

or disclosure of your medical information from the hospital directory to family members, friends, visitors, clergy, and others who may ask for you by name (such as a florist), and, if you do so, we will follow your wishes. As allowed by law, we may use your personal information from the hospital directory in the event you are incapacitated or undergoing emergency medical treatment, but only consistent with your prior expressed wishes.

Individuals Involved in Your Care or Payment for Your Care. We may release information about you to a friend or family member who is involved in your medical care. We may also give you information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an authorized entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have the right to object, in writing, to the use and disclosure of your personal health information to family or friends who are involved in your care or who help pay for your care and, if you do so, we will follow your wishes.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

◆ **Right to Inspect and Copy.** You have the right to inspect and copy medical information about you. This includes medical and billing records. We may deny your request to inspect your records in certain very limited circumstances, but you always have the right to a copy of the records. To inspect and copy or receive a copy of your medical information, you must submit your request in writing to the Health Information Management Department at the hospital or respective hospital-owned physician practice. State and federal laws permit the hospital to charge reasonable cost-based fees for photocopies of your medical records requested by you or if you request a written summary of your records. State law limits the amount we may charge you for photocopying your record to \$.50 per page or \$15 for the first 30 pages, whichever is greater plus reasonable cost for films. You will be advised in advance of any such fees.

◆ **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, your request must be made in writing and submitted to the Director of Health Information Management at the address listed at the bottom of the first page of this notice. We may deny your request for an amendment and if we do, you will be notified of the reason for the denial.

◆ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you for reasons other than treatment, payment, or our health care operations. To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Management Department at the address shown at the bottom of the first page of this notice. Your request must state a time period, which may be no longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free of charge. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

◆ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend and for disaster relief purposes as described in the paragraph headed "Individuals Involved in Your Care or Payment for Your Care." For example, you could ask that we not use or disclose information about surgery you had to certain individuals or entities.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or when required by law.

To request restrictions, you must make your request in writing to Director, Health Information Management at the address shown at the bottom of the first page of this

notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

◆ **Effective February 17, 2010: Right to Restrict Disclosure of Certain Protected Health Information:** You have the right to request a restriction on disclosures of your protected health information if: (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (but not treatment); AND (2) the protected health information relates to a health care item or service for which the provider has already been paid by you in full.

◆ **Effective February 17, 2010: Right to Accounting of Electronic Health Records:** If a "covered entity" maintains an "electronic health record" about you, you have the right to (1) obtain a copy of the information in electronic format and (2) tell the covered entity to send the copy to a third party. We may charge you a reasonable fee for our labor costs for sending the electronic copy of your health information.

◆ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests.

To request confidential communications, you must make your request in writing to the Privacy Officer at the address shown at the bottom of the first page of this notice. Your written request must also specify how or where you wish to be contacted in order to receive bills for services rendered by the hospital and any related correspondence regarding payment for services. We reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

◆ **Right to a Copy of this Notice.** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. If you wish to receive a paper copy of this notice, you may contact the Privacy Officer by submitting your request in writing.

You may also obtain an electronic copy and/or printable copy of this notice at our website, www.littletonnhhospital.org.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive or create about you in the future. We will post a copy of the current notice in the hospital. The notice will contain on the first page, in the top center, the effective date. In addition, the first time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient after the effective date of the notice, we will give you a copy of the current notice in effect. Thereafter, each time you register at or are admitted to the hospital, we will offer you a copy.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201 or at the appropriate regional office of the Office of Civil Rights of the U.S. Department of Health and Human Services. To file a complaint with the hospital, contact the Director of Quality Services at the address listed at the bottom of the first page of this notice. All complaints must be submitted in writing.

You will not be penalized or retaliated against in any way for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke this permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

NOTICE OF PRIVACY PRACTICES

Effective Date: February 17, 2010



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.

If you have any questions about this notice, please contact the Privacy Officer at (603) 444-9219.



LITTLETON REGIONAL HOSPITAL
600 ST. JOHNSBURY ROAD
LITTLETON, NH 03561

OUR PLEDGE AND RESPONSIBILITIES REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you and your health is personal. Medical information includes personal information such as name, address, date of birth, social security number and insurance information. We create a record of the care and services you receive at the hospital or hospital-owned physician practice. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated at or by the hospital, whether made by hospital personnel, your personal doctor or specialists involved in your treatment or other caregivers. Your personal doctors may have different policies and notices regarding the use and disclosure of your medical information created in the doctor's office or clinic.

We are required by law to make sure that your personal health information will be kept private at all times and provide you with a description of our privacy practices with respect to your medical information. We will abide by the terms of this notice.

WHO WILL FOLLOW THIS NOTICE

Littleton Regional Hospital (the "hospital") is a clinically integrated care setting in which patients typically receive health care from more than one health care provider. This means that your care may be provided by (1) hospital staff members, (2) physicians and other practitioners in hospital-based physician practices, and/or (3) physicians and other practitioners who practice in independent settings but who have privileges to provide care at the hospital. Those physicians and other practitioners who are independent will have their own medical information practices in their own offices, but they have agreed to abide by the practices described in this notice with respect to care they provide to you here at the hospital and the medical information in your records here at the hospital.

Therefore, this notice describes our hospital's practices and those of: (1) any health care professional authorized to enter information into your hospital chart; (2) all departments and units of the hospital; (3) any member of a volunteer group we allow to help you while you are in the hospital; (4) all employees, hospital-based physician practices, staff and other hospital personnel; and (5) all owned subsidiary practices of the hospital.

All these entities, practitioners and caregivers follow the terms of this notice. In addition, these entities, practitioners and caregivers may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

We may disclose protected health information (PHI) to business associates with whom we have written agreements containing terms to protect the privacy of your PHI for health care operations purposes. A "business associate" is a person or entity who performs or assists the Hospital with an activity involving the use of disclosure of medical information that is protected under the federal privacy regulations.

You have a right to be notified if your Protected Health Information (PHI) is breached.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use medical information about you to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as, for example, home health agencies, physical therapists, or other health care practitioners who may provide services that are part of your care.

For Payment. We may use and disclose medical information about you so that treatment and services you receive at the hospital may be billed and payment may be

collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with the improvements in the care and services we offer.

Other Activities. We may also use and disclose your protected health information:

- ◆ To contact you as a reminder that you have an appointment for treatment or medical care at the hospital
- ◆ To tell you about or recommend possible treatment options or alternatives
- ◆ To inform you about health-related benefits and services that may be of interest to you
- ◆ To contact you as part of our fund-raising efforts, unless you provide us with written notification to opt-out of those efforts.

Business Associates. As part of our health care operations, we may disclose information about you to contractors that provide a service to our facility such as a photocopy services that is responsible for photocopying our health records requested by patients, attorneys, health care providers, insurance companies, or other agencies. For example, (1) we may disclose patient information to an external transcription company or coding service for purposes of retransmitting that data back to our facility's clinical repository for inclusion in the patient health record, (2) we may disclose patient information to an external hospice agency that has been given permission to assume care of a patient, or (3) we may disclose medical information to a utilization review/case management group contracted with the facility to perform utilization review/length-of-stay/physician utilization or other interaction with third party payors for the purpose of obtaining authorization for continued patient hospitalization or appealing medical denials.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who receive another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

Marketing. Occasionally, the hospital may request to use your name or photograph for reasons for promoting a particular product or service that encourages others to purchase or use a particular product or service. An example would be to use your photograph in a promotional advertisement for a particular service we offer to the community. We will obtain your permission for this and prior to the use or disclosure of any of your information for marketing unless the marketing communication occurs in a face-to-face meeting we have with you or concerns promotional gifts of nominal value we give you. If the hospital is to receive money from another party in connection with the marketing communication with you, we will state that fact on the authorization we request from you. You have the option to opt-out of any such marketing efforts by providing us with written notification.

As Required by Law. We will disclose medical or other information about you when required to do so and only to the extent required by law. This may include but is not limited to:

- ◆ Public Health Authorities charged with preventing or controlling disease, injury or disability
- ◆ Authorities responsible for investigating suspected child or adult abuse or neglect
- ◆ Health Oversight Agencies authorized by law for licensing or other purposes
- ◆ Funeral Directors, Coroners and Medical Examiners
- ◆ County attorneys about a death we believe may be the result of or occurred during criminal conduct
- ◆ To employers regarding work-related illness or injury required under the Occupational Safety and Health Act (OSHA) or other similar laws.
- ◆ We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

State Specific Requirements. Many states have separate privacy laws that may apply additional legal requirements. In situations where the laws in New Hampshire are more stringent than federal privacy laws or where they give patients more rights, the state law preempts the federal law, and we must abide by the applicable state law. For example, HIV testing information is subject to greater protections and more limited disclosure under New Hampshire law.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other legal process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release limited personal information if asked to do so by a law enforcement official:

- ◆ In response to a court order, subpoena, warrant, summons, or similar process (but only if efforts are made to obtain an order protecting the information requested);
- ◆ To identify or locate a suspect, fugitive, material witness, or missing person;
- ◆ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- ◆ If we believe in good faith that it is evidence of criminal conduct that occurred on the premises of the hospital; and
- ◆ In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- ◆ To correctional institutions regarding inmates.

Organ and Tissue Donation. If you are an organ donor, we may release information about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation. We may release medical information about you for worker's compensation or similar programs which provide benefits for work-related injuries or illness.

Food and Drug Administration. We may release medical information about you to report reactions to medications or problems with products.

National Security and Intelligence Activities. We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law.

Protection Services for the President and Others. We may disclose information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT

Hospital Directory. We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to any member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. You have the right to object, in writing, upon admission to the hospital, and any time during hospitalization, to the use