

# Wabash Memorial Hospital Association



## NOTICE OF PRIVACY PRACTICES FOR THE WABASH MEMORIAL HOSPITAL ASSOCIATION HEALTH AND WELFARE PLAN

THIS NOTICE DESCRIBES  
HOW MEDICAL INFORMATION  
ABOUT YOU MAY BE USED  
AND DISCLOSED  
AND HOW YOU CAN GET  
ACCESS TO THIS INFORMATION

PLEASE REVIEW THIS  
NOTICE CAREFULLY

The Wabash Memorial Hospital Association (“WMHA”) sponsors the Health and Welfare Plan for its members. The Health and Welfare Plan offers and administers a number of different health benefit arrangements. This Notice describes the practices that the Health and Welfare Plan (the “Plan,” “us,” or “we”) sponsored by WMHA will follow with regard to protected health information (“PHI”) created or received about you. It also describes your rights concerning PHI about you.

PHI is a special term, defined by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its regulations (the “Privacy Rule”). PHI means individually identifiable health information that is created or received by the Plan and relates to: (i) your past, present, or future physical or mental health or condition; (ii) the delivery of health care to you; or (iii) the past, present, or future payment for the delivery of health care to you; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

### USES AND DISCLOSURES

**PHI about you will most often be used or disclosed as follows:**

#### **For Treatment**

We may use PHI about you to provide, coordinate, and manage your treatment or for the treatment activities of a health care provider.

#### **For Payment**

We may request, use or disclose PHI about you to process and pay claims for the treatment and services you receive.

#### **For Health Care Operations**

We may request, use and disclose PHI about you to conduct quality assessment and improvement activities. We may use PHI for underwriting purposes, but we are not permitted to use genetic information about you to decide whether we will give you coverage or the price of that coverage.

#### **To Business Associates**

The Plans sometimes engage business associates—third parties—to provide services. Examples include attorneys, consultants, collection agencies, and vendors who assist with the processing of your claims or treatment you receive. We may disclose PHI about you to our business associates so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to redisclose the information unless specifically permitted by law.

1

#### **To Other Covered Entities**

The Plan may disclose PHI about you to a HIPAA-covered health care provider, health plan, or health care clearinghouse in connection with that entity’s treatment, payment, or health care operations.

**We may request permission to use or disclose PHI about you:**

If you are present and able to give your verbal permission, we will only use or disclose PHI about you with your permission for the three purposes described below. This verbal permission will only cover a single encounter, and is not a substitute for a written authorization. If you are not present or are unable to give your permission, we will use or disclose PHI about you only if we determine (based on our professional judgment) that the use or disclosure is in your best interest, including an emergency situation.

#### **To Others Involved in Your Care**

We may use or disclose PHI about you to a relative or other individual who you have identified as being involved in providing your care or helping you pay your healthcare bills. If you are not present, our disclosure will be limited to the PHI that directly relates to the individual’s involvement in your health care.

#### **For Limited Notification Purposes**

We may use or disclose PHI about you to help notify a relative or other individual who is responsible for your health care, of your location, general condition or death.

#### **To Assist in Disaster Relief**

We may disclose PHI about you to an authorized public or private entity in order to assist in disaster relief efforts, or to coordinate uses and disclosures to relatives or other individuals involved in your health care.

**We may also use or disclose PHI about you in special situations:**

#### **To the Secretary**

We will disclose PHI about you to the Secretary of the Department of Health and Human Services, when required to do so, to enable the Secretary to investigate or determine our compliance with HIPAA and the Privacy Rule.

#### **As Required by Law**

We may disclose PHI when we are required to do so by federal, state or local law.

2

#### **For Public Health Activities**

We may disclose PHI about you to public health authorities for public health activities. These disclosures generally include the following: preventing or controlling disease; injury or disability; reporting births and deaths; reporting child abuse or neglect, or abuse of a vulnerable adult; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or reporting to the FDA as permitted or required by law.

#### **For Health Oversight Activities**

We may disclose PHI about you to a health oversight agency for health oversight activities that are authorized by law to monitor the health care system, government programs and compliance with civil right laws.

#### **In Legal and Administrative Proceedings**

We may disclose PHI about you in response to a valid court order or administrative order, or in response to certain subpoenas, discovery requests or other lawful process. We may disclose PHI in the context of civil litigation where you have put your condition at issue in the litigation.

#### **To Law Enforcement**

Under limited circumstances (such as required state or federal reporting laws or in response to a grand jury subpoena, valid court order, or warrant), we may disclose PHI about you to law enforcement officials and governmental agencies.

#### **To Coroners, Medical Examiners, and Funeral Directors**

We will release medical information to a coroner or medical examiner in the case of certain types of death, and we must disclose health records upon the request of the coroner or medical examiner. This may be necessary, for example, to identify you or determine the cause of death. We may also release the fact of death and certain demographic information about you to funeral directors as necessary to carry out their duties.

#### **For Organ and Tissue Donation**

We may release PHI 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.

3

**For Research**

We may use or disclose PHI about you for research purposes.

**To Avert a Serious Threat to Health or Safety**

We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Specialized Government Functions**

We may disclose PHI about you, if you are in the Armed Forces, for activities deemed necessary by appropriate military command authorities, for determination of benefit eligibility by the Department of Veterans Affairs, or to foreign military authorities if you are a member of that foreign military service. We may disclose PHI about you to authorized federal officials for conducting national security and intelligence activities (including for the provision of protective services to the President of the United States) or to the Department of State to make medical suitability determinations. If you are an inmate at a correctional institution, then under certain circumstances we may disclose PHI about you to the correctional institution.

**For Workers' Compensation**

We may disclose PHI about you for workers' compensation or similar programs providing benefits for work-related injuries or illness.

**For Patient Reminders**

We may use and disclose PHI about you by sending you a reminder for important services, such as appointments and medication refills.

**About Additional Services**

We may use or disclose PHI about you to send you information about alternative medical treatments and programs, or about health related products and services that may be of interest to you, provided the Plan does not receive financial remuneration for making such communications.

**For Underwriting**

We may receive, use, and disclose your personal information for underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits. WMHA will not disclose an individual's genetic information for underwriting purposes.

**For Fundraising**

We may use or disclose PHI about you to communicate with you for fundraising purposes. You have the right to opt-out of receiving such fundraising communications.

**We must have your written authorization for some uses and disclosures:**

**Psychotherapy Notes**

Most uses and disclosures of psychotherapy notes will require your authorization.

**Marketing**

In order for us to use or disclose PHI about you for marketing purposes and receive payment from the party whose product or service is being marketed, we must first obtain your authorization.

**Sale**

A sale of PHI about you will generally require your authorization.

**Other uses and disclosures of protected health information:**

Except as described in this Notice, WMHA will not use or disclose your protected health information without a specific written authorization from you. If you provide us with this written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you. You may obtain an Authorization of Release of PHI form by contacting the Privacy Office listed at the end of this Notice.

**YOUR RIGHTS**

You have certain rights concerning PHI about you. This section explains your rights and some of our responsibilities to help you.

**Get a copy of certain PHI**

You can ask to inspect or receive a copy PHI we maintain about you. Contact the Privacy Officer listed at the end of this Notice for instructions on how to submit a written request.

We may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by law.

We may deny your request to inspect and copy your information in certain limited circumstances.

**Ask us to amend PHI about you**

You can ask the privacy officer to change information we have about you if you think it is incorrect or incomplete. Your request must be in writing to the privacy officer, signed by the member or his/her representative and identify and provide support explaining why the information should be amended.

We may deny your request. You will receive a written explanation of the denial.

**Request confidential communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will accommodate all reasonable requests. Your request must be in writing to the privacy officer and specify how or where you wish to be contacted. We may require you to provide information about how payment will be handled.

**Ask us to limit what we use or share**

You can ask us not to use or share certain PHI for treatment, payment, or our operations. You must make your request in writing to the Privacy Officer. The request must include (i) what information you want to limit; (ii) whether you want to limit our use, disclosure, or both; and (iii) to whom you want the limits to apply, for example, if you want to prohibit disclosures to your spouse. We are not required to agree to your request, and we may say "no" if it would affect your care. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or you request that we remove the restriction. We reserve the right to terminate an agreed to restriction if we believe such termination is appropriate. In the event of a termination by WMHA, we will notify you of such termination. You may also terminate an agreed to restriction in writing.

**Get a list of those with whom we've shared PHI about you**

You can ask for a list (accounting of disclosures) of the times we've shared PHI about you for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. Contact the Privacy Officer listed at the end of this Notice for instructions on how to submit a written request.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time. This notice is available electronically on our website, [www.wabashcannonball.org](http://www.wabashcannonball.org).

**Choose someone to act for you**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about PHI about you. We will make sure the person has this authority and can act for you before we take any action.

**File a complaint in writing if you feel your privacy rights have been violated**

You can file a complaint with the Privacy Office listed at the end of this Notice. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, SW, 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/). We will not penalize you for filing a complaint.

**OUR RESPONSIBILITIES**

We are required by law to maintain the privacy and security of PHI about you. We will let you know promptly if a breach occurs that may have compromised the privacy or security of PHI about you. We must follow the duties and privacy practices described in this notice and give you a copy of it.

**CHANGES TO THIS NOTICE**

The effective date of this notice is September 23, 2013. We reserve the right to change our privacy practices and the terms of this Notice at any time. We reserve the right to make the revised or changed notice effective for PHI we already have about you, as well as any information we receive in the future. If the terms of this notice are changed, we will provide you with a revised notice upon request and we will post the revised notice on our website, [www.wabashcannonball.org](http://www.wabashcannonball.org).

**PRIVACY OFFICE**

For questions about this Notice please contact:

**JULIE RIGGEN, WMHA Privacy Officer**  
**P.O. Box 1340—1501 N. Water Street**  
**Decatur, IL 62525—Phone: 888-800-9161**

