



Henry Health System
SUMMARY OF NOTICE OF PRIVACY PRACTICES

Our Legal Duty: We have a duty to protect the confidentiality of medical information about you. We are required to provide you with a Notice of Privacy Practices explaining ways we may use and disclose your medical information.

Parties Following The Notice: The Notice will be followed by the Henry Health System and its affiliates, together with healthcare professionals, staff and volunteers; all independent members of the Henry Health System Medical Staff (who are independent professionals and are not employees or agents of Henry Health System) and those participating in managed care networks with the Henry Health System; and other legal entities that provide services to the Henry Health System.

How We May Use and Disclose Medical Information About You: We may use or disclose identifiable health information about you for many reasons, including:

- Treatment
Payment
Healthcare operations
Health oversight activities
Public health purposes
Auditing
National security and protective services
Research
Workers' compensation
Lawsuits and disputes
Law enforcement purposes
Activities of managed care networks in which we participate
Activities of our affiliates
Appointment reminders
Fundraising activities
Organ donation
To avert a serious threat to health or safety
To coroner, medical examiners and funeral directors
To military command authorities
As required by law

In general, other uses and disclosures of your medical information will require your written authorization. We may use or disclose certain limited information about you, unless you object or request a limitation of the disclosure, for:

- Hospital directories
Individuals involved in your care or payment

Your Privacy Rights:

You have the following rights with respect to your health information:

- The right to request confidential communications and alternative means of communication with you.
The right to request restrictions on certain uses of your health information.
The right to inspect and copy certain medical information that we maintain about you.
The right to request an amendment to your health information.
The right to an accounting of certain disclosures of your health information.

Changes to the Notice: We reserve the right to change the Notice. We will post any revised Notice in the Henry Health System.

Complaints: If you believe your rights have been violated, you may file a written complaint with the Henry Health System's Privacy Officer at 1-866-469-5720 (toll free) or with the Secretary of the U.S. Department of Health and Human Services.

More Information: This form contains only a summary of our privacy practices. A complete copy of our Notice of Privacy Practices is available for you to take with you. We will be happy to answer any questions you may have about our privacy practices.

ACKNOWLEDGMENT

Patient Name: \_\_\_\_\_

Patient Acknowledgment: I acknowledge that a copy of the Notice of Privacy Practices for Henry Health System has been made available to me. In connection with the Notice, I also acknowledge that I have been provided with an opportunity to ask questions regarding the Notice and its contents.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

For Use by Henry Health System Personnel Only: [Complete if patient acknowledgment is not obtained]
The patient was provided with a copy of the Notice of Privacy Practices and a good faith attempt was made to obtain the patient's signature acknowledging receipt of the Notice. An acknowledgment was not obtained because:

\_\_\_\_\_

Signature of Henry Health System Representative: \_\_\_\_\_ Date: \_\_\_\_\_