



189 Prouty Drive | Newport, VT 05855 | 802.334.7331

## **Joint Notice of Health Information Practices**

**January 1, 2008, revised  
June 25, 2013, August 20, 2018, May 15, 2019, October 2020**

## Notice of Health Information 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.***

### **Understanding Your Health Record/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 and test results, diagnoses, treatment, and a plan for future care or treatment. This information, which we refer to as your health or medical record, is an essential part of the health care we provide for you.*

Your health record contains personal health information, the confidentiality of which is protected under both state and federal law, and by the safeguards we have in place to protect and secure it. Understanding how we expect to use and disclose your health information helps you to ensure its accuracy, better understand who, what, when, where, and why your health care providers and others may access your health information, and make more informed decisions when authorizing disclosure to others.

Part or all of your medical record is in an electronic form, not on paper. That information is available to any provider or employee who has access to our electronic record keeping system, following our confidentiality policies.

### **Electronic Exchange of Your Health Information**

In some instances, we may transfer health information about you electronically to other health care providers who are providing you treatment or to the insurance plan providing payment for your treatment. Your health information may also be made available through the Vermont Health Information Exchange ("VHIE"). The VHIE is a health information network operated by VITL, Inc. and your treating health care providers may access your health information through the VHIE unless you have provided specific written "opt out" for their access. Your information may still be accessed if you are in need of emergency treatment. For information about the VHIE, see [www.vitl.net](http://www.vitl.net).

### **Your Health Information Rights**

Under the Federal Privacy Rules, you generally have the right to:

- Receive notice of the uses and disclosures we expect to make of your health information. You may elect to receive this notice electronically, but you are also entitled to receive a paper copy upon request.
- Request additional restrictions on uses and disclosures of your health information. We are not required to agree to any such request, with the exception of a request to limit disclosures to a health plan if you have paid for the health services provided at the time of service.
- Request that we send you confidential communications by alternative means or at alternative locations.
- Inspect and obtain a copy of your health record.
- Request that your health record be amended or corrected. Ask us how to do this. We may say "no" to your request, but we will tell you why in writing within 60 days.
- Obtain an accounting of disclosures of your health information made without authorization for purposes other than treatment, payment, or health care operations for a time period no longer than six years.
- Receive notification from us following a breach of your health information.

Some of these rights are subject to exceptions and restrictions according to Federal Rules.

We require a request to inspect and copy to be in writing. We reserve the right to restrict requests to normal business hours with an appointment, if necessary. We also reserve the right to use the time allotted by law to comply with your request. Please direct requests to:

Director of Health Information Management, 802-334-3265, Email [NCHhim@nchsi.org](mailto:NCHhim@nchsi.org).

If you seek an electronic copy of your electronic health information in a specific electronic form and format that is not readily producible, we will work with you on an alternative form and format.

### **Our Responsibilities**

We are required by the Federal Privacy Rules to:

- Maintain the privacy of your health information.
- Provide you with notice as to our legal duties and privacy practices with respect to health information we collect and maintain about you.
- Abide by the terms of this notice, subject to the following reservation of rights.

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 upon request. We will not use or disclose your health information without your authorization, except as described in this notice.

### **We May Use and Disclose your Health Information for Treatment, Payment and Health Care Operations with Your Consent which is Required by Vermont Law.**

The examples below are provided to give you an idea of how information is used.

#### *We will use or disclose your health information for treatment.*

For example: Information obtained by a member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In some cases, your information may be reviewed in preparation for care you may need to receive in the future. Information may be disclosed to identified providers who will provide care to you outside of the Hospital.

#### *We will use or disclose your health information for payment.*

For example: Employees responsible for our billing process access your information to produce a bill that may be sent to you or your insurance company or health plan. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Your insurance company may request additional information.

#### *We will use or disclose your health information for health care operations.*

Certain uses of health information are necessary for the day-to-day operations of a health care facility. Some physicians and employees not directly involved in your care may see your information as part of their work. For example: medical staff, risk managers, or members of the 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 improve the quality and effectiveness of the healthcare and service we provide.

### **Uses and Disclosures That We May Make Unless You Object**

*Patient List:* We maintain a list of current inpatients in the Hospital. If someone inquires about you by name, we will disclose your room number and telephone extension. If you object, preferably in writing, we will not disclose this information. We also provide a list of religious affiliations available only to clergy. It is, of course, not necessary to indicate such an affiliation.

*Family or friends involved in care:* Unless you object, preferably in writing, health professionals may, using their best judgment, disclose to a family member, close personal friend, or any other person you identify health information relevant to that person's involvement in your care or payment for that care.

### **Other Uses and Disclosures**

Unless you object, we may contact you to remind you of your appointments, healthcare treatment options or other health services that may be of interest to you (so long as we are not being paid by another organization to do so).

## **Required Disclosures**

The Federal Privacy Rules require us to disclose your personal health information to you at your request, and to the Secretary of Health and Human Services when requested as part of an investigation or compliance review.

## **Other Disclosures We May Be Required To Make Without Your Authorization**

In addition, Federal Privacy Rules and state laws and regulations permit uses and disclosure of your health information without your authorization including:

- When required by state or federal law. (This includes, but not limited to, required reports to cancer and mammography registries, reports to law enforcement agencies concerning gunshot wounds; reports on illegal alcohol levels tested in the emergency department on a patient involved in a motor vehicle accident.)
- To state and federal public health authorities, including state medical officers, the Food and Drug Administration (FDA), and other agencies charged with preventing or controlling disease.
- To government authorities, including protective service agencies, authorized to receive reports of abuse, neglect, or domestic violence.
- To state and federal government health oversight agencies, such as the U.S. Department of Health and Human Services.
- To the Vermont Board of Medicine and other professional licensing boards.
- When required or court ordered 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 court order, or for the purpose of identifying or locating a subject, fugitive, material witness, missing person, or victim, provided that the conditions in the rule are met. We will however, make every effort to protect your privacy, if possible.
- To coroners, medical examiners, or funeral directors for purposes of identifying a deceased person or carrying out their duties as required by law.
- To organ procurement organizations for purposes of organ or tissue donation and transplantation, consistent with applicable law.
- For research approved by an Institutional Review Board (IRB) or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- When required to avert a serious and imminent threat to health or safety.
- When requested for certain military or national security government functions authorized by law.
- As authorized by law in connection with workers compensation programs.

## **Uses and Disclosures Specifically Authorized By You**

We shall only make other uses and disclosures of your protected health information on the basis of specific written authorization forms signed by you. 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 have the right to revoke any such authorization at any time, except to the extent we have already relied on it in making an authorized use or disclosure. If the disclosure is at our request, your authorization is optional, and your treatment will not be affected.

## **Fundraising**

We may use certain information (name, address, telephone number or e-mail information, age, date of birth, gender, health insurance status, dates of service, department of service information, treating physician information or outcome information) to contact you for the purpose of raising money, and you will have the right to opt out of receiving such communications with each solicitation. For the same purpose, we may provide your name to our institutionally related foundation. The money raised will be used to expand and improve the services and programs we provide the community. You are free to opt

out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services at North Country Hospital.

**For More Information or to Report a Problem**

If you have questions you may contact:

North Country Health Systems  
189 Prouty Drive  
Newport, VT 05855  
ATTN: Privacy Officer

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at the above address or with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

We will not retaliate against you for filing a complaint.

**Organized Health Care Arrangement (OHCA)**

North Country Hospital is part of an OCHA, and, as such, this Joint Notice applies to the following entities, in addition to North Country Hospital: North Country Primary Care Newport, North Country Primary Care Barton Orleans, North Country Pediatrics, and North Country Surgical Associates. This also includes the physician members of the Medical Staff when providing services at North Country Hospital or one of its entities. This allows these individuals and entities to access, use and disclose information related to services provided at the Hospital and/or its related entities.

Effective Date: September 1, 2013