



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.

Organized Health Care Arrangement

Parkside, its medical staff and other health providers are part of a clinically integrated care setting that creates an organized health care arrangement under HIPAA. This allows sharing of information among legally separate entities to enhance the delivery of quality care to our patients; however no entity is responsible for the medical judgment or patient care provided by the other entities in the arrangement. These entities may have different privacy practices for medical information they create or keep in their offices.

A copy of this may be found in the Administrative Offices of each Parkside facility. If you have any questions about this notice, please contact the Privacy Officer at 918-588-8884.

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.

Definitions:

- **Protected Health Information or PHI:** your personal and protected health information that we use to render care to you and bill for services provided.
- **Privacy Officer:** the individual in the hospital who has responsibility for developing and implementing all policies and procedures concerning your PHI and receiving and investigating any complaints you may have about the use and disclosure of your PHI.
- **Business Associate:** an individual or business that is independent of Parkside that work for Parkside to help provide Parkside or you with services.
- **Authorization:** we will obtain an authorization form you giving us permission to use or disclose your protected health information for purposes other than for your treatment, to obtain payment of your bills and for health care operations of Parkside or under the Organized Health Care Arrangement.
- **Organized Health Care Arrangement:** this hospital and the independent health care professionals who have been granted privileges to practice at the hospital are part of a clinically integrated care setting in which your PHI will be shared for purposes of treatment, payment, and health care operations as described below.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We are required by law to protect your privacy and the confidentiality of your personal and protected health information and records. We will give you notice of our legal duties and privacy practices with respect to medical information about you. We will follow the terms of the notice currently in effect.

The entities covered by this Notice include:

- This hospital and all professionals authorized to enter information into your record.
- All departments and units of Parkside
- All employees, staff and other Parkside personnel.
- Physicians, psychologists and therapists who are independent contractors of Parkside

Parkside creates a record of the care and services you receive in our facilities. Your medical records and billing information are created and retained either in paper or computerized formats. That information is accessible to hospital personnel and members of the medical staff. Proper safeguards are in place to discourage improper use or access. All these entities, sites, and locations follow the terms of this notice and may access and share medical information with each other for treatment, payment or the health care operation purposes described in this notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe ways that we use and disclose medical information in the normal course of business. All the ways we are permitted to use and disclose information will fall within one of these categories.

Routine Uses

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, clinicians or other Parkside personnel who are involved in taking care of you, including students of a professional training program that Parkside may sponsor.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Parkside may be billed and payment may be collected from you, an insurance company or a third party. We may disclose medical information to your health plan, insurance company, HMO, or their utilization review contractor in order to obtain prior approval or to determine whether your plan will cover a particular treatment.
- **For Healthcare Operations.** We may use and disclose medical information about you for healthcare operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine information about you and other Parkside patients in order to plan for other services and/or treatments we should offer, what services are not needed, and whether certain treatments are effective. We may also disclose information to doctors, nurses, clinicians and other Parkside personnel for review and learning purposes.

We may also combine the medical information we have with medical information from other healthcare organizations to evaluate how we are doing when compared to others in the state or country. In these cases, unless required by law (see below), we will remove information that identifies you from this set of information so others may use it to study health care without learning the identity of specific patients.

- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for services at Parkside
- **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 or services that may be of interest to you.
- **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law. For example, Oklahoma law requires us to report all deaths that occur in the hospital to the Oklahoma Department of Health.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or to 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

- **Worker's Compensation.** We may release medical information about you to your employer or his/her designee for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These generally include the following:
 1. To prevent or control disease, injury or disability;
 2. To report deaths;
 3. To report reactions to medications or problems with products;

4. To notify people of recalls of products they may be using;
 5. 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;
 6. To notify the appropriate government authority if we believe a patient has been the victim of abuse or neglect.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. Examples may 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.
 - **Accrediting Organizations.** We may disclose medical information to an organization that Parkside has contracted with for purposes of accreditation such as The Joint Commission and the Oklahoma Health Care Authority, etc.
 - **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court order.
 - **Law Enforcement.** We may release medical information if asked to do so:
 1. In response to a court order, warrant, summons or similar process;
 2. To identify or locate a suspect, fugitive, material witness, or missing person.
 3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 4. About a death we believe may be the result of criminal conduct;
 5. About criminal conduct at the facility; and
 6. 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.** We may release 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.
 - **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 or when they conduct special investigations.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

- **Right to Inspect and Copy.** You have the right to request to inspect and copy medical information that may be used to make decisions about your care. The Clinical Director may deny your request to some or all of your record if it poses a risk to your safety or to the safety of others.

To request an inspection, your request must be made in writing to Parkside. If you request a copy of the information, we will charge a fee for the cost of copying, mailing or other supplies associated with your request. The fee would be at the Oklahoma statutory rate (currently \$1.00 for the first page and .50¢ each additional page) per copied page plus postage. If the Clinical Director or Practitioner denies your request, you will receive a written explanation for the denial.
- **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 Parkside.

To request an amendment, your request must be made in writing and submitted to the Clinical Director for Parkside. You must also 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:

NOTICE OF PRIVACY PRACTICES

1. Was not created by us or the person or entity that created the information is no longer available to make the amendment;
 2. Is not part of the medical information kept by Parkside;
 3. Is not part of the information which you would be permitted to inspect and copy; or
 4. Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “Accounting of Disclosures.” *To request an accounting of disclosures*, you must submit your request in writing to Parkside. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. Any additional requests in that 12-month period will require payment. We will notify you of the costs and you may choose to withdraw or modify your request before costs are incurred.
 - **Right to Opt out of Receiving Fundraising Communication:** We may use medical information about you to contact you in the future to raise money for any fundraising campaign. You may notify the Privacy Officer to opt out of receiving further fundraising communications.
 - **Right to Request Restrictions.** You have the right to request a restriction of limitation on the medical information we 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 we disclose about you to someone who is involved in your care or the payment of your care, like a family member or a 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 emergency treatment. *To request restrictions*, you must make your request in writing. 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 (i.e. disclosures 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 may ask that we only contact you at work or by mail. *To request a confidential communication*, you must make your request in writing to Parkside. We will not ask you the reason for your request. We will accommodate all reasonable requests. Our 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 notice. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice at our web site, www.Parksideinc.org. *To obtain a paper copy of this notice*, contact the Privacy Officer at 918-588-8884.
 - **Right to be Notified of a Breach of your Protected Health Information** at Parkside. We are committed to protecting patient information; in the event that patient information is disclosed negligently, pending an investigation, you will be notified immediately of the matter.

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 in the administrative office of all facilities. The notice will contain, on the first page, the effective date. In addition, each time you are admitted to Parkside for treatment or health care services, we will offer you a copy of the current notice in effect.



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COMPLAINTS

If you believe your privacy rights have been violated, you may file a **written** complaint with the **Parkside Grievance Coordinator/Grievance Officer** at **Parkside Hospital, 1620 E. 12th Street, Tulsa, OK. 74120.**

Parkside Grievance Coordinator – Tyler Doane - (918) 586-4233
tdoane@parksideinc.org

Other agencies that accept grievances relating to quality of care or safety (such as abuse, neglect, or harm to a patient) are the following:

The Joint Commission – 1-800-994-6640 or 1-630-792-5636
Office of Quality Monitoring
The Joint Commission
One Renaissance Blvd.
Oak Brook Terrace, IL. 30181

The Oklahoma State Department of Health – David Shenold, 405-271-6576
Medical Facilities
Protective Health Services
1000 NE 10th Street
Oklahoma City, OK 73117

Centers for Medicaid and Medicare Services (CMS) – Dallas Regional Office
Gerardo Ortiz – 214-767-6300 or RODALD@cms.jjs.gov

Oklahoma Department of Human Services – OKDHS – 1-405-521-3646
P.O. Box 25352
Oklahoma City, OK 73125

Child Abuse Hotline – 1-800-522-3511 or 1-800-422-4453

Office of Client Advocacy (OCA) 1-405-5255-4850
P.O. Box 25352
Oklahoma City, OK 73125

Adult Protective Services – 8a – 5p (918) 430-2300; after hours – 1-800-522-3511

The Oklahoma Quality Initiative Organization: 405-840-3511
Oklahoma Foundation of Medical Quality (OFMQ)
14000 Quail Springs Parkway # 400
Oklahoma City, OK 73134

Oklahoma Commission on Children and Youth
1111 N. Lee Ave., Suite 500
Oklahoma City, OK 73103
1-866-335-9288



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OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of your medical information NOT covered by this notice or applicable laws 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 provide to you. Disclosures made with your consent will not appear on the "accounting of disclosures" log.



NOTICE OF PRIVACY PRACTICES

PATIENT LABEL

Patient Name _____ Patient ID _____

JOINT NOTICE OF PRIVACY PRACTICES

RECEIPT ACKNOWLEDGEMENT

A complete description of how your medical information will be used and disclosed by this facility is in our NOTICE OF PRIVACY PRACTICES.

I have received a copy of Parkside's Joint Notice of Privacy Practices.

Patient Signature _____ Date _____

Parent / Legal Guardian Signature _____ Date _____

Witness Signature _____ Date _____