

**SUMNER REGIONAL HEALTH SYSTEMS, INC. and
SUMNER ORGANIZED HEALTHCARE ARRANGEMENT**

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.**

If you have any questions about this Notice, please contact the Privacy Officer at the address listed below.

WHO IS COVERED BY THIS NOTICE?

This Notice covers Sumner Regional Health Systems, Inc, and its subsidiaries and affiliates, including (“Sumner Regional”):

Sumner Regional Medical Center
Trousdale Medical Center
Trousdale Medical Center Emergency Medical Service
Sumner Transitional Care Unit
Sumner Inpatient Rehabilitation Unit
Sumner Home Care & Hospice
Sumner Endocrine & Diabetes Center
Sumner Radiation Oncology Center
Sumner Healthplex
Carthage General Hospital
Clay Emergency Medical Service
Carthage General Home Health Agency
Red Boiling Springs Rural Health Clinic
DeKalb Emergency Medical Service
Four County Wellness and Fitness Center
Westmoreland Medical Pavilion

This Notice also covers all members of the Sumner Organized Health Care Arrangement (“OHCA”). The members of the OHCA include:

Tennessee Neuro-Restorative Unit
Sumner Regional Dialysis Center, LLC
SST Community Health, LLC
Sumner Homecare Pharmacy, LLC

This Notice also applies to Doctors on the Medical Staff of Sumner Regional Medical Center (“SRMC”) or Trousdale Medical Center (“TMC”) who elect to be members of the Sumner OHCA. The Privacy Officer will provide a current list of doctors who are members of the OHCA upon request.

In this Notice, when we use the terms “We,” “us” or “our,” we mean Sumner Regional, all members of the Sumner OHCA, and all employees, staff, students, volunteers and others working at Sumner Regional or for any member of the Sumner OHCA.

This notice applies to all records of your medical care in our possession. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

OUR RESPONSIBILITIES TO YOU:

We understand that your medical information is private, and we are committed to protecting the privacy of that medical information. When we treat you, we create a record of the care and services you receive, and we keep that information.

This notice tells you how we use your medical information or disclose your medical information to others. This Notice also describes your rights and our obligations regarding the use and disclosure of medical information.

The law requires us to:

- Maintain the privacy of your medical information;
- Give you this notice of our legal duties and privacy practices with respect to your medical information; and
- Obey the terms of the Notice currently in effect.

You may request a copy of this notice of privacy practices at any time by contacting the Sumner OHCA Privacy Officer at P.O. Box 1558, Gallatin, Tennessee 37066, 615.451.6108.

HOW WE MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe the different ways that we may use or disclose your medical information. All of the ways we may use or disclose your medical information fall into one of these categories. Each category includes a general description of the category. Some categories include an example of uses. We did not, however, list every use or disclosure for any category.

For Treatment.

We use your medical information to provide you with medical treatment or services. We disclose your medical information to doctors, nurses, technicians, medical students, or other persons providing medical treatment to you. For example, if you have diabetes, we will inform the doctor treating you for a broken leg of that condition because diabetes may slow the healing process. Similarly, your doctor may tell our dietitian if you are diabetic so that we can provide appropriate meals to you. Different departments at Sumner Regional share medical information about you in order to coordinate the different treatment services you need, such as prescriptions, lab work and x-rays.

We may also share your medical information with:

- Another hospital, an ambulatory surgery center, a rehabilitation facility, a nursing home or other facility that needs your medical information in order to provide you with ongoing care; or

- A doctor or other person who is involved in the treatment of your condition such as a physician who orders a test and needs the results of the test to diagnose your condition, or a physician who will see you after your discharge or release from Sumner Regional.

For Payment

We use and disclose medical information about you so that we can bill and collect charges for the treatment and services you receive from you individually, your insurance company or any other person responsible for payment of those charges. For example, we may give information about surgery you receive to your health insurance company so that company will pay us or reimburse you for those services. We may also tell your health insurance company about treatment you need in order to determine whether your plan will cover the costs of that treatment or to obtain any necessary prior approval for that treatment.

We may also share your medical information with a doctor or other persons involved in your treatment so that they may bill you, your health insurance company, or other responsible persons for the services they provide to you.

For Health Care Operations

We use your medical information in our healthcare operations. Those operations include providing information to members of the Sumner Regional medical staff and quality improvement teams to assess the care and outcomes of your treatment. The results will then be used to develop clinical guidelines, to improve health in our community or reduce health care costs, to develop protocols and otherwise improve the quality of care we provide to all patients. For example, we may use your information in our Cancer Registry or to evaluate the performance of our staff in caring for you.

We also use your medical information to review and evaluate the competency, qualifications or performance of doctors, nurses and others involved in your care and treatment. We may disclose information to doctors, nurses, and students for educational purposes and combine medical information we have with medical information other hospitals have to see where we can make improvements. And, we may use your medical information in our accreditation, certification, licensing and credentialing activities.

We use your medical information for our legal services, auditing functions, medical review and compliance programs. We also may use your medical information for our own business planning and development, including ways that we may reduce the cost of providing services to you and others.

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 your identity.

We may also disclose your medical information to other health care providers involved in your care for their healthcare operations.

For some health care operations, you have the right to limit or restrict our disclosure of your medical information by giving us written notice (See Right to Request Restrictions and Right to Request Confidential Communications).

Business Associates

Many services are provided to us by agreement with third parties called “business associates.” Examples for Sumner Regional include accountants, lawyers, computer consultants, physician services in the Emergency Department, Medical Imaging, Pathology, certain lab test, medical devices and copy services. We may need to disclose your medical information to a business associate so they, in turn, can perform their job for us. To protect your medical information, we require our business associates to sign a written agreement that requires them to protect and safeguard the privacy of your medical information.

Appointment Reminders

We may contact you to provide appointment reminders to you by telephone, e-mail or mail at your home. You have the right to limit or restrict our disclosure of your medical information by giving us written notice (See Right to Request Restrictions and Right to Request Confidential Communications).

Treatment Alternatives

We may use and disclose medical information to contact you to provide you with information or recommendations regarding 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.

Fundraising Activities

We may use medical information about you to contact you in an effort to raise money for Sumner Regional or the Sumner Foundation. We may only use your contact information, such as your name, address and phone number and the dates you received treatment or services at Sumner Regional. You have the right to limit or restrict our disclosure of your medical information for fundraising activities by giving us written notice (See Right to Request Restrictions and Right to Request Confidential Communications).

SRHS Directory

With your consent, we may include limited information about you in Sumner Regional's directory while you are a patient at Sumner Regional. This information includes your name, location at Sumner Regional, your general condition (fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name so your family and friends can visit you at SRHS and generally know how you are doing. If you do not consent, your name will not appear in the directory which means you will not receive phone calls, flowers, cards, etc. You will need to let your friends or family members know your room and phone numbers.

Clergy/Chaplain Services

If you consent, your religious affiliation may be given to a member of the clergy, such as a preacher, minister, priest or rabbi, even if they do not ask for you by name. Your name

will also appear on a religious preference list. If you do not consent, your name will not appear on the religious preference list.

Individuals Involved in Your Care or Payment for Your Care

We may release medical information about you to close personal friends or family members who are involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends of your presence in a Sumner Regional facility and your general condition. We may also disclose medical information about you to people who will be involved in your medical care after you leave, such as giving instructions to family members who will be driving you home or who will be helping to care for you at home.

Emergency/Disaster Situations

In the event of an emergency or other disaster, we may disclose medical information about you to an entity such as FEMA or the Red Cross that assists in disaster relief efforts so that your family can be notified about your condition, status and location.

Excellence Express (Customer Service)

As part of our customer service program, we may use medical information about you to contact you by mail or phone after discharge to discuss your opinion of the services provided during your encounter with our facility.

Follow Up Contact

We may use medical information about you to contact you by mail or telephone following treatment to determine the need or requirement for additional follow-up care. We may also contact you or your physician to determine your health following your release from Sumner Regional.

Research

Your medical information may be used and disclosed to third parties involved in research, but only after, an institutional review board reviews and approves the research proposal and the proposal includes adequate protocols necessary to ensure the privacy of your medical information.

As Required By Law

We will disclose medical information about you when required to do so by federal, state or local law. This disclosure may include provision of medical information for State and National disease registries and databases that use the data to identify health needs and improve health care services.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when necessary to prevent a serious imminent 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 the threat.

SPECIAL SITUATIONS

Organ and Tissue Donation

If you are an organ donor, we may use or disclose your medical information to organizations that handle organ, eye or tissue procurement or transplantation or to an 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 use and disclose your medical information 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 use and disclose your medical information as authorized and as necessary to comply with applicable worker's compensation or similar programs that provide benefits for work-related injuries or illness. Your medical information may be released to your employer or any third party who pays for cost of these programs.

Public Health Risks

We may disclose your medical information to public health authorities in connection with public health activities. These activities generally include the following:

- preventing or controlling disease, injury or disability;
- reporting and maintaining records of disease, injury, births and deaths;
- conducting public health investigations or surveillance or interventions;
- receiving reports of child abuse or neglect;
- reporting reactions to medications or problems other products;
- notifying people of recalls of products they may be using;
- notifying people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- providing information to an employer with respect to medical surveillance of the workplace (i.e., drug testing) or evaluating whether an injury is a work-related injury.

Victims of Abuse, Neglect or Domestic Violence

We may use or disclose your medical information to an appropriate government authority if we believe you have 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. If we make this disclosure, we will provide you with notice of that fact, unless we believe that informing you would place you at risk of serious harm.

Health Oversight Activities

We may disclose medical information to a health oversight agency for oversight activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure or disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

We will disclose medical information about you when required by a court or administrative order. We will also disclose medical information about you in response to a subpoena, discovery request, or other lawful process (even though not a court order) if

the requesting party provides us with satisfactory assurance that efforts have been made to notify you about the request or to obtain a protective order protecting the information requested.

Law Enforcement

We may use and disclose medical information to law enforcement officials:

- As required by law (including laws requiring notice of wounds or other injuries);
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- If you are the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
- About a death, we believe may be the result of criminal conduct
- About criminal conduct occurring on our premises; and
- In emergency circumstances to report a crime; the location of the crime or victims, or to report the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may use and disclose your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. Upon your death, we may release medical information about you to funeral directors as necessary to carry out their duties. Finally, we may release information about you to your executor, administrator or other personal representative.

National Security and Intelligence Activities

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

Protective Services to the President and Others

We may use and 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 or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use and disclose your medical information to the correctional institution or law enforcement officials having custody of you as necessary for the provision of health care to you, to protect your health and safety or the health and safety of others; or for the administration and maintenance of the correctional institution.

Other Uses or Disclosures of Medical Information

Any other uses or disclosures of your medical information will only be made with your written authorization. You have the right at any time to revoke your authorization at any time by delivering a written revocation notice to the Privacy Officer. The revocation will be effective upon our receipt, except to the extent that we have taken action in reliance on your authorization or if the authorization was obtained as a condition of obtaining insurance coverage.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

Right to Inspect and Obtain a Copy

You have the right to inspect and obtain a copy of your medical information with certain exceptions. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect or obtain a copy of your medical information, you must submit your request in writing to the Privacy Officer. You may obtain a request form from the Privacy Officer at the address stated below, or you may send us a letter with your request.

If you request a copy of your information, we will charge a fee for the costs of copying (including supplies and labor), postage, if mailed, and any other costs we incur in preparing a summary or explanation of the information. If you request an alternative format, the charge will be cost-based for providing medical information in that format.

We may deny your request to inspect and copy in certain circumstances. If we deny your request in whole or in part, we will provide you with a written notice of denial within thirty (30) days of receipt of your request (sixty (60) days if the information is stored off-site). If you are denied access to medical information, you may request review of that denial by providing the Privacy Officer with a written notice of appeal. Another licensed health care professional chosen by SRHS will review your request and the denial. The person conducting the review will not be the person who denied your request.

Right to Amend

If you feel that any medical information in our possession is incorrect or incomplete, you may ask us to amend that information. **To amend your medical information, you must submit a written request to the Privacy Officer.** You may obtain a request form from the Privacy Officer at the address stated below, or you may send us a letter with your request. **Your request must include a reason that supports your request.**

If we accept your request for amendment of your medical information, we will use reasonable efforts to inform others, including people you name, of the amendment and to include changes in any future disclosures of information.

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 us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request, in whole or in part, we will provide you with a written notice of denial within sixty (60) days of our receipt of your request. If we deny your request, you have the right to submit a written statement disagreeing with the decision. We will place

that statement in your medical record file and will provide that statement and your request to any persons to whom your medical information is provided in the future.

Right to Accounting of Disclosures

You have the right to request an accounting of disclosures of your medical information made by us or our business associates. This accounting will list each disclosure made of your medical information for any reason other than treatment, payment, health operations or other limited purposes for last six (6) years or since April 14, 2003, whichever is lesser. This accounting will include the date of the disclosure, the name of the person or entity to whom the disclosure was made, a description of the medical information disclosed, the reason for the disclosure and certain other information.

To request an accounting of the disclosures of your medical information, you must submit a written request to the Privacy Officer. You may obtain a request form from the Privacy Officer at the address stated below, or you may send us a letter with your request. **Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003.**

You may receive one (1) accounting every twelve (12) months. If you make two or more accounting requests during any twelve (12) month period, we will charge you a cost-based fee. We will contact you upon receipt of your request and provide you with the fees, 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 our use or disclosure of your medical information for our treatment, payment or health care operations. You also have the right to request restrictions or limitations on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information your surgery to a family member.

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 restrictions, you must make your request in writing to the Privacy Officer. 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. **Any agreement to restrictions on the use and disclosure of your medical information must be in writing and must be signed by the Privacy Officer. We will not be bound unless the agreement is in writing.**

Right to Request Confidential Communications

You have the right to request that we communicate with you by alternative means or at alternative locations. 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 Privacy Officer. You may obtain a request form from the Privacy Officer at the address stated below, or you may send us a letter with your request. We will not ask

you the reason for your request, and 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

If you receive this notice on our website or by electronic mail, you are entitled 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 of this notice.

You may obtain a copy of this notice at our website, www.sumner.org

Personal Representative

Your "personal representative" may exercise the rights listed above on your behalf, if under applicable law, that person has legal authority to act on your behalf in making decisions related to health care. If you live in Tennessee and do not have a "personal representative," you may wish to execute a Durable Power of Attorney for Health Care. This document designates your personal representative for purpose of making health care decisions on your behalf when you are unable to do so. The power is effective even though you are not in a terminal condition and are expected to make a full recovery. You may request more information about this from our Admitting Staff, Patient and Visitor Services, or Social Services Area at Sumner Regional.

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. 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.

COMPLAINTS

If you believe your privacy rights have been compromised or violated, you may file a complaint with the Sumner OHCA compliance hotline 1-800-611-5167 or with the Secretary of the Department of Health and Human Services. To file a complaint with the Sumner OHCA, please contact:

Privacy Officer
Sumner Regional Health Systems, Inc.
P.O. Box 1558
Gallatin, Tennessee 37066
(615) 451-6108

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

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 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 throughout the various entities of the Sumner OHCA. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register or are admitted to a SRHS facility for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect. We will also post the revised Notice on our website at www.sumner.org.

Notice of Information Practices Effective Date: 4/14/2003 – Version #1