



## SUMMARY OF NOTICE OF PRIVACY PRACTICES

**Our Legal Duty:** Our Health System has a duty to protect the confidentiality of medical information about you. This is a brief summary of our Notice of Privacy Practices. We are required to provide you with Notice explaining ways we may use and disclose your medical information and describing your legal rights and our obligations regarding the use and disclosure of your medical information.

**The Notice will be followed by:**

- The physician members of the hospital's medical staff and credentialed, non-physician health care professionals who may provide care in the hospital
- All departments and units of the hospital
- Any volunteers who perform volunteer work in the hospital, clinic, doctor's office, or other health care entity
- All employees, staff and other personnel at the hospitals, clinics, physicians' offices, or other health care entities
- Huntsville Hospital
- Huntsville Hospital for Women and Children
- Madison Hospital

**How We May Use and Disclose Medical Information About You:** We may use or disclose identifiable health information about you for many reasons, including but not limited to the following:

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

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

**In general, other uses and disclosures of your medical information not described in our full Notice of Privacy Practices will require your written authorization.** For example, most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes and disclosures that constitute the sale of PHI require an authorization.

**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 (including restriction of your information to your insurance company when you have paid in full)
- The right to inspect and copy certain medical information that we maintain.
- The right to request an amendment of your health information.
- The right to an accounting of certain disclosures of your health information.
- The right to receive notice of a breach of your unsecured health information.

**Changes to the Notice:** We reserve the right to change the Notice. We will post any revised Notice in our facilities and on our website at [www.huntsvillehospital.org](http://www.huntsvillehospital.org).

**Complaints:** If you believe your rights have been violated, you may file a written complaint with the Health System please contact the Privacy Officer at 256.265.4477. To file a complaint with the Office for Civil Rights, contact: U.S. Department of Health and Human Services 61 Forsyth St, SW • Suite 3870 • Atlanta, GA 30323

**Copy of Our Complete Notice:** Copies of our full Notice of Privacy Practices are available within our facilities at primary registration sites and on our website at [www.huntsvillehospital.org](http://www.huntsvillehospital.org). We will be happy to provide you a copy upon your request.

**If you have any questions about this Summary Notice, please contact the Privacy Officer at 256.265.4477.**