

# This notice describes how medical information about you may be used and shared and how you can get access to this information. Please review it carefully.

## Who We Are

This Notice describes the privacy practices of the following members of the Dartmouth-Hitchcock Privacy Group (DHPG): Mary Hitchcock Memorial Hospital, Dartmouth-Hitchcock Clinic, Dartmouth Medical School, Dartmouth-Hitchcock Psychiatric Associates, and Cheshire Medical Center. The DHPG is a single affiliated covered entity for purposes of the Federal Privacy Rule (HIPAA).

## Our Privacy Obligations

The law requires us to maintain the privacy of certain health information called “Protected Health Information” (“PHI”). PHI is the information that you provide us or that we create or receive about your health care. The law also requires us to provide you with this Notice of our legal duties and privacy practices. When we use or disclose (share) your Protected Health Information, we are required to follow the terms of this Notice or other notice in effect at the time we use or share the PHI. Finally, the law provides you with certain rights described in this Notice.

## Ways We Can Use and Share Your PHI Without Written Permission

In many situations, we can use and share your Protected Health Information for activities that are common in hospitals and clinics. In certain other situations, which we will describe in Section IV below, we must have your written permission (authorization) to use and/or share your PHI. We do not need any type of permission from you for the following uses and disclosures:

### Treatment, Payment and Healthcare Operations

■ **Treatment:** We use and share your Protected Health Information to provide care and other services to you—for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment options. We may tell you about other health related benefits and services we provide that might interest you. We may

also share your PHI with other doctors, nurses, and others involved in your care.

■ **Payment:** We may use and share your Protected Health Information to receive payment for services that we provide to you. For example, we may share your PHI to obtain prior approval, request payment, and collect payment from you, an insurance company, a third party or other program that arranges or pays the cost of some or all of your health care (“Your Payor”) and to confirm that Your Payor will pay for the health care.

■ **Health Care Operations:** We may use and share your Protected Health Information for our health care operations, which include management, planning, and activities that help to improve the quality and efficiency of the care that we deliver. For example, we may use PHI to review the quality and skill of our physicians, nurses, and other health care providers or for their training. In addition, we may share PHI with certain others who help us with our activities, including those we hire to perform services.

### Your Healthcare Providers Outside of DHPG

We may also share some portion of your Protected Health Information with your doctor and other health care providers when they need it to provide Treatment to you, to obtain Payment for the care they give to you, or to perform certain parts of their Health Care Operations, such as reviewing the quality and skill of their health care professionals.

### Use or Disclosure for Directory of Hospital Patients

We may include your name, location in the hospital, general health condition and religious affiliation in a patient directory without receiving your permission unless you tell us you do not want your information in the directory. Information in the directory may be shared with anyone who asks for you by name or with members of the clergy; however, religious affiliation will only be shared with members of the clergy.

### Disclosure to Relatives, Close Friends and Your Other Caregivers:

We may share your Protected Health Information with your family member/relative, a close personal friend, or another person who you identify if we (1) first provide you with the chance to object to the disclosure and you do not object; (2) infer that you do not object to the disclosure; or (3) obtain your agreement to share your PHI with these individuals. If you are not present at the time we share your PHI, or you are not able to agree or disagree to our sharing your PHI because you are not capable or there is an emergency circumstance, we may use our professional judgment to decide that sharing the PHI is in your best interest. We may also use or share your PHI to notify (or assist in notifying) these individuals about your location and general condition.

### Public Health and Safety Activities

We are required or are permitted by law to report Protected Health Information to certain government agencies and others. For example, we may share your Protected Health Information for the following:

- To report health information to public health authorities for the purpose of preventing or controlling disease, injury, or disability;
- To report abuse and neglect to the appropriate State agencies;
- To report information to the U.S. Food and Drug Administration (FDA) about products and activities it regulates;
- To prevent or lessen a serious and imminent health or safety threat to you, another person, or the public.;
- To report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and
- To authorized federal officials for national security activities or specialized government functions.

**Fundraising Communications:** We may contact you with information about the importance of contributions to DHPG members and invite you to participate. We may share with our fundraising staff limited information about you (e.g.,

your name, address, and phone number) including the dates on which we provided health care to you, without your written authorization. You may opt out of receiving any fundraising requests at any time.

**Health Oversight Activities:** To the extent authorized by law, we may share your Protected Health Information with a health oversight agency that oversees the health care system and ensures the rules of government health programs, such as Medicare or Medicaid, are being followed.

**Legal and Administrative Proceedings:** We may share your Protected Health Information in the course of a legal or administrative proceeding as required by law or in response to a court order.

**Law Enforcement Purposes:** We may share your Protected Health Information with the police or other law enforcement officials as required or permitted by law or in compliance with a court order.

**Decedents:** We may share Protected Health Information with a coroner, medical examiner, or funeral director as authorized by law.

**Organ and Tissue Procurement:** We may share your Protected Health Information with organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation.

**Research:** We may use or share your Protected Health Information if the group that oversees our research, the Institutional Review Board, approves a waiver of permission (authorization) for disclosure or for certain reviews in preparation for setting up a research protocol.

**Workers' Compensation:** We may share your Protected Health Information as permitted by or required by state law relating to workers' compensation or other similar programs.

**As Required by Law:** We may use and share your Protected Health Information to the extent we are required to do so by any other law not already referred to above.

## Written Permission For Other Uses and Disclosures of Your PHI

**Use or Disclosure with Your Permission (Authorization):** For purposes other than the types described above, we may only use or share your Protected Health Information when you grant us your written permission (authorization). For example, you will need to give us your permission before we send your PHI to your life insurance company.

**Marketing:** We must also obtain your written permission (authorization) prior to using your Protected Health Information to send you any marketing materials. However, we may communicate with you about the following topics, which are not considered marketing; products or services we offer that may be related to your treatment, case management, or care coordination, or alternative treatments, therapies, health care providers, or care settings.

**Uses and Disclosures of Your Highly Confidential Information:** Federal or state laws require special privacy protections for certain highly confidential information about you, including any portion of your Protected Health Information that is: (1) kept in psychotherapy notes; (2) about treatment of mental health and developmental disabilities; (3) about alcohol and drug abuse prevention and treatment; (4) about HIV/AIDS testing and treatment; (5) about venereal disease(s); (6) about genetic testing; (7) about child abuse and neglect; (8) about domestic abuse of an adult with a disability; or (9) about sexual assault. Before we share your highly confidential information for a purpose other than those permitted by law, we must obtain your written permission.

## Your Rights Regarding Your Protected Health Information

**For Further Information:** If you want more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your Protected Health Information, you may contact the Privacy Office in your DHPG institution. You may also file written complaints with the Office for Civil Rights (OCR) of the U.S. Depart-

ment of Health and Human Services. When you ask, the Privacy Office will provide you with the correct address for the OCR. We will not take any action against you if you file a complaint with us or with the OCR.

**Right to Receive Confidential Communications:** You may ask us to send papers that contain your Protected Health Information to a different location than the address that you gave us, or in a special way. You will need to ask us in writing. We will try to grant your request if we feel it is reasonable. For example, you may ask us to send a copy of your medical record to a different address than your home address.

**Right to Revoke Your Written Permission:** You may change your mind about your authorization or any written permission regarding your highly confidential information by giving or sending a written "revocation statement" to the Privacy Office at the address below. The revocation will not apply to the extent that we have already taken action where we relied on your permission.

You may request access to your medical record file, billing records, and other records used to make decisions about your treatment and payment for your treatment. You can review these records and/or ask for copies. Under limited circumstances, we may deny you access to a portion of your records. If you want to access your records, you may obtain a record request form from the Privacy Office. Return the fully completed form to the Privacy Office. If you request copies, we will charge you the amount listed on our current rate sheet. We will also charge you for our postage costs, if you request that we mail the copies to you. For a copy of records, material, or information that cannot routinely be copied on a standard photocopy machine, such as x-ray films or pictures, we may charge for the reasonable cost of the copy.

**Right to Amend Your Records:** You have the right to request that we amend your Protected Health Information maintained in medical record files, billing records, and other records used to make decisions about your treatment and payment for your Treatment. If you want to amend your records, you may obtain an amendment request form from the Privacy Office. After which, you can return the completed form to the Privacy Office. We will comply with your request unless we believe that the information that would be amended is correct and complete or that other circumstances apply.

### Right to Receive an Accounting of Disclosures:

You have the right to request an "accounting of disclosures" of your Protected Health Information made for reasons other than treatment, payment, or health care operations, or with your authorization. You must make this request in writing to the Privacy Office. The request can not cover dates prior to April 14, 2003, after the date on the request, or for more than a six year period. We may charge you for the costs of providing the information.

**Right to Request Restrictions:** You have the right to ask us to restrict or limit the Protected Health Information we use or disclose about you for treatment, payment, or health care operations. However, we are not required to agree to your request and we will not agree to any request unless we feel that we can fully live up to our promise to do so.

**Right to Change Terms of this Notice:** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in common areas throughout our facilities, and on our Internet site at <http://www.dhmc.org>. You also may obtain any new notice by contacting the Privacy Office in your DHPG institution below:

Dartmouth-Hitchcock Medical Center  
Privacy Office: 603-650-7110

### Dartmouth-Hitchcock Privacy Group Institutions:

Dartmouth-Hitchcock Medical Center:	603-650-7110
Dartmouth-Hitchcock Concord:	603-229-5140
Dartmouth-Hitchcock Manchester:	603-695-2531
Dartmouth-Hitchcock Nashua:	603-577-4030
Dartmouth-Hitchcock Keene / Cheshire Medical Center:	603-354-5454 ext. 2170
Dartmouth-Hitchcock Psychiatric Associates:	603-650-5771

 **DARTMOUTH-HITCHCOCK**  
[www.dartmouth-hitchcock.org](http://www.dartmouth-hitchcock.org)

This Notice is effective as of July 1, 2007.

