



POLICY & PROCEDURE

MERCY HEALTH NETWORK OF THE SOUTHERN REGION, INC.

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**Notice on Health Information Practices**

*This notice describes how 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 Mercy Health System Oklahoma (MHSO) Compliance/Privacy Officer at:

4300 W. Memorial Road  
Oklahoma City, OK 73120  
1-866-833-7283

**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 record, 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 a third-party payer 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 access and continually work to improve the care we render and the outcomes we achieve
- Understanding what is in your record and how our health information is used helps you to:
  - Ensure its accuracy



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**Notice on Health Information Practices**

- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosures to others

**Who will follow this notice**

This notice describes our health system’s practices and that of:

- Any health care professional authorized to enter information into your clinic record
- Any member of a volunteer group we allow to help you while you are under our care
- All employees, staff, and other co-workers

**Our Responsibilities**

Mercy Health Network of the Southern Region 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 new provisions effective for all protected health information we maintain. Should our information practices change, we will post the revised copy on our website at [www.mercyok.com](http://www.mercyok.com).

Mercy Health Network of the Southern Region is an affiliated covered entity of the Sisters of Mercy Health System.



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**Notice on Health Information Practices**

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

Mercy Health Network of the Southern Region providers have agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your health care needs.

**Your Health Information Rights**

Although your health record is the physical property of Mercy Health Network of the Southern Region, the information belongs to you. You have the right to:

- **Inspect and Obtain a Copy.** You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, records compiled in reasonable anticipation of, or for use in civil, criminal or administrative proceeding, or information that subject to law that prohibits your access to such information.

To inspect and obtain a copy of medical information that may be used to make decisions about you, you must submit a written request in writing to:

Mercy Health Davis  
Clinic Manager  
107 South 3<sup>rd</sup> Street  
Davis, OK 73030

Mercy Health Tishomingo  
Clinic Manager  
1040 South Byrd  
Tishomingo, OK 73460

Mercy Health Ratliff City  
Clinic Manager  
10771 State Highway 7  
Ratliff City, OK 73481

Mercy Health Wilson  
Clinic Manager  
1152 U.S. Hwy 70A  
Wilson, OK 73463

The request must include:



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- Your name
- Date of birth
- Reason for needing your information
- Social Security Number
- Date of treatment(s) at Mercy Health Network of the Southern Region
- Specific information needed (i.e. progress notes, history and physical, etc.)
- Your signature

Your authorization can be revoked at any time except to the extent that disclosure made in good faith has already occurred. We will charge you \$0.25 per page for copies of your medical information. We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Network will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment for as long as the information is kept by or for the clinic.

To request an amendment, your request must be made in writing and submitted to the Mercy Health Network Clinic Manager at:

Mercy Health Davis  
Clinic Manager  
107 South 3<sup>rd</sup> Street  
Davis, OK 73030

Mercy Health Tishomingo  
Clinic Manager  
1040 South Byrd  
Tishomingo, OK 73460

Mercy Health Ratliff City  
Clinic Manager  
10771 State Highway 7  
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Mercy Health Wilson  
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1152 U.S. Hwy 70A  
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In addition, you must provide a reason that supports your request.



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We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for the clinic
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. This excludes disclosures we may have made to you and disclosures for payment, treatment, and healthcare operations. This also excludes disclosures made pursuant to your written authorization, disclosures of facility directory information or disclosures to family members or friends involved in your care, for notification purposes, for national security purposes, and disclosures of limited data sets which do not directly identify you.

To request this list or accounting of disclosures, you must submit your request in writing to:

Mercy Health Davis  
Clinic Manager  
107 South 3<sup>rd</sup> Street  
Davis, OK 73030

Mercy Health Tishomingo  
Clinic Manager  
1040 South Byrd  
Tishomingo, OK 73460

Mercy Health Ratliff City  
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Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. Your request will be sent to you in paper form. The first list you request within a 12-month period will be free. For additional lists, we will charge you \$1.00 per accounting.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to:

Mercy Health Davis  
Clinic Manager  
107 South 3<sup>rd</sup> Street  
Davis, OK 73030

Mercy Health Tishomingo  
Clinic Manager  
1040 South Byrd  
Tishomingo, OK 73460

Mercy Health Ratliff City  
Clinic Manager  
10771 State Highway 7  
Ratliff City, OK 73481

Mercy Health Wilson  
Clinic Manager  
1152 U.S. Hwy 70A  
Wilson, OK 73463

In your request, you must tell us (1) what information you want to limit (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a



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certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to:

Mercy Health Davis  
Clinic Manager  
107 South 3<sup>rd</sup> Street  
Davis, OK 73030

Mercy Health Tishomingo  
Clinic Manager  
1040 South Byrd  
Tishomingo, OK 73460

Mercy Health Ratliff City  
Clinic Manager  
10771 State Highway 7  
Ratliff City, OK 73481

Mercy Health Wilson  
Clinic Manager  
1152 U.S. Hwy 70A  
Wilson, OK 73463

We will not ask you the reason for your request. We will accommodate all **reasonable** requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

You may obtain a copy of this notice at our website, [www.mercyok.com](http://www.mercyok.com). To obtain a paper copy of this notice, please call 1-866—833-7383.

**Examples of Disclosures for Treatment, Payment, and Health Operations**

*We will use your health information for treatment.*

**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



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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 you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this clinic.

*We will use your health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. 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 health operations.*

**For example:** Members of the medical staff, the risk or quality management department may use information in your record to assess the care and outcomes in your case and others like it. This information will then be used in effort to continually improve the quality and effectiveness of the healthcare and service Mercy provides.

Following your treatment at Mercy, you may receive a follow-up call.

*Business associates:* There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of our health record. When these services are contracted, 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 third party payer for services rendered. 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 to notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.



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*Communication with family:* Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in your care or payment related to your care.

*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 privacy of your health information.

*Funeral Directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

*Workers Compensation:* 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. These programs provide benefits for work-related injuries or illness.

*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 displacement.



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*Military and veterans:* If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate military authority.

*Public health:* As required by federal and Oklahoma state law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

*Law enforcement:* We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, court order or search warrant.

*Correctional institution:* Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health safety of other individuals.

*As required by law:* We will disclose medical information about you when required to do so by federal, state, or local law.

*To Avert a Serious Threat to Safety or Health:* We may use and disclose medical information 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. Any disclosure, however, would only be to someone able to help prevent the threat.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**Other uses of Your Medical Information**



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Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

**For more information or to Report a Problem**

If you have more questions and would like additional information, you may contact the MHSO Compliance/Privacy Officer at:

4300 W. Memorial Road  
Oklahoma City, OK 73120  
866-833-7283

If you believe your privacy rights have been violated, you can file a complaint with the MHSO Compliance/Privacy Officer or with the Office for Civil Rights, Region VI, U.S. Department of Health and Human Services at:

1301 Young Street, Suite 1169  
Dallas, TX 75202

All complaints to the clinic must be submitted in writing.

**You will not be penalized for filing a complaint.**

**Effective date: 04/14/03**