



Origination 03/2003
Last Approved 03/2026
Last Revised 03/2026
Next Review 03/2027

Owner Lindsey Sell: NP-N-SLY-06F
Department Compliance

Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

Effective Date: March 10, 2026

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Murray County Medical Center has in good faith, developed policies and procedures deemed appropriate to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Each time you receive services from a healthcare provider, a record of your visit is generated.

Typically this record contains your symptoms, examination, test results, diagnosis, treatment, and a plan for future care or treatment. This information is often referred to as your clinical record and serves the following purposes:

- A basis for planning your care and treatment. We use the information to monitor the quality of care and treatment that you receive and to make ongoing plans for treatment.
- A means of communication among the many health professionals who contribute to your care and treatment.
- A legal document describing the care and treatment you receive.
- A means by which you or a third-party payor can verify that services billed were actually provided.
- A tool for educating healthcare professionals and conducting medical research.
- A resource for for public health officials responsible for improving the health of the United States.
- A source of information for internal business management, planning and development.
- A tool to assess and improve the quality of care provide.

Understanding what is in your clinical record and how your PHI is used helps you to:

- Ensure its accuracy by providing us with information about your health.
- Better understand who has access to your health information as well as why, what, and when others may access your health information.
- Request communication of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose PHI except to the extent that action has already been taken.
- Maintain the privacy of your PHI by understanding your rights and responsibilities.

OUR COMMITMENT TO YOUR PRIVACY

Murray County Medical Center is dedicated to maintaining the privacy of your PHI. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to uphold the following obligations to ensure the privacy of your health information:

- We must maintain the confidentiality of health information that identifies you.
- We must provide you with this notice of our legal duties and privacy practices concerning your PHI.
- We must notify you promptly if a breach occurs that may compromise the privacy or security of your PHI.
- We must follow the terms of the Notice of Privacy Practices that is currently in effect.
- We reserve the right to revise or amend this Notice. Any revision or amendment will apply to all records created or maintained in the past and any future records.
- We will post a copy of our current Notice in our offices in a visible location at all times and you may request a copy of our most current Notice at any time.

If you have questions about this notice, please contact our Privacy Official at 507-836-6111.

OUR USES AND DISCLOSURES

Your PHI may be used and disclosed for a variety of purposes, both routine and in certain special circumstances, as allowed or required by law. The following categories describe the different ways in which we may use and disclose your PHI:

- **Treatment.** We may use your PHI to treat you. For example, we may ask you to have laboratory tests (such as blood tests), and we may use the results to help us reach a diagnosis. We might use your PHI in order to write a prescription for you, or we might disclose your PHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, in certain circumstances, we may disclose your PHI to others who may assist in your care, such as your spouse, children or parents.
 - Treatment Options. We may use and disclose your PHI to inform you of potential treatment options or alternatives.

- Health-Related Benefits and Services. We may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- **Payment**. We may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items
 - Health Insurance. When applicable, a group health plan or health insurance carrier or HMO may disclose PHI per contract to the sponsor of the plan.
- **Health Care Operations**. We may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, we may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities.
- **Appointment Reminders**. We may use and disclose your PHI to contact you and remind you of an appointment.
- **Business Associates**. There are some services provided by our organization through contracts with Business Associates. An example includes our third-party billing center that process insurance claims and patient accounting services for our facility. When services are contracted, we may disclose your health information to our Business Associates so they can perform the job we have asked them to do. To protect your information, we require the business associate to appropriately safeguard your information in the form of a written contract.
- **Directory**: Unless you notify us that you object, we may include certain limited information about you in the facility directory and/or patient listings.
- **Release of Information to Family/Friends**. We may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a legal guardian of an elderly patient may accompany the elderly person to their appointment. In this example, the legal guardian may have access to this elderly person's medical information.
- **Disclosures Required By Law**. We will use and disclose your PHI when we are required to do so by federal, state or local law.
- **Public Health Risks**. We may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths.
 - Reporting abuse or neglect.
 - Preventing or controlling disease, injury or disability.
 - Notifying a person regarding potential exposure to a communicable disease.
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
 - Reporting reactions to drugs or problems with products or devices.

- Notifying individuals if a product or device they may be using has been recalled.
 - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
 - **Lawsuits and Similar Proceedings.** We may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
 - **Law Enforcement.** We may release your PHI to law enforcement officials, but only in specific circumstances permitted or required by law. These include the following:
 - Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement.
 - Concerning a death we believe has resulted from criminal conduct.
 - Regarding criminal conduct at our offices.
 - In response to a warrant, summons, court order, subpoena or similar legal process.
 - To identify/locate a suspect, material witness, fugitive or missing person.
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
 - **Deceased Patients.** We may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information to funeral directors so that they may perform their jobs.
 - **Research.** We may use and disclose your PHI for research purposes without your permission if an Institutional Review Board (IRB) approves such use or disclosure. We may disclose medical information about you to researchers preparing to conduct a research project. In addition, researchers may contact you directly about participation in a study. The researcher will inform you about the study and give you an opportunity to ask questions. You will be enrolled in a study only after you agree and sign a consent form indicating your willingness to participate in the study.
 - **Serious Threats to Health or Safety.** We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
 - **Food and Drug Administration (FDA).** We may disclose your name to the FDA regarding PHI

relative to adverse events with respect to food, supplement, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

- **Military.** We may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
- **Marketing.** We may inform you in person about products, services or disease management programs available to you as treatment options.
- **Fundraising.** We may contact you as part of a fundraising effort for our facility. We may disclose certain PHI such as contact information (name, address, and phone number) and the dates you received care/treatment, to a foundation so that the foundation may contact you as part of fundraising efforts for our facility. Patients have the right to opt out of fundraising.
- **National Security.** We may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- **Inmates.** We may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosures for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
- **Workers' Compensation.** We may release your PHI for workers' compensation and similar programs.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the PHI that we maintain about you:

- **Right to Confidential Communications.** You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to our Privacy Official, specifying the requested method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.
- **Right to Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including clinical and billing records, but not including psychotherapy notes. You must submit your request in writing to our Privacy Official to inspect and/or obtain a copy of your PHI. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
- **Right to Request Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request a restriction in our use or disclosure of your PHI, you must

make your request in writing to our Privacy Official. Your request must describe in a clear and concise fashion:

- The information you wish restricted;
 - Whether you are requesting to limit our use, disclosure or both; and
 - To whom you want the limits to apply.
- **Right to Amend Your Health Information:** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for us. Your request must be made in writing and submitted to our Privacy Official. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for us; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by us, unless the individual or entity that created the information is not available to amend the information.
 - **Right to an Accounting of Disclosures.** You have the right to request a list of certain non-routine disclosures we have made of your PHI for non-treatment or operations purposes. Use of your PHI as part of routine patient care is not required to be documented. For example, a doctor sharing information with a nurse; or the billing department using your information to file your insurance claim. To obtain an accounting of disclosures, you must submit your request in writing to our Privacy Official. All requests for an Accounting of Disclosures must state a time period, which may not be longer than six (6) years from the date of disclosure. The first list you request within a 12-month period is free of charge, but we may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
 - **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact our Privacy Official.
 - **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Official. All complaints must be submitted in writing. You will not be penalized for filing a complaint. You can file a complaint with the U.S. Department of Health and Human Services office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - **Right to Provide an Authorization for Other Uses and Disclosures.** We will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization.

If you have any questions regarding this notice or our privacy policies, please contact our Privacy Official: 507-836-6111.

CONFIDENTIALITY OF SUBSTANCE USE

DISORDER RECORDS

We are not a Substance Use Disorder (SUD) treatment program governed by 42 CFR Part 2, but we may receive SUD treatment records from providers who are. These records are protected by federal law, which gives them extra confidentiality safeguards, and we will not use or disclose them unless permitted by 42 CFR Part 2 or with your written consent, even when HIPAA might otherwise allow it. You may choose to provide a single consent allowing us to use and disclose Part 2 records for treatment, payment, and health care operations, and you may revoke this consent in writing at any time. Part 2 records cannot be used against you in legal proceedings without your consent or a qualifying court order, and any permitted disclosure will include a notice that the information is protected and may not be redisclosed unless allowed by federal law.

CALLING, TEXTING, AND EMAILING

We may contact you about your care using the phone numbers and email addresses that you provide to us. This may include using an automated phone dialing system, pre-recorded or synthetic voice messages, texting, or email. When we contact you in this manner, you will be given the opportunity to opt out of receiving similar communications going forward.

Because texts and emails are not encrypted, there is a risk that someone else could read or access these messages. We therefore take steps to limit the amount of health information that they contain. You may choose to opt out of these messages at any time.

CHANGES TO THIS NOTICE

We may change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request and on our website www.murraycountymed.org.

Approval Signatures

Step Description	Approver	Date
CEO Approval	Luke Schryvers: NP-N-SLY-01F	03/2026
Compliance	Luke Schryvers: NP-N-SLY-01F	03/2026