



Southern New Hampshire Medical Center  
Foundation Medical Partners

## **NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES**

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

As a health care consumer, you have the right to know how information about you may be used and shared, and how you can get access to this information.

Southern New Hampshire Health System and our affiliated providers are responsible for ensuring the privacy of your protected health information. We believe that such protection is also part of the trust and confidence that you place in us – which is why we have always made patient confidentiality a priority.

### **Understanding your health information**

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. This may include your symptoms, examination and test results, diagnoses, treatment, and plan for future care and treatment, as well as billing information for services provided to you. This, your health record (also called your “medical record”), serves as a basis for planning your care and treatment, communication among health professionals who may contribute to your care, and for billing purposes. This protected health information (PHI) may relate to your past, present or future medical conditions, healthcare services provided to you or payment for those services.

Your health record is also a legal document, describing the care you received and the means by which you or a third-party payer can verify that services billed were actually provided. It can also be used in educating health professionals, as a source of data for medical research, planning and marketing, as a source of information for public health officials, and as a tool with which we can work to improve the care we provide.

Understanding what is in your health record and how this information is used can help you to ensure its accuracy. Knowing who, what, when, where, and why others may access or use your health information will help you to understand your rights and our responsibilities and will help you to make more informed decisions when permitting others to share it.

**Southern New Hampshire Health System is required by The Health Insurance Portability and Accountability Act (HIPAA)** to protect the privacy of your health information and provide you with this Notice to explain our legal duties and privacy practices regarding your PHI. HIPAA additionally allows healthcare organizations under common ownership or control to designate themselves as a single Affiliated Covered Entity for the purposes of complying with the HIPAA privacy and security rules. As such, it is important to notify you that Elliot Health System (EHS) and Southern New Hampshire Health System (SNHHS) are affiliated covered entities under a New Hampshire corporation called SolutioNHealth. As such, an affiliated member may share PHI with SolutioNHealth and its affiliated members for the treatment, payment, and healthcare operations of the affiliated members and as permitted by HIPAA and this Notice.

**Who Will Follow this Notice?**

In addition to the above, this specific Notice will be followed by all healthcare professionals, employees, medical staff, students and volunteers of SNHHS

We will abide by the terms of this notice and notify you if we are unable to agree to any restriction you may request. We will make your health information as accessible to you as possible.

We honor these requirements because it is the law, because we have always done so, and above all, because it is the right thing to do. If there is any change in the way your health information is protected, we will tell you. We will not use or share your health information without your permission, except as described in this notice. All notices will contain an effective date.

**HOW YOUR HEALTH INFORMATION COULD BE USED:**

**For treatment:** We may use your health information to provide you with medical treatment and services by doctors, nurses, technicians, or other hospital personnel who are involved in your care. We will provide copies of reports to your providers to help in your care. **If you need emergency treatment** and are unable to communicate with us, we may use or share your health information if, in our professional judgment, it is in your best interest

**For payment:** We may use and share your health information with other health care professionals, so that the treatment and services you receive may be billed as necessary.

**For health care operations:** We may use and share your health information with medical staff or quality improvement team members. In this way, we can assess your care and work to continually improve the quality and effectiveness of the care we provide.

**Business associates:** Some services are provided by contract through our business associates, for example, medical transcription or billing, accounting or legal services. Business associates are independent professionals who use health information on behalf of Southern New Hampshire Health System. We may share your health information with the business associate so that he/she may perform the services we have asked them to do. We do require that they sign an agreement that appropriately safeguards your health information.

**Appointment reminders:** We may use your health information to contact you as a reminder that you have an appointment for treatment or medical care.

**To avert a serious threat to health or safety:** We may use your health information when necessary to prevent a serious threat to your health or safety, or the health and safety of the public, or another person.

**Public health activities:** We may share your health information for public health activities. These generally include reporting births and deaths, and preventing or controlling a disease, injury or disability by notifying a person who may have been exposed or may be at risk for contracting or spreading a disease or condition.

**Required by law:** We may use or share your health information to comply with federal or state law, such as to report child or elder abuse or neglect, or gunshot or other injury inflicted in connection with a criminal act.

**Law enforcement:** We may disclose health information for law enforcement purposes. Examples include responding to a valid subpoena, warrant, court order, summons or crime on the premises of The Health System.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to harmful events with respect to food, supplements, product and product defects, to enable product recalls, repairs, or replacement.

**Research:** We may disclose information to researchers whose protocols ensure the privacy of your health information. If the research involves treatment, we will obtain your written permission.

**Health related benefits & services:** We may sometimes contact you with information about benefits and services related to your health care, or the availability of services or treatment alternatives related to your diagnosis. When we first contact you, you will have the opportunity to refuse any further contact from us.

**Health oversight activities:** We may disclose health information to a health oversight agency, such as the Department of Health and Human Services, for activities authorized by

law. These include facility audits, investigations, inspections and licensure, and are necessary for the government to monitor the health care system with regard to government programs and compliance.

**Administrative or legal proceedings:** If you are involved in an administrative or legal proceeding, we may be required to disclose your health information in response to a court or administrative order, subpoena, discovery request or other lawful process. If your authorization cannot be obtained, we may request a court order protecting your information.

**Correctional institutions:** Should you be an inmate of a correctional institution, or in the custody of law enforcement, we may disclose to the institution or their agents health information necessary for your health and the health and safety of other individuals, as required by law.

**Government functions:** Specialized government functions such as protection of public officials or reporting to various branches of the armed forces, may require the use and disclosure of your health information.

**Worker's compensation:** We may release your health information for worker's compensation or similar programs.

**Coroners, medical examiners and funeral home directors:** We may disclose health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release health information to funeral home directors as necessary to carry out their duties.

**Organ procurement organizations:** We are required by law to disclose health information to organ procurement organizations for the purpose of tissue donation and transplant.

**Other uses and disclosures:** We reserve the right to change our practices and this notice, and to make new provisions effective retroactively for all protected health information that we maintain. Any use or disclosure not covered by this notice or laws that apply to us will be made only with your written permission. You may revoke that permission in writing, at any time. 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 we have provided to you.

Certain uses of your health information, such as use of identifiable patient information in marketing, require your authorization. Uses and disclosures not described in this notice will be made only with your authorization. Southern New Hampshire Health System cannot sell your health information without your permission.

## **YOU HAVE CONTROL OVER THE FOLLOWING USES OF YOUR HEALTH INFORMATION:**

**Southern New Hampshire Medical Center directory:** Unless you notify us that you object, we will include your name, location in The Medical Center, and general condition in our inpatient directory. The information may be released to visitors who ask for you by name, unless you request otherwise. The same information, plus your religious affiliation, if any, may also be released to members of the clergy, unless you request otherwise.

**Individuals involved in your care or payment for your care:** Unless you object, health providers may use their professional judgment to release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital.

**Fundraising:** Unless you object, we may use your basic demographic information and dates of health service to support our fundraising efforts.

**Marketing:** We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. We are required to obtain your authorization for other marketing activities or if we receive direct or indirect payment for your health information. We are prohibited from selling your health information without your specific, written authorization.

**Payment in cash:** If you pay in cash in full (out of pocket) for treatment, you can instruct Southern New Hampshire Health System not to share information about your treatment with your health plan.

**Record for treatment of psychiatric care:** Unless you object, with a signed authorization we will release or disclose your health information concerning psychiatric treatment.

**Confidentiality of Substance-Use Disorder Records:** The confidentiality of substance-use disorder records maintained by us is protected by Federal law. Generally, we may not disclose to a person outside the SNHHS Substance-Use Disorder Treatment program that you are a patient of the program, or disclose any information identifying you as a substance-use disorder patient unless: (1) You consent in writing; (2) The disclosure is ordered by a court; or (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research or business audits. Violation of the Federal law by a program is a crime and suspected violations may be reported to appropriate authorities in accordance with Federal law. Federal law does not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal

law does not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

If you want to object to our use or disclosure of any or all of the above please contact the Privacy Officer at **(603)-281-9857**

## **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of the health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Obtain a copy of this Notice upon request. This Notice will be available to you through your health care provider, and will also be on [www.snhhealth.org](http://www.snhhealth.org) or by e-mail transmission upon request.
- Inspect and obtain a copy of your health record either in paper or electronic form. There may be a reasonable charge as provided under law.
- Request a restriction on certain uses and disclosures of your information as provided by Federal law (45 CFR 164.522).
- Request to amend your health record as provided by Federal law (45 CFR 164.526).
- Chose 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 your health information. We will make sure the person has this authority and can act for you before we take any action.
- Obtain an accounting of disclosures of your health information, except of routine disclosures for treatment, payment, health care operations, and certain other disclosures, as provided by Federal law (45 CFR 164.528).
- Request that we communicate with you regarding your health information by alternative means or at alternative locations, such as only calling you at work or mailing appointment reminders to a post office box.
- Revoke authorization to use or disclose health information except to the extent that action has already been taken.
- Notification of a breach. We will investigate all reports of suspected breaches of your unsecured protected health information and will provide timely a notice to you and regulatory authorities when we know or reasonably believe that a breach has occurred.
- Health Information Organization:

Unless you notify us that you object, we may share your information in a secure encrypted electronic format through Health Information Organizations to your health care providers for treatment, care coordination, and quality assurance purposes.

The procedure for initiating any of the above actions is available at [www.snhhealth.org](http://www.snhhealth.org) or by contacting the HIPAA Privacy Officer at (603) 281-9857.

If you feel your privacy rights have been violated you may file a written complaint with Southern New Hampshire Health System Privacy Officer at the address below, or with the Secretary of the Department of Health and Human Services at 200 Independence Ave., S.W., Washington, D.C. 20201.

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

If you have questions or need more information about this notice or wish to submit a complaint, please contact:

Southern New Hampshire Health System Privacy Officer  
8 Prospect Street  
Nashua, NH 03060  
Phone: (603) 281-9857

Compliance Hot Line Number - (888) 414-2743

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