UNITY HEALTH
White County Medical Center

SPECIALTY CARE

AFTER HOURS CLINIC

BRADFORD CLINIC

CLARITY HEALTH & WELLNESS

FAMILY PRACTICE ASSOCIATES

MCAFEE MEDICAL CLINIC

MEDICAL CLINIC HEBER SPRINGS

SEARCY MEDICAL CENTER

WESTSIDE FAMILY MEDICAL CLINIC

CARDIOLOGY CLINIC

ONCOLOGY CLINIC

ORTHOPEDIC & SPINE CENTER

UNITY HEALTH
FPA Privacy Officer
at (501) 268-3232

WHO WILL FOLLOW THIS NOTICE
This notice describes our Hospital’s practices and that of:

- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, members of the Hospital Medical Staff, other Hospital personnel and Clinic personnel
- Any healthcare professional authorized to enter information into your chart.

OUR PLEDGE REGARDING MEDICAL INFORMATION
We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from our Hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by our Hospital, whether made by Hospital personnel or your physician.

Your physician may have different policies or notices regarding the physician’s use and disclosure of your medical information created in the physician’s office or clinic.

This Notice will tell you about the ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

WE ARE REQUIRED BY LAW TO
Make sure that medical information that identifies you is kept private. Give you this Notice of our legal duties and privacy practices with respect to medical information about you. Follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU
The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples.

Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

FOR TREATMENT
We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, a physician treating you for a broken leg may need to know if you have diabetes so that we can arrange for appropriate medical treatment or services. We may disclose medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may also disclose medical information about you to people outside our Hospital who may be involved in your medical care later, such as family members, clergy or others we use to provide services that are part of your care.

FOR PAYMENT
We may use and disclose medical information about you so that treatment and services you receive from our Hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give you a health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

FOR HEALTHCARE OPERATIONS
We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to physicians, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study healthcare delivery without learning who the specific patients are.

HOSPITAL DIRECTORY
Unless you notify us that you object, we will include certain limited information about you in the hospital directory while you are a patient in the hospital. This information includes your name, location in the hospital, and your religious affiliation. The directory information may be given to a member of the clergy, such as a priest or rabbi who is of the same religious affiliation that you indicate, even if they do not ask for you by name. This information may be given to members of the public if they ask for you by name.

This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

MEDICAL INFORMATION ABOUT YOU
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.

Effective Date:
July 1, 2017

If you have any questions about this notice please contact the
UNITY HEALTH
FPA Privacy Officer
at (501) 268-3232

FOR TREATMENT
We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, a physician treating you for a broken leg may need to know if you have diabetes so that we can arrange for appropriate meals. Different departments within the Hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside our Hospital who may be involved in your medical care later, such as family members, clergy or others we use to provide services that are part of your care.

ATTENTION: If you need language assistance services, it is free of charge, and available to you. Call 1-855-316-3983 Ext 5200 (TTY: 1-800-285-1131). (TTY – In facility dial 9-1711)

UNITY Health - White County Medical Center (Unity Health) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.


UNITY Health - White County Medical Center (Unity Health) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.


UNITY Health - White County Medical Center (Unity Health) tuen thư luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.


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COMMUNICATION WITH FAMILY
Healthcare providers may release medical information about you to a family member, a close friend or any other person you identify, health information needed for that person to be involved in your care or payment related to your care.

RESEARCH
We may disclose medical information to researchers when their research has been approved by an institutional review board that has reviewed the research project and established protocols to ensure the privacy of your health information. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. We may also disclose medical information about you to people preparing to conduct a research project, for example to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital.

AS REQUIRED BY LAW
We will disclose medical information about you when required to do so by Federal, State or Local law.

TO AVOID A SERIOUS THREAT TO HEALTH OR SAFETY
We may use or disclose medical information about you when necessary to prevent serious threats to health or safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

SPECIAL SITUATIONS

ORGAN & TISSUE DONATION
If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, and tissue transplantation, or to an organ donation bank, as needed to facilitate organ or tissue donation and transplantation.

FUNDRAISING
Our Foundation may use information you notify us about fundraising campaigns or other charitable events to raise money for Unity Health-WOCM. You have the right to opt-out of receiving fundraising communications and may do so by calling (501) 278-3519 or e-mailing Foundation@Unity-Health.org.

MILITARY AND VETERANS
If you are a member of the armed forces, we may release medical information about you to authorized Federal officials for intelligence, counterintelligence and other national security activities authorized by law.

WORKERS’ COMPENSATION
We may release medical information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries.

PUBLIC HEALTH RISKS
As required by law, we may disclose medical information not covered by this Notice, specifically those for marketing, the sale of PHI, and psychotherapy notes, will be made only with your written permission. If you provide permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time and we will no longer use or disclose medical information about you for which you have revoked 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 to you.

HEALTH OVERSIGHT ACTIVITIES
We may disclose medical information to a health oversight agency for the purpose of oversight activities to ensure compliance with federal, state, or local law or regulations. These agencies may include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

LAWSUITS AND DISPUTES
If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

LAW ENFORCEMENT
We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, or similar process, to identify or locate a suspect, fugitive, material witness or missing person, about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s Agreement to a death, to believe may be the result of criminal or conduct within our Hospital and in emergency circumstances to report a crime; the location of a crime victim or the identity, description or location of the person whom committed the crime.

CORONERS, MEDICAL EXAMINERS & FunERAL DIRECTORS
We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or 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.

NATIONAL SECURITY & INTELLIGENCE ACTIVITIES
We may release medical information about you to authorized Federal officials for intelligence, counterintelligence and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT & OTHERS
We may disclose medical information about you to authorized Federal officials so they may provide protection to the President, other authorized persons of foreign heads of state or conduct special investigations.

INMATES
If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

OTHER USES OF MEDICAL INFORMATION
Other uses and disclosures of medical information not covered by this Notice, specifically those for marketing, the sale of PHI, and psychotherapy notes, will be made only with your written permission. If you provide permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time and we will no longer use or disclose medical information about you, for which you have revoked 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 to you.

RIGHT TO INSPECT AND OBTAIN A COPY
You have the right to inspect and obtain a copy of the medical information contained in your record. This right is not limited to medical information created by Unity Health or WCMC and includes any medical information that is used to make decisions about you, including but not limited to information in your chart that was created by or for another provider of health care services. If a minor has been or is being treated, the minor’s parents or legal guardians have the same right to inspect and obtain a copy of the minor’s record.

You have the right to make as many copies of your record as you need. If you request copies of your record on a computer readable format (2) you will receive the information on that format unless you request or agree to a paper copy.

You have the right to ask us to make corrections to your record if you believe your privacy rights have been violated. You may file a complaint with the Secretary of the Department of Health and Human Services. To file a complaint with the Office of Civil Rights of Unity Health and/or White County Medical Center, you must submit your request in writing to: UNITY HEALTH-WHITE COUNTY MEDICAL CENTER, MEDICAL RECORDS, 3214 WHITE RACE AVE., SEARCY, AR 72143. All complaints must be submitted in writing.