

**RINGGOLD COUNTY HOSPITAL**

**AND**

**AFFILIATED CLINICS**

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

1. Ringgold County Hospital and Affiliated Clinics are permitted to make uses and disclosures of protected health information for treatment, payment and health care operations.
2. *Ringgold County Hospital and Affiliated Clinics are permitted or required, under specific circumstances, to use or disclose protected health information without the individual's written authorization.*
3. Other uses and disclosures will be made only with the Individual's written authorization, and the individual may revoke such authorization.
4. Ringgold County Hospital and Affiliated Clinics may:
  - a. Contact the individual to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the individual or patient.
  - b. Contact the individual/Patient to raise funds for Ringgold County Hospital and Affiliated Clinics, or
  - c. Disclose protected health information to the sponsor of a group health plan, health issuer or HMO with respect to a group health plan
5. The Individual has:
  - a. The right to request restrictions on certain uses and disclosures of protected health information. Ringgold County Hospital and Affiliated Clinics are not required to agree to a requested restriction, however.
  - b. The right to receive confidential communications of protected health information, as applicable.
  - c. The right to inspect and copy protected health information, as provided in the Privacy Regulation.
  - d. The right to amend protected health information, as provided in the Privacy Regulation.
  - e. The right to receive an accounting of disclosures of protected health information.
  - f. The right to obtain a paper copy of the Notice from the covered entity upon request. This right extends to an individual who has agreed to receive the Notice electronically.
6. Ringgold County Hospital and Affiliated Clinics are required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and Privacy practices with respect to protected health information.
7. Ringgold County Hospital and Affiliated Clinics are required to abide by the terms of the Notice currently in effect.
8. Ringgold County Hospital and Affiliated Clinics reserve the right to change the terms of this Notice. The new Notice provisions will be effective for all protected health information that it maintains.
9. Ringgold County Hospital and Affiliated Clinics will provide individuals or patients with a revised Notice by method of public notice.
10. Individuals may complain to Ringgold County Hospital and Affiliated Clinics and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated.
11. Ringgold County Hospital and Affiliated Clinics' contact person for matters relating to complaints is:

JAN LYONS  
(641) 464-4445 (or leave message at (641) 464-4435)  
211 Shellway Drive, Mt. Ayr, IA 50854  
Email: [jlyons@rchmtayr.org](mailto:jlyons@rchmtayr.org)
12. This Notice is first in effect on *March 3, 2003*

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Medical Records #**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship**