Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Commitment to Your Privacy

We understand that your health information is personal. We are committed to protecting your medical information and complying with applicable privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).

The personally identifiable information we may collect includes the following:

- First Name
- Last Name
- Telephone Number
- Email address
- Caller ID information (if available)

How We May Use and Disclose Your Health Information

We may use and disclose your health information for the following purposes:

Treatment

We may use and share your health information to provide, coordinate, or manage your healthcare and related services.

Payment

We may use and disclose your information to bill and collect payment for healthcare services provided to you.

Healthcare Operations

We may use and disclose your information for activities necessary to operate our hospital, such as quality improvement, staff training, accreditation, and business management.

Other Uses and Disclosures

We may disclose your health information as required or permitted by law, including:

- Public health activities
- Reporting abuse or neglect
- Health oversight activities
- Judicial and administrative proceedings

- Law enforcement purposes
- Organ and tissue donation
- Research (when authorized or approved)
- To avert a serious threat to health or safety
- Workers' compensation claims

Any use or disclosure not described in this notice will be made only with your written authorization, unless otherwise permitted by law.

Your Rights Regarding Your Health Information
You have the right to:

- Inspect and obtain a copy of your medical records.
- Request an amendment to your health information.
- Receive an accounting of certain disclosures.
- Request restrictions on certain uses and disclosures.
- Request confidential communication.
- Obtain a paper or electronic copy of this notice.
- Revoke a previously granted authorization in writing.

Our Responsibilities
We are required by law to:

- Maintain the privacy and security of your protected health information.
- Provide you with this Notice of Privacy Practices.
- Notify you following a breach of unsecured protected health information when required.
- Follow the terms of the notice currently in effect.

Changes to This Notice
We reserve the right to change this Notice of Privacy Practices. Any revised notice will apply to all health information we maintain and will be available upon request and on our website.