

**well any of your medical information that we may receive, create, or maintain in the future. Our organization will post a copy of the current notice in our offices in a prominent location, and you may request a copy of our most current notice during any visit to our organization**

### **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following categories describe the different ways in which we may use and disclose your medical information. Please note that each particular use or disclosure is not listed below. However, the different ways we are permitted to use and disclose your medical information do fall within one of the categories.

**TREATMENT**-Our organization may use and disclose your medical information to treat you. For example, we may ask you to undergo laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. Many of the people who work for our organization may use or disclose your medical information in order to treat you or to assist others in for treatment. Additionally, we may disclose your medical information to others that may assist in your care, such as your physician, therapists, spouse, children or parents.

**PAYMENT**- Our organization may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your medical information to bill you directly for services and items.

**HEALTH CARE OPERATIONS** - Our organization may use and disclose your medical information to operate our business. These uses and disclosures are important to ensure that you receive quality care and that our organization is well run. As examples of the ways in which we may use and disclose your information for operations, our organization may use your medical information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our organization. Further, we may disclose your information to doctors, nurses, medical students, and other personnel for review and learning purposes.

**HEALTH INFORMATION EXCHANGE**- We may share information that we obtain or create about you with other health care providers or other health care entities for treatment, payment, and health care operation purposes as permitted by law through our patient portal/ health information exchange (HIE). For example, information about your past medical care and current medical condition and medications can be available to us or to your non-FCMC (Fulton County Medical Center) primary

care physician or hospital, if they participate in our HIE as well. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed treatment discussions. You may opt out of FCMC’s patient portal/ HIE and prevent providers from being able to search for your information through the exchange. Even if you opt out, a certain amount of your information may be retained by the exchange, and your ordering or referring physicians, if participating in our HIE, may access diagnostic information about you, such as reports of imaging and lab results. You will be provided the opportunity to opt out upon registration.

Information from your medical records that we obtain or create about you, as permitted by law, also may be shared through our HIE with your health plan or health insurance company for the sole purpose of enhancing or coordinating your care.

**TREATMENT ALTERNATIVES/HEALTH-RELATED BENEFITS AND SERVICES** - Our organization may use and disclose your medical information to inform you of treatment alternatives and /or health-related benefits and services that may be of interest to you.

**FUNDRAISING** - Our organization may use or disclose medical information about you in order to contact you as part of fundraising activity. In addition, we may disclose your medical information to a business associate, or to a foundation related to our organization, which may contact you to raise money for our organization. However, in the course of such fundraising activities, we would use or disclose only (i) demographic information relating to you (such as your name, address, and phone number) and (ii) the dates you received health care treatment or service from us. Should you not wish to be contacted regarding such fundraising activities, please contact **Executive Director of the Foundation at 717-485-6842**.

**MARKETING** -We may use your medical information to make a marketing communication to you that (i) occurs in a face to face encounter with you; (ii) concerns products or services of nominal value; or (iii) concerns our health-related products or services. Additionally, we will not sell or receive anything of value in exchange of your medical information. If you do not want to receive marketing communications (other than those in a newsletter or general communication device), please contact **Community Relations Director at 717-485-6115**.

**FACILITY DIRECTORY**- We may include certain limited information about you in our facility directory while you are a patient. This information may include your name, location, your general condition and your religious affiliation. The directory information, except for your religious affiliation, may be given to a member of the clergy even if they do not ask for you by name. If you do want your information included in our directory, upon your admission you should inform the **Admission’s Department at 717-485-3155**.

### **The following categories describe additional conditions in which we may use or disclose your medical information:**

**REQUIRED BY LAW** - We will use or disclose medical information about you when required by applicable law.

### **PUBLIC HEALTH ACTIVITIES**

Our organization may disclose your medical information for public health activities, including generally:

To prevent or control disease, injury or disability;

To maintain vital records, such as birth and deaths;

To report child abuse or neglect;

To notify a person regarding potential exposure to a communicable disease;

To notify a person regarding a potential risk for spreading or contracting a disease or condition;

To report reactions to drugs or problems with products or devices;

To notify individuals if a product or device they may be using has been recalled;

To notify appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information; and

To notify your employer under limited circumstances, related primarily to workplace injury or illness or medical surveillance.

### **ABUSE, NEGLECT, AND DOMESTIC VIOLENCE**

We may disclose your medical information to a government authority if we believe you are a victim of abuse, neglect, or domestic violence. If we make such a disclosure, we will inform you of it, unless we think that informing you places you at risk of serious harm or, if we were to inform your personal representative, is otherwise not in your best interest.

**HEALTH OVERSIGHT ACTIVITIES**- Our organization may disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities can include, for example investigations, inspections, audits, survey, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

**LAWSUITS AND SIMILAR PROCEEDING** - Our organization may use and disclose your medical information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your medical information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or obtain an order protecting the information the party has requesting.

**LAW ENFORCEMENT**- We may release medical information if asked so by law enforcement officials:

Regarding a crime victim in certain situations, if we are unable to obtain the person’s agreement; Concerning a death we believe might have resulted from criminal conduct; Regarding criminal conduct at our offices; In response to a warrant, summons, court order, subpoena or similar legal process; To identify/locate a suspect, material witness, fugitive or missing person; and In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

### **CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS**

- Our organization may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**ORGAN AND TISSUE DONATION** - We may use or disclose your medical information to organizations that handle organ and tissue procurement, banking or transplantation.

**RESEARCH** - Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, in order to balance research needs with patients’ needs 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, so long as the medical information they review does not leave our premises.

### **SERIOUS THREATS TO HEALTH OR SAFETY**

Our organization may use and disclose your medical information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

### **SPECIALIZED GOVERNMENT FUNCTIONS**

Our organization may disclose your medical information if you are member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, our organization may disclose your medical information to federal officials for intelligence and national security activities authorized by law. We also may disclose your medical information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Furthermore, our organization may disclose your medical infor-

mation to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (i) for the institution to provide health care services to you, (ii) for the safety and security of the institution, and/or (iii) to protect your health and safety or the health and safety of other individuals.

**WORKERS' COMPENSATION**— Our organization may release your medical information for workers' compensation and similar programs.

#### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosers of medical information not covered by this Notice will be made only with your written authorization. Most uses and disclosers of psychotherapy notes fall within this category and require your authorization before we may use your medical information for these purposes. Additionally, with certain limited exceptions, we are not allowed to sell or receive anything of value in exchange for your medical information without your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke (withdraw) that authorization in writing, at any time. However, uses and disclosures made before your withdrawal are not affected by your action and we cannot take back any disclosures we may have already made your authorization.

#### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

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

**REQUESTING RESTRICTIONS-** You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your medical information to individual involved in your care or the payment for your care, such as family members and friends.

We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your medical information, you must make your request in writing to **Medical Record's Director, 214 Peach Orchard Road., McConnellsburg, PA 17233, 717-485-6111**. Your request must describe in a clear and concise fashion: (i) the information you wish restricted (ii) whether you are requesting to limit our practice's use, disclosure or both; an (iii) to whom you want the limits to apply. If you request that we not disclose certain medical information to your health insurer and that medical information relates to a

health care product or service for which we, otherwise, have received payment from you or on your behalf, and in full, than we must agree to that request.

**CONFIDENTIAL COMMUNICATIONS-** You have the right to request that our organization communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you my mail, rather than by telephone, or at home, rather than work.

In order to request a type of confidential communication, you must make a written request to the **HIPPA, Privacy Officer, 214 Peach Orchard Road, McConnellsburg, PA 17233, 717-485-6337**, specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.

**INSPECTION AND COPIES -** You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **Medical Record's Director, 214 Peach Orchard Road., McConnellsburg, PA 17233, 717-485-6111** in order to inspect and/or obtain a copy of your medical information in electronic or paper format. Our organization may charge a fee for costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted not by the person that denied your request, but by the privacy officer or another health care professional chosen by us.

**AMENDMENT-** You may ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to **Medical Record's Director, 214 Peach Orchard Road., McConnellsburg, PA 17233, 717-485-6111**. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is:

- Accurate and complete
- Not part of the medical information kept by or for the organization.
- Not part of the medical information which you would be permitted to inspect and copy; or
- Not created by our organization, unless the individual or entity that created the information is not available to amend the information

**ACCOUNTING OF DISCLOSURES** — You have the right to request an accounting of disclosures. An accounting of

disclosures is a list of certain disclosures our organization has made of your medical information. In order to obtain an accounting of disclosures, you must submit your request in writing to **Medical Record's Director, 214 Peach Orchard Road., McConnellsburg, PA 17233, 717-485-6111**. All requests for an accounting of disclosure must state a time period that may not be longer than six years. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional list within the same 12-month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**RIGHT TO BE NOTIFIED IN THE EVENT OF A BREACH -**We will notify you if your medical information has been "breached", which means that your medical information has been used or disclosed in a way that is inconstant with law and results in it being compromised.

**RIGHT TO A PAPER COPY OF THIS NOTICE -**You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact **Admission Department at 717-485-3155**.

**RIGHT TO FILE A COMPLAINT -** If you believe your privacy rights have been violated, you may file a complaint with our organization 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/).

To file a complaint with our organization, contact **Patient Advocate, 214 Peach Orchard Road., McConnellsburg, PA, 17233, 717-485-6119**. All complaints must be in writing. You will not be penalized for filing a complaint.

**RIGHT TO PROVIDE AN AUTHORIZATION FOR OTHER USES AND DISCLOSURES -** Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or are not permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission. Please note that we are required to retain records of your care.

## Fulton County Medical Center

# NOTICE OF PRIVACY PRACTICES

**214 PEACH ORCHARD ROAD  
MCCONNELLSBURG, PA 17233  
717-485-3155**

**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 HIPPA PRIVACY OFFICER AT 717-485-6337**

**Effective Date of Updated Notice:  
September 2013**

#### **OUR COMMITMENT TO YOUR PRIVACY**

Our organization is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and the treatment and services we provide to you.

These records are our property. However, we are required by law:

- To maintain the confidentiality of your medical information.
- To provide you with this notice of our legal duties and privacy practices concerning your medical information.
- To follow the terms of our notice of privacy practices in effect at the time.

*To summarize, this notice provides you with the following important information:*

- How we may use and disclose your medical information.
- Your privacy rights in your medical information.
- Our obligations concerning the use and disclosure of your medical information.

**CHANGES TO THIS NOTICE: The terms of this notice apply to all records containing your medical information that are created or retained by us. We reserve the right to revise change, or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of the information that we already have about you, as**