information.**
  This accounting does not include disclosures for treatment, payment or healthcare operations, disclosures authorized by you, and certain other exceptions. You must make this request in writing.

• **Designate a “Personal Representative” to Help You Exercise Your Rights Concerning Your Protected Health Information.**
  This personal representative must be designated in writing, and must show this designation any time he or she wishes to exercise the rights attached to it. New Hampshire and Vermont State laws apply to the rights and responsibilities of personal representatives.

• **Agree or Object to Being Included in the Hospital’s Patient List (“Directory”). You also have the right to agree or object to your friends and family being involved in your care.**

  *See page 16 for more information or to obtain the appropriate forms.*

**Business Associates**

We sometimes disclose protected health information to individuals or organizations that assist us in performing a management function or activity. Our contracts with these “business associates” provide for privacy protection of that protected health information.
Examples of Uses and Disclosures of Protected Health Information Across the Continuum of Care

**TREATMENT**

- **Primary Care**
  - This can be provided in:
    - doctor’s office
    - dentist’s office
    - pharmacy

  Protected Health Information can be accessed by physicians, nurses, secretaries.

- **Community Hospital**
  - Protected Health Information can be accessed by physicians, nurses, respiratory therapists, dietitians, X-ray technicians, pharmacists, other caregivers, and administrative employees.

- **Academic Medical Center**
  - (providing specialists or technology not available at community hospitals)

  Protected Health Information can be accessed by consulting specialists, physicians, nurses, respiratory therapists, dietitians, certified nurse midwives, X-ray technicians, pharmacists, other caregivers, and administrative employees.

- **Continuing Care**
  - This can be provided in:
    - behavioral/mental health facilities
    - home health care
    - physical therapy
    - skilled nursing care facilities

  Protected Health Information can be accessed by physicians, physician’s assistants, nurses, clinical therapists, psychiatrists, outreach workers, respiratory therapists, dieticians, X-ray technicians, pharmacists.

**PAYMENT**

May occur at doctor’s office, dentist’s office, pharmacy, hospital, medical center, or continuing care facility.

Protected Health Information can be used by coders, medical record clerks, utilization managers, billing managers, and bill collection agencies.

**HEALTHCARE OPERATIONS**

May be used by managers, quality assurance reviewers, credentialing committees, lawyers, accountants, patient representatives, public affairs.

**EDUCATION**

Protected Health Information can be used by medical students, residents, nursing students, faculty.

**RESEARCH**

Protected Health Information can be used by researchers, research coordinators, epidemiologists.

modified: 11/20/02
HOW MAY WE USE PROTECTED HEALTH INFORMATION TO EDUCATE AND FOR RESEARCH?

The members of DHPG are proud of their role in educating future healthcare professionals and participating in research activities.

Protected health information is regularly used in medical education: the clinical training of physicians, nurses, and other healthcare professionals.

Clinical training may occur at any Dartmouth-Hitchcock Privacy Group member facility. Dartmouth Medical School is New Hampshire’s only institution dedicated solely to the training of physicians. Mary Hitchcock Memorial Hospital is a “teaching hospital” where recently graduated physicians (called “interns,” “residents” or “fellows”) routinely assist staff physicians in providing care to patients. Other DHPG organizations also help train physicians, nurses, and other healthcare providers.

Healthcare professionals in training need access to health information in order to participate in your care. They receive privacy training both in their coursework and in the treatment setting.

Under the Privacy Rule, clinical training is considered a part of “healthcare operations,” that is, the support activities that are required to run the hospital or clinic. If you have any questions about how those in training may use your health information to assist us in your care, please ask.
**Research** is a systematic investigation designed to develop or contribute to generalizable knowledge about the causes and treatment of disease. Those involved in research may use or disclose protected health information under certain conditions.

Generally, data collected from the care of patients in a research study needs to be linked to the patient’s record, so that the accuracy of the data collected can be confirmed or additional follow-up can be obtained. Data from multiple patients can be aggregated and analyzed statistically. When the results of the study are discussed or published, the identities of individual patients involved in the study are not revealed.

All research involving human subjects at DHMC is reviewed and approved by an Institutional Review Board (IRB). The IRB complies with federal regulations to ensure your health information is appropriately used, stored, and accessed.

The Privacy Rule permits us to use or disclose patient health information for research purposes without further notice to or written authorization from you in three instances:

1) Reviews preparatory to research, when setting up a research “protocol.”

2) Research on a deceased individual’s records, subject to state law.

3) When the IRB has waived the authorization requirement because it has determined there is no significant risk to privacy rights.
WHAT DISCLOSURES ARE REQUIRED BY LAW?

For many years New Hampshire and Vermont state laws have required us to report certain health information to state agencies or public health authorities. In balancing the public interest against your personal privacy rights, the Legislature has decided that in these specific instances the public interest comes first. Some examples are listed on the next pages. Please contact us if you have questions or want more information.

VITAL STATISTICS

• Births and deaths are reported to the state Bureau of Vital Records and Health Statistics (VRHS) in New Hampshire and to the Town Clerk in Vermont.

• Fetal deaths (including abortions) are reported to VRHS in New Hampshire and the Vermont Department of Health for statistical purposes only (these are not public records).

PUBLIC HEALTH REPORTING

• New Hampshire and Vermont require that all cancer cases must be reported to cancer registries.

• All cases of communicable diseases (for example, anthrax, cholera, diphtheria, hepatitis, measles, mumps, rabies, tuberculosis, and sexually transmitted diseases such as HIV, AIDS, chlamydia, and gonorrhea) must be reported to the Department of Health and Human Services (HHS) in New Hampshire and to the Department of Health in Vermont.

• Physicians and hospitals in Vermont must report all cases of treatment for the abuse of regulated drugs to the Board of Health, but patient names are not included.

• In Vermont, parents or guardians must be notified if a minor child requires immediate hospitalization resulting from drug usage, alcoholism, or venereal disease.

• Work-related exposures to poisons and similar ailments are reported to HHS in New Hampshire.

• Adverse events relating to products regulated by the Food and Drug Administration (FDA)
• Acute care and specialty hospitals are required to report 24 categories of individual patient discharge data (without patient names) to HHS in New Hampshire and healthcare costs and utilization data to the Vermont Department of Health.

**SUSPECTED ABUSE, NEGLECT, OR CRIME**

• Suspected child abuse or neglect must be reported to HHS in New Hampshire and to Social and Rehabilitation Services (SRS) in Vermont.

• Suspected abuse, neglect, or exploitation of an incapacitated or disabled adult must be reported to HHS in New Hampshire, and of a “vulnerable adult” to the Department of Aging and Disabilities in Vermont.

• Deaths suspected of being caused by crime or suspicious circumstances must be reported to the medical examiner and county attorney in New Hampshire and to the medical examiner in Vermont.

• Providers treating gunshot-related injuries must report such injuries to law enforcement in both New Hampshire and Vermont, and injuries to crime victims under the age of 16 must be reported in Vermont.

• In Vermont, physicians treating motor vehicle accident victims in an emergency room must report to law enforcement if a test result reveals that the patient’s blood alcohol content exceeds the legal limit. In New Hampshire, disclosure of such test results is permitted if requested by law enforcement officials.

**DECEDENTS**

• We will disclose protected health information to a medical examiner to assist in identifying a dead person and determining cause of death, as required by state law.

**DUTY TO WARN**

• Physicians and mental health providers are required by law in New Hampshire and Vermont to warn a potential victim when a patient or client makes a serious threat of physical violence to a person or substantial damage to real property.
WHAT DISCLOSURES ARE PERMITTED BY LAW?

In addition to what disclosures are required by law, the Federal Privacy Rule also permits us to make certain disclosures of protected health information in the public interest, such as:

PUBLIC HEALTH ACTIVITIES
Disclosures to employers to prevent work-related illnesses, subject to Federal and State law requirements.

HEALTH OVERSIGHT ACTIVITIES
If a doctor or facility from whom you have received care is audited, or investigated by a state board or agency, your records relating to that care could be provided to the agency in response to a subpoena or other legal process.

DOMESTIC VIOLENCE VICTIMS
We may report domestic violence resulting in injury to local law enforcement officials, if the patient/victim agrees to the disclosure.

COURT PROCEEDINGS
We could be required by order of a court or administrative agency to release specific protected health information required for evidence in a proceeding before that body.

LAW ENFORCEMENT
We may respond to a judicial order or warrant, subpoena, or summons, according to state law.

THREATS TO HEALTH OR SAFETY
We may use or disclose your protected health information, if we believe it is necessary to prevent or reduce a serious and immediate threat to the health or safety of an individual (including you) or group of people.

WORKERS COMPENSATION
We may disclose protected health information of injured workers as authorized by law in order to assist in processing workers compensation claims.
WHAT ABOUT MARKETING AND FUNDRAISING?

Marketing: Unless we have your written authorization, we will not use or disclose your protected health information for marketing purposes (that is, for communications that encourage you to purchase products or services, or in disclosures to other entities who may want to send you marketing materials).

We may make limited uses and disclosures of your protected health information for the following purposes, which are not considered marketing:

• Communications to you about health-related products or services from members of DHPG;

• Communications to you concerning your own treatment, including care coordination and recommendations about alternative treatments, therapies, providers, or care settings;

• Face-to-face communications with you personally; and

• Promotional gifts of nominal value.

Our policy is not to sell or otherwise give your protected health information to any other person or organization for their use in sending you marketing information.

Fundraising: As permitted in the Privacy Rule, we use only the following elements of your health information for purposes of advancing quality patient care, supporting important medical research, and enhancing the training of doctors and scientists:

• demographic information, such as your name and mailing address; and

• the dates during which we may have provided healthcare services to you.

We will not use any other elements of your protected health information for fundraising purposes unless we have your written authorization to do so. You may opt out of receiving any fundraising requests at any time.
NEED MORE INFORMATION?
Below are some selected telephone numbers to call. If you do not see the right number, call your local provider’s office.

Dartmouth-Hitchcock Medical Center (603)650-5000

Dartmouth-Hitchcock Psychiatric Associates (603)650-7046

Dartmouth-Hitchcock Clinic
Concord (603)229-5140   Manchester (603)695-2531
Keene (603)354-6577   Nashua (603)577-4030

Cheshire Medical Center (603) 354-6577

Mt. Ascutney Hospital and Health Center (802)674-7043

Upper Connecticut Valley Hospital (603)237-4971

Weeks Medical Center (603)788-5240

West Central Behavioral Health (603)448-0126 ext. 110

COMPLAINTS?
If you believe your privacy rights have been violated, you may complain to us and to the Secretary, U.S. Department of Health and Human Services, Washington, D.C. 20201.

To make and file your complaint with us, contact the Privacy Officer in your institution. We will respond to all properly completed complaint forms. You will not be adversely affected or discriminated against in any way for filing any such complaint.

OUR DUTIES TO YOU
We are required by law to maintain the privacy of your personal health information, and to give you notice of our legal duties and privacy practices with respect to your protected health information.

We are required to abide by the terms of our Privacy Notice currently in effect.

We reserve the right to change our privacy practices (that is, to change the ways in which we use or share your protected health information as described in this Notice), so long as the new practices are permitted by the Federal Privacy Rule or other applicable law, and are described in a revised Notice of our privacy practices.

We further reserve the right to make any such revised Notice provisions effective for all protected health information we maintain, including information created or received before the effective date of the revised Notice.

Revised Notices will be posted in service locations, and will be available on request from your Dartmouth-Hitchcock Privacy Group institution and website. For a list of current DHPG members, please see our website.