

JOINT NOTICE OF PRIVACY PRACTICES

CARSON CITY HOSPITAL

GROUP INSURANCE PLAN, SUPPLEMENTAL MEDICAL EXPENSE REIMBURSEMENT PLAN, PRESCRIPTION MEDICATION PLAN, THE MEDICAL EXPENSE REIMBURSEMENT BENEFITS THROUGH THE AMENDED AND RESTATED CAFETERIA PLAN

Joint Notice of Privacy Practices

Effective April 14, 2004

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.

This Joint Notice of Privacy Practices (“Notice”) describes how the Carson City Hospital Group Insurance Plan, Supplemental Medical Expense Reimbursement Plan, Prescription Medication Plan, The Medical Expense Reimbursement Benefits Through the Amended and Restated Cafeteria Plan, (“Plan” or “Plans”) may use and disclose your protected health information (“PHI”) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). It also describes your rights to access and control your PHI. “PHI” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

The Plans are required to abide by the terms of this Joint Notice of Privacy Practices. The Plans may change or modify the terms of this Notice, at any time. The new notice will be effective for all PHI that we maintain at that time, and any received thereafter. Upon request, the Plans will provide you with any revised Joint Notice of Privacy Practices by contacting the Privacy Officer at the contact information listed at the end of this Notice and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment. You may also review this Notice by accessing the website, <http://www.carsoncityhospital.com>

The individual Plans are separate covered entities who are operating as an Organized Health Care Arrangement (OHCA) under HIPAA, as amended from time to time. Each individual Plan within the OHCA agrees to abide by the terms of this Joint Notice of Privacy Practices. The Plans within the OHCA will share PHI with each other, as necessary to carry out treatment, payment, or health care operations relating to the OHCA, and as required by law. The following Plans are covered by the terms of this Notice:

Group Insurance Plan, Supplemental Medical Expense Reimbursement Plan, Prescription Medication Plan, The Medical Expense Reimbursement Benefits Through the amended and Restated Cafeteria Plan.

There are no service delivery sites and/or classes of services associated with this OHCA.

USES AND DISCLOSURES OF HEALTH INFORMATION

The Plans are required by law to: (1) make sure that medical information is kept private, (2) give you this Notice of the legal duties of the Plans and privacy practices with respect to medical information about you, and (3) follow the terms of the Notice currently in effect. The Plans may also share your PHI with third party business associates of the Plans that perform various activities on behalf of the Plans.

The Plans do not require your authorization to use your PHI for the following purposes listed within this section of the Notice, and the Plans may also use or disclose your PHI without your authorization for several other reasons. Subject to certain requirements, the Plans may also give out health information without your authorization for public health reasons, for auditing purposes, for research studies, and for emergencies. The following categories describe different ways that the Plans may use and disclose medical information. For each category of uses or disclosures, this Notice will explain and present some examples. These examples are not meant to be exhaustive, and are meant to illustrate the different types of uses and disclosures.

For Treatment. The Plans may use and disclose medical information about you to assist your health care providers in your diagnosis and treatment. The Plans may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, the Plans may disclose PHI about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions.

For Payment. The Plans may use and disclose medical information about you to determine eligibility for Plans benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plans, or to coordinate Plan coverage. The Plans may also share medical information with a utilization review or precertification service provider. The Plans may share medical information with another entity to assist with the adjudication or subrogation of health claims

or to another health plan to coordinate benefit payments. For example, the Plans may tell your doctor about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary.

For Health Care Operations. The Plans may use and disclose medical information about you for other plan operations. These uses and disclosures are necessary to run the Plans. The Plans may use medical information in connection with: (1) conducting quality assessment and improvement activities; (2) underwriting, premium rating, and other activities relating to plan coverage; (3) submitting claims for stop-loss or excess loss coverage; (4) conducting or arranging for medical review; (5) legal services, audit services, and fraud and abuse detection programs; (6) business Planning and development such as cost management; and (7) business management and general plan administrative activities. For example, the Plans may use or disclose PHI in connection with obtaining legal advice from the attorneys of the Plans.

In addition to the above mentioned uses of your PHI related to treatment, payment and health care operations, the Plans may also use your PHI without an authorization for the following purposes:

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

To Avert a Serious Threat to Health or Safety. The Plans may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to prevent the threat.

Disclosure to Health Plan sponsor. Information may be disclosed to another health plan maintained by the Plan sponsor (usually the employer) for purposes of facilitating claims payments under that Plan. In addition, medical information may be disclosed to specified employees of the Plan sponsor as long as such disclosures are consistent with the plan document.

Appointment Reminders. Although the Plans do not currently do this, the Plans have the right to use and disclose your PHI to contact you and remind you of appointments.

Health Related Benefits and Services. The Plans may use and disclose PHI to inform you of health related benefits or services that may be of interest to you.

Release of Information to Family and Friends. The Plans may release your PHI to a friend or family member identified by you that is helping you pay for your health care or who assists in taking care of you.

Organ and Tissue Donation. If you are an organ donor, the Plans may release medical information to organizations that handle organ procurement or organ, eye, or tissue 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 or a veteran, the Plans may release medical information about you as required by military command authorities. The Plans may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. The Plans 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. The Plans may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To maintain vital records, such as 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; and
- To notify the appropriate government authority if the Plans believe a patient has been the victim of abuse, neglect, or domestic violence. The Plans will only make this disclosure if you agree or when required or authorized by law.
- To notify your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight Activities. The Plans may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. 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 a dispute, the Plans may disclose medical information about you in response to a court or administrative order. The Plans 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, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. The Plans 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, the Plans are unable to obtain the person's agreement;
- About a death the Plans believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- 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.

Coroners, Medical Examiners and Funeral Directors. The Plans may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. The Plans may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. The Plans may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. The Plans may also disclose your PHI to federal officials in order to protect the President, other officials, foreign heads of state, or to conduct investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plans may release medical information about you to the correctional institution of 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 the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS

You have the following rights regarding medical information that the Plans 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 Plan benefits. The Plans must have physical possession of the requested record to furnish you a copy, which includes medical records (if the Plans have them) and billing records and excludes psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer contact information listed at the end of this Notice. If you request a copy of the information, the Plans may charge a fee for the costs of copying, mailing, labor, or other supplies associated with your request. The Plans may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Amend. If you feel that medical information the Plans have about you is incorrect or incomplete, you may ask the Plans to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plans. To request an amendment, your request must be made in writing and submitted to the Privacy Officer contact information listed at the end of this Notice. In addition, you must provide a reason that supports your request. The Plans 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, the Plans may deny your request if you ask the Plans to amend information that:

- Is not part of the medical information kept by or for the Plans;
- Was not created by the Plans, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer contact information listed at the end of this Notice. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate whether you would like the list in paper or electronic form, and the Plans will attempt to furnish you that format, if possible. The Plans may charge you for the reasonable costs of providing the list. The Plans 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.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information the Plans use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information the Plans may disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. The Plans are not required to agree to your request. If the Plans agree to your request, the Plans will comply with your request until the Plans receive written notice from you that you no longer want the restriction to apply (except as required by law or in emergency situations). To request restrictions, you must make your request in writing to the Privacy Officer contact information listed at the end of this Notice. In your request, you must tell the Plans: (1) what information you want to limit; (2) whether you want limit the use, disclose, or both of the Plans; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that the Plans communicate with you about the medical matters in a certain way or at a certain location. For example, you can ask that the Plan only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer contact information listed at the end of this Notice. The Plans will not ask you the reason for your request. The Plans will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Rights to a Paper Copy of This Notice. You have the right to a paper copy of this Notice. You may ask the Plans 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 the website, <http://www.carsoncityhospital.com>. To obtain a paper copy of this Notice, please submit a written request to the Privacy Officer contact information listed at the end of this Notice.

CHANGES TO THIS NOTICE

The Plans expressly reserve the right to amend, change or terminate this Notice at any time, either prospectively or retroactively, without notice. The Plans expressly reserve the right to make the revised or changed Notice effective for medical information the Plans already have about you as well as any information the Plans receive in the future. This Notice will also change should it become necessary and appropriate to comply with changes in the law, including the standards, requirements, and implementation specifications of HIPAA. The Plans will post of copy of the current notice on the Plan website. The revised Notice will contain the effective date on the first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plans, please file a written request to the Privacy Officer contact information listed at the end of this Notice. All complaints must be submitted in writing. You will not be penalized or retaliated against 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 the Plans will be made only with your written permission. If you provide the Plans permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plans will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that the Plans are unable to take back any disclosures that the Plans has already made with your permission, and that the Plans are required to retain records of the care that is provided to you.

MISCELLANEOUS ITEMS

Under no circumstances does this Notice extend the rights and obligations of HIPAA to benefits that would otherwise be outside the scope of HIPAA. This Notice does not create any contractual rights or obligations between the Plans and other parties to Plan benefits that would otherwise be outside the scope of HIPAA. To the extent that anything stated within this Notice is inconsistent from the applicable contracts, plan documents or other legal documentation, those other documents and contracts control. This Notice does not in any way alter or change the written terms of the Plans. No third party rights, including but not limited to rights of Plan participants, beneficiaries, covered dependents or business associates, are intended to be created by this Notice. To the extent this Notice attempts to establish requirements and obligations above and beyond those required by HIPAA, the Notice shall be aspirational and shall not be binding upon the Plans. This Notice does not address requirements under other federal laws or under state laws. Nothing within this Notice should be construed as a contract and no vested rights are created by this Notice. This Notice is designed to be implemented in conjunction with a comprehensive privacy policy and procedures which are contained within a separate document, and any ambiguities between this Notice and those documents should be harmonized consistent with the requirements of HIPAA. Any ambiguity within this Notice should be construed in a manner that permits the Plans to comply with the requirements of HIPAA.

HOW TO CONTACT US

If you have any complaints or questions about this Notice or you want to submit a written request to one of the Plans as required in any of the previous sections of this Notice, please write to the Plan or Plans at the address given below:

Carson City Hospital
Attn: Group Health Plan Privacy Officer
406 E. Elm St
Carson City, MI, 48811
989-584-3131