

William R. Sharpe, Jr. Hospital

Weston, WV

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION.

We may use your health information, or disclose it to others, for a number of different reasons. This notice describes these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information. But any time we use your information, or disclose it to someone else, it will fit one of the reasons listed here.

1. Treatment. We will use your health information to provide you with medical care and services. This means that our employees, staff, students, volunteers and others, whose work is under our direct control, may read your health information to learn about your medical condition and use it to make decisions about your care. For instance, one of the Hospital's nurses may read your medical chart in order to care for you properly. We will also disclose your information to others who need it in order to provide you with medical treatment or services. For instance, we may send your doctor the results of laboratory tests we perform or order. We may disclose this information to a family member, other relative, close personal friend or other person you authorize.

2. Payment. We may use your health information, and disclose it to others, as necessary to obtain payment for the services we provide to you. For instance, an employee in our business office may use your health information to prepare a bill. And we may send that bill, and any health information it contains, to your insurance company. We may also disclose some of your health information to companies with whom we contract for payment-related services. For instance, we may give information about you to a collection company that we contract with to collect bills for us. We will not use or disclose more information for payment purposes than is necessary. We will only disclose this information upon your (or your legal representative's) written consent. However, we reserve the right to refuse treatment to you if you refuse to sign such consent.

3. Health Care Operations. We may use your health information for activities that are necessary to operate this organization. This includes reading your health information to review the performance of our staff. We may also use your information and the information of other patients to plan what services we need to provide, expand, or reduce. We may also provide health information to students who are authorized to receive training here. We may disclose your health information as necessary to others who we contract with to provide administrative services. This includes our lawyers, auditors, accreditation services, and consultants, for instance. We may disclose such information for these administrative services with your (or your legal representative's) written consent.

4. Legal Requirement to Disclose Information. We will disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the health care system. For instance, we may be required to disclose your health information, and the information of others, if we are audited or investigated by Medicare, Medicaid or other state agencies. We will also disclose your health information when we are required to do so by a court order or other judicial or administrative process.

5. Public Health Activities. We will disclose your health information when required or permitted to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.

6. to Report Abuse. We may disclose your health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws or orders that require or allow such reporting, or with your authorization.

7. Law Enforcement. We may disclose your health information for law enforcement purposes, under court order or with your permission. We must also disclose your health information to a federal or state agency investigating our compliance with federal privacy regulations.

8. Specialized Purposes. We may disclose the health information of members of the armed forces as authorized by military command authorities. We may disclose your health information for a number of other specialized purposes. We will only disclose as much information as is necessary for the purpose. For instance, we may disclose your information to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation); or for national security, intelligence, and protection of the president. We also may disclose health information about an inmate to a correctional institution or to law enforcement officials, to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution. We may also disclose your health information to your employer for purposes of workers' compensation and work site safety laws (OSHA, for instance). We will only disclose information for these specialized purposes as required by federal or state laws and regulations, court order, or with your (or your legal representative's) permission.

9. To Avert a Clear, Dangerous and Immediate Threat. We may disclose your health information if we decide that the disclosure is necessary to prevent clear, dangerous and immediate harm to the patient or others. The disclosure will only be made to someone who is able to prevent or reduce the threat.

10. Family and Friends. We may disclose your health information to a member of your family or to someone else who is involved in your medical care or payment for care. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will only disclose your information to family or friends if you authorize it.

11. Research. We may disclose your health information in connection with medical research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization. Before services are performed as a part of medical research a patient must give his/her informed consent.

12. Information to Patients. We may use your health information to provide you with additional information. This may include sending appointment reminders to your address. This may also include giving you information about treatment options or other health-related services that we provide.

13. Fund Raising. We may use your information to contact you to ask for donations to BHHF. We may disclose your information to a related foundation for the same purpose. If you do not want us to do this, contact the person listed under “Whom to Contact” at the end of this notice.