

Great River Medical Center
1520 North Division
Blytheville, AR 72315

NOTICE OF PRIVACY PRACTICES:

This notice describes how medical information about you may be used and disclosed and how you can get access to information.

Please review it carefully.

If you have any questions about this notice, please contact Health Information Management Department at (870) 838-7387 during regular business hours.

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 at the hospital 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 at the hospital, whether made by the hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's own 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:

- **keep private medical information that identifies you;
- **give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- **follow the terms of the Notice of Privacy Rights 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 better understanding, we have provided some examples in each category.

**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 doctors, nurses, technicians, medical students, students in health care fields, or other hospital personnel who are involved in taking care of you at the hospital.

**For Payment: We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or third party.

**For Health Care Operations: We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the following rights regarding medical information about you:

**You may inspect and obtain a copy of your protected health information used to make decisions about your care. Usually, this generally includes medical and billing records.

****Right to Amend-**If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, your request must be made in writing and submitted to the hospital's Health Information Management Department.

****Right to an Accounting of Disclosures-**You have the right to request an "accounting of disclosures." This is a list of disclosures we made of medical information about you for reasons other than treatment, payment, or health care operations.

****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. 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 or if disclosure is required by law. To request restrictions, you must make your request in writing to this facility.

****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.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information received in the future.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Officer at (870) 838-7387.

OTHER USES OF MEDICAL INFORMATION:

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 authorization. If you provide us 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. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.