

**ELLIOT HEALTH SYSTEM  
NOTICE OF HEALTH INFORMATION PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT.**

Elliot Health System and its subsidiaries respect the privacy of your health information and are committed to maintaining your confidentiality. This Notice describes your rights and our obligations regarding your health information and informs you about the possible uses and disclosures of your health information. This notice applies to all information and records related to your care that we have received or created. It extends to information received or created by our employees, staff and other health care practitioners practicing as or in conjunction with the Elliot Health System. Please review this information 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, often referred to as your health or medical records, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.

- Means by which you or your insurer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials charged with improving the health of the nation.
- A source of data for facility planning and marketing.
- A tool with which we can assess and continually work to improve the care we provide.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

**YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you.

You have the right to:

**Request a restriction** on our use or disclosure of your health information for treatment, payment or healthcare operations. We are not required to agree to the

restrictions you place on disclosure of your health information for these purposes. You have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care. When emergency treatment is needed we are not required to follow these restrictions.

**Obtain a paper copy of this notice** of

information practices upon request at any time. In addition, you may obtain a copy of this Notice at our website (ElliotHospital.org)

- Inspect and request a copy of your health record as provided for in 45CFR 164.524.

**Submit a Request to Amend your health record** maintained by

Elliot Health System as long as the information is kept by or for the Elliot Health System. Your request must be made in writing on a specific form and must state the reason for the requested amendment.

You would notify the following:

**Director of Medical Records  
Elliot Hospital**

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**One Elliot Way  
Manchester, NH 03103**

We may deny your request for amendment if the information (a) was not created by EHS unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for EHS. (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by EHS. If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

**Obtain an accounting of certain disclosures** of your health information. This is a listing of disclosures made by EHS, or others, on our behalf, but does not include disclosures for treatment, payment and healthcare operations or certain other exceptions. To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 14, 2003 that is within six years from the date of your request. An accounting will include, if requested, the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; and a brief statement of the purpose of the disclosure or a copy of the authorization or request or certain summary information concerning multiple disclosures. The first accounting provided within a 12-month period

will be free; for further requests, a cost will be charged.

**Request confidential communications** of your health information in a certain manner or at a certain location. For example, you can request that we contact you only at a certain telephone number. We will accommodate your reasonable requests.

**Revoke your Authorization to use or disclose** health information except to the extent that action has already been taken.

**OUR RESPONSIBILITIES**

This organization is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post the change in our offices and on our web site.

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

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, you may contact the **Director of Medical Records at Elliot Hospital One Elliot Way, Manchester, NH 03103.**

If you believe your privacy rights have been violated, you can file a complaint in writing with the Director of Medical Records or with the Office of Civil Rights in the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

**EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS**

*We will use and disclose your health information for treatment.*

We will use and disclose your health information in providing you with treatment and services and coordinating your care. Doctors, nurses, as well as by lab technicians, dieticians, physical therapists or other personnel involved

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in your care, may use your health information. For example: Information obtained by a nurse, physician or other 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 that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you if you are referred to another physician.

*We will use your health information for **payment**.*

We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes we may disclose your health information to your representative, insurance or managed care company, Medicare, Medicaid or another third party payer. For example: A bill may be sent to you or your insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for **regular healthcare operations**.*

We may use and disclose your health information as necessary for practice operations, such as for management purposes and to monitor our quality of care. For example: Members of committees 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 continually improve the quality and effectiveness of the healthcare and service we provide.

**USE AND DISCLOSE FOR SPECIFIC PURPOSES**

**Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include contracted services, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your insurer. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or payment of your care. These disclosures are limited to information relevant to the person's involvement in your

care or in the arranging payment for your care. At admission for service you will be given the opportunity to agree or deny to have clergy notified of your admission.

**Communication with family:**

Health professionals will disclose healthcare information to your family members or persons involved in your care if you authorize them to do so.

**Research:**

We may disclose information 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 health information, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

**Funeral Directors, Coroners, Medical Examiners, and Organ Procurement**

**Organizations:** We may disclose health information to funeral directors, coroners, medical examiners and organ procurement organizations consistent with applicable law to carry out their duties.

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**Marketing/Appointment**

**Reminders:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**At your request, we will no longer forward marketing or fund raising information to you. Please notify us of this request at time of your admission for treatment or notify the:**

**Director of Medical Records  
Elliot Hospital  
1 Elliot Way  
Manchester, NH 03103**

**Fund Raising:** We may use certain information limited to contact information such as your name, address and telephone number and the dates you received treatment or services, to contact you as part of a fund-raising effort. We may also disclose contact information for fundraising purposes to the Mary and John Elliot Foundation.

**Food and Drug Administration**

**(FDA):** We may disclose to the FDA health information relative to adverse events, with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker's Compensations:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers

compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. For example, child abuse or neglect cases; births and deaths, communicable disease.

**Emergencies/Disaster Relief:**

We may use or disclose health information as necessary in emergency treatment situations. We will attempt to obtain an authorization as soon as possible. We may disclose health information about you to an organization assisting in a disaster relief effort.

**Correctional Institution/Law**

**Enforcement:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the institution or official for certain purposes, including the health and safety of you and others, suspicious deaths, or in response to a valid subpoena, court order or warrant.

**Health Oversight Agency:** We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, licensure or other legal proceedings. These activities may include government oversight of the health care system, government

payment or regulatory programs, and compliance with civil right laws.

**Serious Threat to Health or**

**Safety:** To prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose health information, limiting disclosures to someone able to help lessen or prevent the threatened harm.

**Military and Veterans:**

If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. WE may also use and disclose health information about foreign military personnel as required by the appropriate foreign military authority.

**National Security and**

**Intelligence Activities:** We may disclose health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

**As Required By Law:**

We may disclose your health information when required by law to do so.

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**YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES**

Except as described in this Notice, we will use and disclose your health information only with your written acknowledgment of receipt of our privacy practices allows us to use and disclose your health information for treatment, payment and health care operations, an authorization must specify other particular uses or disclosures that you may allow. You may revoke an authorization to use or disclose your health information for the purposes covered by that authorization, except where we have already relied on the authorization.

**DISCLOSURES OF BEHAVIORAL HEALTH, SUSTANCE ABUSE AND HIV-RELATED HEATLH INFORMATION**

Special restrictions apply to the disclosure of behavioral health conditions, substance abuse and HIV-related testing and treatment. Your authorization or a court order is required for release of this information in response to a subpoena.

**Behavioral Health**: If needed, for your diagnosis or treatment in a behavioral health program, behavioral health information may be disclosed based on your general consent, and very limited information may be disclosed for payment purposes. Otherwise, behavioral health information may not be disclosed without

your consent or authorization except as specifically permitted under state law.

**HIV-related Information**: HIV-related information disclosed based on your general consent for purposes of treatment or payment, but your consent or authorization will be necessary for other disclosures except as permitted under state law.

**Substance Abuse Treatment**: If you are treated in a specialized substance abuse program, your consent or authorization will be needed for most disclosures, not including emergencies, certain reporting requirements and other disclosures specifically allowed under federal law.

**CHANGES TO THIS NOTICE**

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures of health information, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by EHS as well as all health information we receive in the future. We will post a copy of the current Notice in all affiliates of EHS. In addition, we will post a copy of the revised Notice on the website. ([www.elliott-hs.org](http://www.elliott-hs.org)) and provide as copy to all patients at their request.

**NOTICE EFFECTIVE DATE**

**This notice went into effect on April 14, 2003. Version I**