

**THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.**

- Your confidential healthcare information may be released to other healthcare professionals within the hospital for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of the hospital receiving payment for providing you with needed healthcare services.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease, defective device, or a biological product (food or medication).
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
- Your confidential healthcare information may be released only after receiving written authorization from you. This does not apply to releases for treatment, payment, healthcare operations and uses and disclosures identified in this disclosure. You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by the hospital to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.
- You may be contacted by the hospital for the purposes of raising funds to support the hospital's operations.
- You have the right to restrict the use of your confidential healthcare information.

However, the hospital may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.

- You have the right to receive confidential communication about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to request changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose. This does not apply to releases for treatment, payment, healthcare operations and releases you have authorized.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.
- The hospital is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.
- The hospital will abide by the terms of this notice. The hospital reserves the right to make changes to this notice to continue to maintain the confidentiality of all healthcare information. Any revisions to this notice will be made available upon request.
- You have the right to complain to the hospital if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to the hospital:

ATTN: Mike Hall, Privacy Officer  
Sistersville General Hospital  
314 South Wells Street  
Sistersville, WV 26175

All complaints will be investigated.

- For further information about this Privacy Notice, please contact:

Mike Hall  
Privacy Officer (304) 447-2506





## PATIENT NOTICE

Your health care provider has agreed to participate in the West Virginia Health Information Network (“WVHIN”), a Health Information Exchange (HIE). The WVHIN’s HIE provides the fast and secure exchange of test results and reports among hospitals, labs, x-ray facilities, doctors and insurance companies.

### **WHO WILL HAVE ACCESS TO MY HEALTH RECORD?**

Doctors, hospitals, pharmacies, other health care providers and insurance companies that are participants of the WVHIN’s HIE will be able to see your health records. Your health record would only be viewed when they are treating you or when paying for your health care.

### **WHAT INFORMATION IS IN MY ELECTRONIC MEDICAL RECORD?**

Your health care provider uses an electronic medical record to keep track of the treatment provided to you. This electronic record may include your...

- medical history
- lab and imaging results
- medications
- allergies
- known drug reactions
- doctor’s and nurse’s notes

WVHIN’s HIE **is not** a complete record of your health history. It is simply a way for your health care providers to access the health information they need to provide you with the best possible care.

### **WHAT ABOUT MY SENSITIVE HEALTH RECORDS?**

Federal and State laws protect the privacy of certain kinds of medical records. These include...

- drug or alcohol abuse treatment records
- psychotherapy notes
- mental health records
- goods and services that you have paid for out-of-pocket and request to keep private

When required by law, your consent will be obtained before the WVHIN’s HIE will allow the sharing of your sensitive health records.

### **WHAT ARE THE BENEFITS TO ME?**

WVHIN’s HIE allows doctors and hospitals to view all of your available health records to provide you with better care. WVHIN’s HIE may prevent you from having to fill out the same forms and carry your lab, x-ray results and medications to different doctors. Sharing your health record through the WVHIN’s HIE may prevent you from having to have tests repeated. Most importantly, sharing your health record through the WVHIN’s HIE may allow your doctors to have access to life saving information in the event of a medical emergency.

## **ARE THERE PRIVACY RISKS AND HOW IS MY PRIVACY PROTECTED?**

Doctors, hospitals and anyone else who is treating you are already responsible for keeping your health records private. The only added risk is that your health record will now be seen through the computer rather than by mail or fax.

The WVHIN uses modern technology to keep your health records private and safe. The WVHIN protects your privacy by...

- encoding your health record so only the people who need to see it can
- making sure passwords are used
- by tracking who looks at your health record through the WVHIN's HIE

## **DO I HAVE TO PARTICPATE IN THE WVHIN?**

To allow your health record to be shared through the WVHIN's HIE you do not need to take action.

If you do not want to participate you must complete a Request to Opt-Out. This form is available from your Health Care Provider. Opting-out means that doctors and other health care providers **will not** be able to access your health record through the WVHIN's HIE.

## **EVEN IF YOU CHOOSE NOT TO PARTICIPATE (OPT-OUT):**

The WVHIN will keep your personal information (name, address, birth date, etc.) on file in its Master Patient Index to permanently record your decision to opt-out.

Your doctor or health care provider will still be able to use the WVHIN's HIE to report...

- communicable diseases
- immunization data
- quality reports
- other required public health information to state and federal agencies.

It is important to understand that choosing to opt-out of the WVHIN's HIE **does not** mean your health information cannot be shared electronically. Health care providers may use other electronic methods such as secure email or electronic lab results delivery to share patient information. Read your health care provider's notice of privacy practices for more information.

## **IF I HAVE CHOSEN TO OPT-OUT CAN I CHANGE MY MIND?**

If you have previously completed a Request to Opt-Out, you can change your mind. Talk to your health care provider about reversing your Request to Opt-Out.

Please talk to your health care provider if you have questions about the WVHIN, or visit our website at [www.wvhin.org](http://www.wvhin.org) .