Notice of Privacy Practices

Notice Effective January 1, 2012

This notice tells you how medical information about you can be used and shared, and how you can get access to this information. Please read it carefully. If you have any questions, please contact our Privacy Office at the phone number at the bottom of this notice.

Who will follow this notice?
The list below tells you who will follow the outlined practice for keeping your medical record private.

- Any MUHC health care professional that treats you at any of our locations.
- All areas and units of MUHC, which include: University Hospital; Women’s and Children’s Hospital; Ellis Fischel Cancer Center; Missouri Orthopaedics Institute; Missouri Psychiatric Center; Missouri Rehabilitation Center; Missouri Center for Outpatient Surgery; University Physicians; or any of the MUHC clinics or services.
- All MUHC employees, staff, volunteers or students of our organization.
- Any MUHC business associate or business partner.

Our pledge to you.
We understand that health data about you is private. We promise to protect this data. We make a medical record of the care and service you receive so we can provide good care and to comply with legal rules. This notice applies to all of your medical records that we maintain, whether they were made by our staff or by your own doctor. Your doctor may have other rules or a notice about use and release of your medical record kept in their office.

By law we must:

- keep your medical record private
- give you this notice of our legal duties and our practice of keeping your medical record private
- follow terms of the notice in effect at the current time

Changes to this Notice.
We may change our policies at any time. Changes will apply to health data we have on file, as well as new data we record after the notice is changed. Before we make a major change in our policies, we will change our notice and post the new notice in waiting areas, exam rooms, and on our Web site at http://www.muhealth.org/. You can get a copy of the current notice any time. The date it went into effect is listed just below the title. You will be offered a copy of the current notice each time you come to our facilities for treatment.

How we are allowed to use and share your medical record?
We may use and share your medical record for:

- **Treatment** (such as sending your health data to a special doctor or family doctor or other health care facility when you are referred to them)
- MUHC participates in a Health Information Exchange provided through the Tiger Institute Health Alliance. The Exchange facilitates the transmission of your medical record between providers who are treating you, replacing other types of communication methods such as the telephone, fax machine, and the US Postal Service. With your written permission, the Exchange permanently stores your data in a secured repository for providers who may treat you in the future, provided that they have established a treatment relationship with you.
  - The Exchange may also provide critical information about you for other lawful purposes, such as to educate providers who manage the care of others like you, but in doing so will not share your name, address or other information that could identify you.
  - In those cases where your specific consent or authorization is required by law to disclose your medical record to others, MUHC will not disclose that information through the Exchange without first obtaining your written consent.
- **To obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and
- **To support health care quality improvement** (such as when we compare patient data to improve treatment methods.) Subject to certain rules, we may use or share your health data without your prior permission for other reasons:
  - For public health issues
  - To report abuse or neglect
  - During health care audits or inspections
  - As part of research studies
  - To arrange funerals and organ donation
  - For workers’ compensation claims
  - In an emergency

Health care data may also be shared when required by law. In certain cases we must respond to requests from law enforcement officials or valid court orders.

- This hospital and its staff are involved as a study site to conduct research in certain clinical trials. You
may benefit from our efforts to advance science and medicine through research. Our health care staff are often aware of certain treatment trials that may be offered here. In order to provide useful facts about your treatment options, we may review your medical record from time to time to see if you may be eligible to take part in certain studies. You would then have access to certain experimental treatments. We will inform you if we believe it would be helpful to your treatment to think about these kinds of options for your care. Only our clinicians will access your medical record during these reviews and none of your private health data will be given to third parties without your written consent. If it appears you may be eligible for such treatment and that the treatment could benefit you, your doctor or a member of our staff will contact you with further information.

We also may contact you to remind you about a scheduled visit or to tell you about or suggest treatment options, alternatives, health-related benefits or services that may be of interest to you. We may also ask for your support in marketing or fundraising efforts. You may opt-out at any time.

If you are admitted as a patient, we will add your name to our public patient directory, unless you ask us not to. The patient directory includes your hospital room number, your condition (good, fair, etc.) and your religious faith. We will release all of these but your religious faith to anyone who asks about you by name. Your religious faith may be shared with a clergy member, even if they do not ask for you by name.

If you are a potential organ, eye or tissue donor, we may release health information to organizations that handle organ procurement, or organ donation networks to facilitate organ, eye and tissue donation and transplantation.

We may share your health care data with a friend or family member who is involved in your care. Your health data may also be shared with disaster relief agencies so they can contact your family and tell them of your condition.

Other uses of your medical record.

In any other situation not covered by this notice, we will ask for your written permission before we use or share your medical record. If you choose to permit us to use or share your record, you can later revoke that permission by telling us about your decision in writing.

Your rights about your health data.

In most cases, you may make a written request to look at, or get a copy of your medical record. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written appeal.

If you think that data in your medical record is wrong or if important items are missing, you have the right to request that we correct your records. You may submit a written request providing your reason for requesting the change. We may deny your request to amend a record if it was not created by us; if it is not part of the data maintained by us; or if we determine that the record is correct. You may submit a written appeal if you disagree.

You have the right to receive a list showing who has accessed your medical record. The request must state the time period you want us to include and the first list you request in a 12 month period is free. If you make more requests during that time, you may be charged our cost to produce the list. We will tell you about the cost before you are charged.

If this notice was sent to you by e-mail, you have the right to a paper copy of this notice.

You have the right to request that your medical record be given to you in a private manner. You may ask us to send mail to an address other than your home, or tell us in writing about a certain way or place we can use to inform you.

You may request, in writing, that we not use or share your medical record for treatment, payment (if you choose to personally pay for your care) or healthcare operations; or to persons involved in your care except when specifically authorized by you; when required by law; or in an emergency. All written requests or appeals should be submitted to our Privacy Office listed at the bottom of this notice.

Complaints.

If you are concerned that your privacy rights may have been violated; or you disagree with a decision we made about access to your records, you may contact our Ethics and Compliance Hotline at 866-447-9821 or directly to our office at 573-882-0632. You may write us at Office of Corporate Compliance DC056.10, 1 Hospital Dr. Columbia Mo 65212.

You may also contact Mo Department of Health, Bureau of Health Facility Regulation: 1-573-751-6302 and/or the State Attorney General’s Office Consumer Hot Line: 1-800-392-8222 for more help.

You may file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights at: http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html The Office of Corporate Compliance can provide the mailing address.

We will not punish you or take action against you if you file a complaint.