



**Russell Medical**  
MEMBER OF **UAB** HEALTH SYSTEM

## Notice of Privacy Practices

We are required by federal law to provide a Notice of Privacy Practices that describes how health information that we maintain about you may be used or disclosed. The Notice describes each use and disclosure that we are permitted to make, and provides a description of your rights and our obligations under federal and state privacy laws.

### Uses and Disclosures

We are permitted to use and disclose your health information under a variety of circumstances. Sometimes we must obtain your authorization before we use or disclose that information, but in other circumstances we may use your information without your authorization and without informing you of the use or disclosure. Some of the reasons that we may use or disclose your information include:

- To provide information about your health condition to others who may treat you;
- To provide information about the treatment that we provided in order to obtain payment from your health plan;
- To report a communicable disease, domestic violence or criminal activity; or
- To comply with a court order requiring the disclosure of your medical record.

### Your Rights

While the records that we maintain about you belong to us, under the federal privacy law you have a variety of rights with respect to the information maintained in those records. For instance, you have the right to access and copy the health information that we maintain about you and to request that we amend any of the information that you believe is incomplete or incorrect. Also, you may request that we provide you with a list of each disclosure that we have made of your health information. All of these rights are subject to some exceptions that are described fully in the Notice.

### Our Obligations

We are required to provide you with our Notice of Privacy Practices and to abide by its terms. We may amend the Notice from time to time. All amendments may apply retroactively.

Our full Notice of Privacy Practices follows. Please read it carefully. If you have any questions or require additional information, please contact our Privacy Officer at the address indicated on the last page of the Notice of Privacy Practices.

**This Notice describes the type of information we gather about you and with whom your information may be shared. You have the right to confidentiality of your protected health information and the right to approve or refuse the release of specific information except when the release is for treatment, payment, business operations or is required by law.**

If the practices described in this Notice meet your expectations, there is nothing you need to do. If you prefer we not share information, we may honor your written request in certain circumstances. If you have any questions about this Notice, please contact our Privacy Officer at the address noted at the end of this Notice.



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The term healthcare information, for the purpose of this Notice, shall mean any individually identifiable medical or personal information obtained by Russell Medical Center during the course of your treatment. Protected health information is commonly known as individually identifiable health information (IIHI). Examples of IIHI are patient name, address, phone number, social security number, birth date as well as your personal health information.

When this Notice refers to "we" or "us", it is referring to Russell Medical Center, Medical Park Family Care, The Cancer Center at Russell Medical Center, and other owned health care providers. Additionally, this Notice refers to the Russell Medical Center Employee Health Plan.

### Organized Healthcare Arrangement

As an Organized Healthcare Arrangement, all physicians, while performing duties as medical staff members at Russell Medical Center, have access to healthcare records. These duties include, but are not limited to admitting patients, ordering services, completing medical records as well as reviewing the quality of care given and peer review activities.

#### **This notice is applicable to the following:**

- Any health care worker authorized to view or enter information into your hospital chart or medical record, including but not limited to employees, physicians, students, staff of any physician you have seen or your physician has consulted.
- All service locations of Russell Medical Center may share your protected health information with each other for treatment, payment or health care business operations described in this Notice.
- All records of your care generated at Russell Medical Center, whether made by health care professionals or other health care workers and whether recorded in your medical record, invoices, payment forms, video tapes or any other way.
- All records gathered by us from other organizations.

### Your Protected Health Information

We understand your healthcare information and your health is personal and we are committed to protecting your privacy. We create a record of the care and services you receive here as well as information we may receive from other health care providers. We use this record to document these services and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by Russell Medical Center.

This Notice describes how we may use and disclose healthcare information. Your rights and our obligations are also disclosed in this Notice.

We are required by law to:

- Develop and follow the terms of the Notice currently in effect
- Maintain the privacy of your personal healthcare information
- Provide you with a copy of this Notice upon written request
- Notify you in writing if we improperly use or disclose your health information in a manner that meets the definition of a "breach" under federal law. Although there are some exceptions, a breach generally occurs when health information about you is not encrypted and is accessed by, or disclosed to, an unauthorized person.



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### Ways We May Use And Disclose Protected Health Information

In certain circumstances we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object.

The following categories describe different ways we may use and disclose protected healthcare information. We have provided some examples for each type of use or disclosure.

**For Treatment.** We may use your healthcare information to provide you with medical treatment or services. We may disclose healthcare information to physicians, nurses, technicians, physicians in training, or other health care professionals who are involved in your care. For example, a physician treating you for a broken leg will need to know if you have diabetes because diabetes may slow your healing process. In addition, the physician may need to tell the dietitian if you have diabetes so appropriate meals may be arranged. Different health care professionals also may share your healthcare information in order to coordinate the various services you need, such as prescriptions, lab work and x-rays. We also may disclose your healthcare information to agencies outside the hospital involved in your care after you leave the hospital.

**For Payment.** We may disclose your healthcare information so the treatment and services you receive can be billed to your insurance company or the person financially responsible to pay for these services. We may also disclose your healthcare information to obtain prior approval or to determine whether your insurance will cover the treatment. For example, your insurance company may require information about the planned surgery you are to receive prior to approving payment.

**For Business Operations.** We may use or disclose your healthcare information for health care operations. This is necessary to ensure all of our patients receive quality care. For example, we may use your healthcare information to review our treatment and services or to evaluate the performance of our staff in caring for you. We may also disclose information to physicians, nurses, technicians, physicians in training, medical students and other hospital personnel for review and educational purposes.

**Appointment Reminders.** We may use or disclose your healthcare information to contact you as a reminder of an appointment or need to make an appointment for treatment or medical care.

**Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or pastor, even if they don't ask for you by name. If you do not wish this information to be included in the directory or don't want this information released to the clergy, you may request this at the time of registration.

**Individuals Involved In Your Care Or Payment For Your Care.** We may release healthcare information to a friend or family member who is involved in your medical care after we have carefully evaluated the situation and determined that this is in your best interest. We may also disclose the information to someone financially responsible for your services. We may also confirm your admission as well as inform your family or friends of your condition. In addition, we may disclose medical information to an entity assisting in a disaster relief effort so your family can be notified about your condition, status and location.



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**Research.** Under certain circumstances, we may use and disclose your healthcare information for research purposes. 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. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of healthcare information, trying to balance the research needs with the patients' need for privacy of their protected health information. Before we use or disclose healthcare information for research, the project will have been approved through this research approval process, but we may, however, disclose healthcare information to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the healthcare information they review does not leave the hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

**As Required By Law.** We will disclose healthcare information about you when required to do so by federal, state or local law.

**To Avert Serious Threat to Health or Safety.** We may use and disclose healthcare information when necessary to prevent a serious threat to your health and safety or the safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Fundraising Activities.** We may use or disclose healthcare information to a foundation related to Russell Medical Center for fund raising activities. All fundraising communications will include information about how you may opt out of future fundraising communications.

### Special Situations

**Organ and Tissue Donation.** If you are an organ or tissue donor, we may release healthcare information to organizations who are responsible for organ or tissue procurement or organ or tissue transplantation to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release healthcare information about you as required by military command authorities.

**Workers' Compensation.** We may release healthcare information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose healthcare information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.



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**Health Oversight Activities.** We may disclose healthcare information to a health oversight agency for activities authorized by law. These oversight activities include, for example, financial audits, investigations, inspections, and state licensure.

**Lawsuits and Disputes.** We may disclose healthcare information about you in response to a subpoena, discovery request, or other lawful order from a court.

**Law Enforcement.** We may release healthcare information if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when otherwise required to do so by law.

**Coroners, Medical Examiners And Funeral Directors.** We may release healthcare 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 healthcare information to funeral directors as necessary to carry out their duties.

**Protective Services For The President, National Security And Intelligence Activities.** We may release healthcare information to authorized federal officials so they may provide protection to the president, other authorized persons or foreign heads of state or conduct special investigations, or for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release healthcare information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (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.

### Your Rights Regarding Protected Health Information

You have the following rights regarding your protected health information we maintain:

**Right to Inspect and Copy.** You have the right to inspect and copy protected health information used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy protected health information used to make decisions about you, you must submit your request in writing to our Medical Record Department, P.O. Box 939, Alexander City, AL 35011. If you request a copy of the information, we may charge a fee for the costs associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you may appeal the denial. Another licensed health care professional chosen by Russell Medical Center 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 of the appeal.

**Right to Amend.** Should you feel your healthcare information 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 maintained.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason supporting 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 which:

- 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 protected health information kept by Russell Medical Center;
- 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 protected health information for other than payment, treatment or operations and for which you have not signed an authorization. To request this list or accounting of disclosures, you must submit your request in writing to our Medical Record Department. Your request must state a time period; the time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right To Request Restrictions And Alternative Disclosure Methods.** You have the right to request a restriction or limitation on the protected health 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 protected health information we disclose to someone who is involved in your care or the payment for your care, like a family member or friend. You also have a right to request changes in the way we routinely disclose information under special circumstances.

We are not required to agree to your request, with one exception: If you have paid out of pocket and in full for a health care item or service, you may request that we not disclose your health information related to that item or service to a health plan for purposes of payment or health care operations. If you make such a request, we will not disclose your information to the health plan unless the disclosure is otherwise required by law. If we do agree to any requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions or alternatives, you must make your request in writing to our Privacy Officer at the address below. 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.

**Right To A Paper Copy Of This Notice.** You have the right to a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. You may obtain a copy of the privacy Notice from our web site, [www.russellmedcenter.com](http://www.russellmedcenter.com) or by requesting a copy from the admissions office or business office at Russell Medical Center.

**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 protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our web page at [www.russellmedcenter.com](http://www.russellmedcenter.com). The effective date of the Notice will be located in the top right corner of the first page.



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**Complaints.** Should you believe your privacy rights have been violated, you may file a written complaint with Russell Medical Center or with the Secretary of the Department of Health and Human Services. To file a written complaint with Russell Medical Center, contact our Privacy Officer at the address below. You will not be penalized for filing a complaint.

**Other Uses of Protected Health Information.** Your written authorization will be required for other uses and disclosures of protected health information not covered by this Notice or the laws applicable to us. In particular:

- Most uses and disclosures of psychotherapy notes require your written authorization. "Psychotherapy notes" are the personal notes of a mental health professional that analyze the contents of conversations during a counseling session. They are treated differently under federal law than other mental health records.
- Uses and disclosures for marketing require your written authorization. "Marketing" is a communication that encourages you to purchase a product or service. However, it is not marketing if we communicate with you about health-related products or services we offer, as long as we are not paid by a third party for making that communication.
- A disclosure that qualifies as a sale of your health information under federal law may not occur without your written authorization.

Should you provide us authorization to use or disclose your protected health information, you may revoke authorization, in writing, at any time. Should you revoke your authorization, thereafter we will no longer use or disclose your protected health information for the reasons covered by your written authorization. You understand we are unable to take back any disclosures we have already made, and we are required to retain our records of the care we provided you. Your revoked authorization does not effect disclosures previously made or the healthcare information we maintain related to your care.

### **Russell Medical Center Employee Health Insurance Plan**

For the individuals covered under the Russell Medical Center Employee Health Insurance Plan, any protected health information generated by entities other than Russell Medical Center or its affiliates is only released by that covered entity or the Russell Medical Center third party administrator. This information is subject to the privacy policies of those entities.

Internal access to protected health information generated or acquired for the Russell Medical Center Employee Health Insurance Plan is limited to Russell Medical Center employees with job functions requiring this access.

For services to individuals covered by the Russell Medical Center Employee Health Insurance Plan, provided at Russell Medical Center and/or its affiliates, Russell Medical Center privacy policies and Notice of Privacy Practices apply to any related protected health information.

### **Privacy Officer**

Tyler Dennis  
P.O. Box 939  
Alexander City, AL 35011  
256-397-7734



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### Approval Signatures

Step Description	Approver	Date
CEO	L.E. Peace: President & CEO	5/1/2023
Risk Officer	Tyler Dennis: Risk Officer	11/4/2022

### Standards

No standards are associated with this document