

PATIENT NOTICE OF PRIVACY PRACTICES

*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.*

THE SHORE HEALTH SERVICES' FAMILY

*SHORE MEMORIAL HOSPITAL
9507 Hospital Ave., P.O. Box 17, Nassawadox VA 23413*

*SHORE LIFE CARE AT PARKSLEY
26181 Parksley Road, Parksley VA 23421*

*SHORE REHABILITATION
23379 Commerce Drive, Accomac VA 23301*

*SHORE HEALTHCARE AT HOME
25379 Lankford Highway, P.O. Box 616, Onley VA 23418*

*SHORE CANCER CENTER
10085 William F. Bernart Circle, P.O. Box 802, Nassawadox VA 23413*

*SHORE CARDIOPULMONARY WELLNESS SERVICES
26164 Lankford Highway, Onley VA 23418*

*SHORE MEDICAL CENTER AT METOMPKIN
17385 Lankford Highway, Parksley VA 23421*

*LINGLE AND GOLDSTEIN, SURGICAL ASSOCIATES
P.O. Box 979, Nassawadox VA 23413*

*SHORE ORTHOPEDIC ASSOCIATES
P.O. Box 803, Nassawadox VA 23413*



SHORE HEALTH SERVICES, INC.®

9507 Hospital Ave. • P.O. Box 17 • Nassawadox VA 23413 • 757-414-8000
www.shorehealthservices.org

WHO WILL FOLLOW THIS NOTICE

This notice describes Shore Health Services' practices and that of:

- Any health care professional authorized to enter information into your medical records.
- All branches and entities of Shore Health Services.
- Any member of a volunteer group we allow to help you while you are at any branch or entity of Shore Health Services.
- All employees, staff and personnel of Service Health Services.
- Any member of the organized Medical Staff

Shore Health Services, Inc. (SHS) will adhere to this privacy notice. In addition, medical information may be shared between SHS branches or entities, or between SHS entities and other outside non SHS personnel involved in your healthcare for treatment, payment or operational purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. With that in mind, we are committed to protecting medical information about you. We create a record of the care and services you receive at Shore Health Services which is needed 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 Shore Health Services, whether made by Shore Health Services' personnel or your personal doctor. Your personal doctor may have different policies or notices regarding his/her use and disclosure of your medical information created in the doctor's office or clinic. We recommend you check with your personal physician regarding policies on your personal medical information.

This notice will tell you about the ways in which 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:

- Ensure that medical information which identifies you is kept private;
- 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 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 any Shore Health Services' personnel who are involved in

taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have a special diet, so that we can arrange for appropriate meals. Shore Health Services may also share medical information about you internally in order to coordinate the different items you need, such as prescriptions, lab work and x-rays. We also may share your medical information with people outside Shore Health Services who may be involved in your medical care, such as family members, clergy or others we use as service providers.

- **For Payment.**

We may use and disclose medical information about you so that the treatment and services you received by Shore Health Services 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 your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may 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 Health Care Operations.**

We may use and disclose medical information about you for Shore Health Services operations. These uses and disclosures are necessary to function as a healthcare provider, and to ensure all 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 combine medical information about many of our patients to decide what additional services that we should offer, what services are not needed and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and in the services we offer. However, we will remove information that identifies you from this set of medical information whenever possible so others may use it to study health care and health care delivery without learning of who specific patients are.

- **Appointment Reminders.**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care by Shore Health Services.

- **Treatment Alternatives.**

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **Health-Related Benefits and Services.**

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

- **Fund-raising Activities.**

We may use medical information about you to contact you in an effort to raise money for Shore Health Services. We may disclose medical information to a foundation related to Shore Health Services so that they may contact you as part of raising money for Shore Health Services. In these cases we only would release contact information, such as your name, address and phone number and the dates you received treatment or services from us. If you do not want Shore Health Services to contact you for fund-raising efforts, you must notify us in writing.

- **Patient Directory.**

We may include certain limited information about you in the Patient Directory while you are a patient at Shore Health Services. This information may include your name, location, 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 rabbi, even if they do not ask for you by name. The patient directory and its information are available so your family, friends and clergy can visit you and generally know how you are doing.

- **Individuals Involved in Your Care or Payment for Your Care.**

We may release medical information about you to a friend or family member who is involved in your medical care, and we may give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are at a Shore Health Services facility. We may disclose medical information about you to a non SHS entity or facility assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

- **Research.**

Under certain circumstances, we may use and disclose medical information about you for research purpose. 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 considered by SHS, however, are subject to a screening and approval process, which evaluates a proposed research project's needs with the patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will need to have been approved through this research approval process. We may, however, 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, as long as the medical information they review does not leave the hospital. We will always make our best effort to obtain your specific permission if the researcher will have access to your name, address or other information that reveals the personnel who are, or will be, involved in your care.

- **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 Health or Safety.**
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 or reduce the threat.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.**
We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to any organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **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. If you are with a foreign military service, medical information about you may be released to the corresponding foreign military authority.
- **Worker's Compensation.**
We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.**
We may disclose medical information about you for public health activities. These activities generally include the following:
 - Prevention or control of disease, injury or disability;
 - Reporting of births and deaths, child abuse or neglect, or reactions to medications or problems with products;
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition,
 - Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
 We will only make this disclosure if you agree or when required or authorized by law;
- **Health Oversight Activities.**
We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.**
If you are involved in a lawsuit or other legal dispute, we may disclose medical information about you in response to a court or administrative order, 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 law enforcement officials. Examples of these types of situations include, but are not limited to the following:

- Responding to a court order, subpoena, warrant, summons or similar process;
 - To help identify or locate a suspect, fugitive, material witness, or missing person;
 - Responding to requests about the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement, be they the victim or another person;
 - Providing information about a death we believe may be the result of criminal conduct;
 - Reporting criminal conduct on premises of any Shore Health Services entity;
 - Providing information in emergency circumstances as part of reporting a crime, the location of the crime or victims, or the identity, description or location of the person who committed or allegedly committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.**

We may release medical information to a coroner or medical examiner, which may be necessary, for example, to identify a deceased person or determine the cause of death. We may release medical information about patients of Shore Health Services to funeral directors when necessary to enable them to carry out their duties.

- **National Security and Intelligence Activities.**

We may release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

- **Protective services for the President and others.**

We may disclose medical information about you to authorized federal officials as part of their providing protection to the President of the United States, other authorized person, or foreign heads of state. We may release medical information about you to correctional institutions or law enforcement officials as requested or required by law. This type of release would be necessary for (1) the correctional 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 MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.**

You have the right to inspect and copy 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.

To inspect and copy medical information that may be used to make decision about you, you must submit your request in writing to the appropriate entity of Shore Health Services listed on this booklet's front cover. If

you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and 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 Shore Health Services, not the person who denied your request, will review your request and the denial. We will comply with the outcome of the review.

- **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 as long as the information is kept by or for Shore Health Services. To request an amendment, your request must be made in writing and submitted to the appropriate branch of Shore Health Services as listed on this booklet's front cover. In addition, you must provide a reason that supports your request. 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 Shore Health Services;
- Is not part of the information which you would be permitted to inspect and copy;
- 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 have made of medical information about you. To obtain this, you must submit your request in writing to the appropriate branch of Shore Health Services as listed on the front cover of this booklet. Your request must indicate a period, which 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 or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing it. 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.**

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 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, for example, a family member or friend. For example, you could ask that we not use or disclose information about a particular surgery performed on you.

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

To request restrictions, you must make your request in writing to the appropriate branch of Shore Health Services as listed on this booklet's front cover. 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 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 the appropriate branch of Shore Health Services as listed on this booklet's front cover. We will not ask you the reason for your request, and will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted to receive the confidential communication.

- **Right to Receive a Paper Copy of This Notice.**

You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. You may obtain a copy of this notice at our website at www.shorehealthservices.org.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and the right to make the revised or changed notice effective for medical 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 in all Shore Health Services branch locations. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Shore Health Services or with the Secretary of the Department of Health and Human Services. To file a complaint with Shore Health Services, contact the Department of Compliance and Quality Services, 757-414-8447. All complaints must also be submitted in writing. You will not be penalized for filing a complaint.

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 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 use or disclose medical information about you for the reasons covered by your written authorization. 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, for the lengths of time as specified by various regulatory and governmental agencies.