

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

Please review it carefully. If you have any questions about this notice, please contact our Privacy Officer at **(870)424-3472**.

**Who Will Follow This Notice**

This notice describes our office practices and that of:

- Any health care professional authorized to enter information into your patient file
- All departments and units of FMSI
- Any member of a volunteer group we allow to help you while you are a customer of FMSI
- All employees, staff and other FMSI personnel

**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 FMSI. 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 FMSI, whether made by FMSI personnel or your personal doctor or other practitioners involved in your care. Your personal doctor may have different policies or notices regarding your doctor's use and disclosure of your medical information created in the doctor's office or clinic. 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:**

make sure that medical information that identifies you is kept private;  
give you this notice of 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 Your Medical Information**

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 Services:** We may use medical information about you to provide you with medical services. We may disclose medical information about you to doctors, nurses, technicians, health care students, clergy, or others who are involved in your care. 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. We also may disclose medical information about you to people outside FMSI who may be involved in your medical care, such as long term care facilities or others we or your physician uses to provide services that are part of your care.

**For Payment:** We may use and disclose medical information about you so that the services you receive at your home may be billed to and payment may be collected from you, an insurance company or third party. For example, we may need to give your health plan information about supplies received at FMSI so your health plan will pay us or reimburse you for the supplies.

**For Health Care Operations:** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run FMSI and make sure that all of our patients receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff in caring for you or we or our designee may send you a patient satisfaction survey. We may also combine medical information about FMSI patients to decide what additional services FMSI should offer, what services are not needed, and whether certain new supplies are effective. We may also disclose information to doctors, nurses, technicians, health care students, and other FMSI personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Appointment Reminders:** We may use and disclose medical information to contact you concerning your supplies.

**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, services, or medical education classes that may be of interest to you.

**Individuals Involved In Your Care Or Payment For Your Care:** We may release medical information about you to a care giver who may be a friend or family member. We may also give information to someone who helps pay for your care.

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

### **Special Situations**

**Military:** If you are a member of the armed forces we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' 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 (Health And Safety To You And/ Or Others):** We may disclose medical information about you for public health activities. We may use and disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. 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. We will only make the disclosure 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 licensing. 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 dispute we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**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 summons, 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; about a death we believe may be the result of criminal conduct; about a criminal conduct at your home; in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**National Security And 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 And Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state.

**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 health care; (2) to protect your health and safety or health and safety of others; and (3) for the safety and security of the correctional institution.

**Your Rights Regarding Medical Information**

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. To inspect and copy medical information that may be used to make decisions about you contact the Medical Records Department at (870) 424-3472. If you request a copy of information, we will 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 FMSI, 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 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 for as long as the information is kept by or for FMSI. To request an amendment, your request must be made in writing and submitted to the Director of Medical Records. 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/entity that created the information is no longer available to make the amendment; is not part of the medical information kept by or for FMSI; is not part of the information which you would be permitted to inspect or 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 medical information about you to others except for purpose of services, payment and operations identified above. To request a list or accounting of disclosures, you must submit your request in writing to the Director of Medical Records. Your request 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 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.

**Rights To Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you for services, payment or health care operations. You also 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, (ie. family member or friend).

**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 with emergency treatment. To request restriction, you must make your request in writing to the Director of Medical Records. 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 to, (ie. disclosure 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 communication, you must make your request in writing to the Director of Medical Records. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right To A Paper Copy Of This Notice:** You have the right to a paper copy of this privacy notice. You may ask us to give you a copy from any member of our staff.

**Changes to this Notice:**

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

**Complaints:**

If you believe your privacy rights have been violated, you may contact or submit your complaint in writing to the Director of Medical Records at FMSI. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. You may also contact the Accreditation Commission for Health Care, Inc. at 919-785-1214.

**The quality of your care will not be jeopardized nor will you 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 with 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. 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.