Effective December 2025

# HILLCREST HOSPITAL PRYOR
# NOTICE OF HEALTH INFORMATION 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.**

Protected health information is stored electronically and is subject to electronic disclosure.

If you have any questions about this notice, please contact the Hillcrest Hospital Pryor Privacy Officer at **918-825-1600**.

**This Notice Describes Our Practices And Those Of:**

- ☐ Any medical staff member and any health care professional who participates in your care;
- ☐ Any volunteer we allow to help you while you are here; and
- ☐ All employees of any hospital, clinic, laboratory, or other facility affiliated with Hillcrest Hospital Pryor.

All of these people follow the terms of this notice. They may also share health information that identifies you (also known as "protected health information") with each other for treatment, payment or health care operations as described in this notice.

**Our Pledge Regarding Health Information:**
We understand that health information about you and your health is personal. We are committed to protecting health information about you. This notice will tell you about the ways that we may use and disclose health information about you. This notice also describes your rights and certain obligations we have regarding the use and disclosure of protected health information. We are required to comply with any state laws that offer a patient/plan member additional privacy protections.

**We Are Required By Law To:**

- ☐ Maintain the privacy of health information that identifies you;
- ☐ Give you and other individuals this notice of our legal duties and privacy practices with respect to protected health information;
- ☐ Follow the terms of the notice that is currently in effect; and
- ☐ Notify affected individuals in the event of a breach involving unsecured protected health information.

**How We May Use And Disclose Your Health Information:**

- ☐ **For Treatment.** We may use and disclose your health information to provide you with medical treatment or services. For example, a health care provider, such as a physician, nurse, or other person providing health services will access your health information to understand your medical condition and history. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions. This information is necessary for health care providers to determine what treatment you should receive and to coordinate your care.
- ☐ **For Payment.** We may use and disclose your health information for purposes of receiving payment for treatment and services that you receive. For example, we may disclose your information to health plans or other payors to determine whether you are enrolled with the payor or eligible for health benefits or to submit claims for payment. The information on our bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. We may provide health information to entities that help us submit bills and collect amounts owed, such as a collection agency.
- ☐ **For Health Care Operations.** We may use and disclose your health information for operational purposes. For example, your health information may be used by, and disclosed to, members of the medical staff, risk or quality improvement personnel, and others to evaluate the performance of our staff, to assess the quality of care and outcomes in your case and similar cases, to learn how to improve our facilities and services, for training, to arrange for legal or risk management services and to determine how to continually improve the quality and effectiveness of the health care we provide.
- ☐ **Health Information Exchange.** We may participate in one or more health information exchanges or other health information registries and may use and disclose your health information through these exchanges for certain purposes described in this notice. For example, we may disclose your health information to or obtain your health information from other participants in a health information exchange that have treated you in order to coordinate your care. We may use a health information exchange to obtain information for payment for the care you receive. We may also disclose or obtain your health information through a health information exchange for quality assessment or improving health and reducing health care costs. We may disclose your health information to an electronic health information registry to report certain diseases or for other public health purposes.
- ☐ **Facility Directory.** Unless you object, we may include you in the facility directory. This information may include your name, location in the facility, general condition (e.g., fair, stable, etc.) and religious affiliation. We may give your directory information, except for religious affiliation, to people who ask for you by name. Unless you object, your religious affiliation and other directory information may be released to members of the clergy even if they do not ask for you by name.
- ☐ **Others Involved In Your Care.** We may disclose relevant health information to a family member, friend, or anyone else you designate in order for that person to be involved in your care or payment related to your care. We may also disclose health information to those assisting in disaster relief efforts so that others can be notified about your condition, status and location.
- ☐ **Fundraising.** We do not use or disclose your information for fundraising.
- ☐ **Required By Law.** We may use and disclose information about you as required by law. For example, we are required to disclose information about you to the U.S. Department of Health and Human Services if it requests such information to determine that we are complying with federal privacy law.
- ☐ **Reporting Abuse, Neglect or Domestic Violence.** We may disclose health information to an appropriate government authority, including a protective services agency, if we believe an individual is the victim of abuse, neglect or domestic violence. We will inform the individual that we have made such a report, unless we believe that doing so would place the individual at serious risk of harm. We will make such reports only as required or authorized by law, or if the individual agrees.
- ☐ **Public Health.** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities (e.g., state health department, Center for Disease Control, etc.) to prevent or control disease, injury, or disability, or for other public health activities.
- ☐ **Law Enforcement Purposes.** Subject to certain restrictions, we may disclose information needed or requested by law enforcement officials.
- ☐ **Judicial and Administrative Proceedings.** We may disclose information in response to an appropriate subpoena, discovery request or court order.
- ☐ **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections to monitor the health care system.
- ☐ **Decedents.** Health information may be disclosed to funeral directors, medical examiners or coroners to enable them to carry out their lawful duties.
- ☐ **Organ/Tissue Donation.** Your health information may be used or disclosed for cadaver organ, eye or tissue donation purposes.
- ☐ **Research.** We may use or disclose your health information for research purposes after a receipt of authorization from you or when an institutional review board (IRB) or privacy board has waived the authorization requirement by its review of the research proposal and has established protocols to ensure the privacy of your health information. We may also review your health information to assist in the preparation of a research study.
- ☐ **Health and Safety.** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.
- ☐ **Government Functions.** Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.
- ☐ **Workers' Compensation.** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.
- ☐ **Business Associates.** We may disclose your health information to business associates (individuals or entities that perform functions on our behalf) provided they agree to safeguard the information.
- ☐ **Other Uses and Disclosures.** We may contact you to provide appointment reminders or for billing or collections and may leave messages on your answering machine, voice mail or through other methods. Except for uses and disclosures described above, we will only use and disclose your health information with your written authorization. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes, use or disclose your health information for marketing purposes or sell your health information, unless you have signed an authorization. You may revoke an authorization by notifying us in writing, except to the extent we have taken action in reliance on the authorization.

**Additional Restrictions on Uses and Disclosures of SUD Treatment Information:**

- ☐ We may use your substance use disorder treatment records from programs subject to 42 CFR Part 2 ("SUD Program Information") without your consent to provide you with care within the SUD Program, and to share that information with others involved in your care within the SUD Program.
- ☐ We also may disclose SUD Program Information without your consent as follows:
  - To medical personnel to the extent necessary to meet a bona fide medical emergency.
  - To qualified personnel for the purpose of conducting scientific research, management audits, financial audits, or SUD Program evaluation.
  - If a judge finds good cause to issue a court order, such as when the judge believes the order may avert a substantial risk of death or serious bodily harm.
  - To a public health authority, so long as the SUD Program Information provided is identified.
- ☐ We will ask you to provide your written consent to use and disclose your SUD Program Information for purposes of other treatment, payment, and health care operations. Once you have provided your written consent, we may use and disclose your SUD Program Information as otherwise described in this Notice of Privacy Practices, except:
  - We are prohibited from using or disclosing your SUD Program Information, or testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record may be used or disclosed.

**Your Health Information Rights:**
**You have the right to:**

- ☐ Obtain a paper copy of this notice of information practices upon request, even if you have previously agreed to receive this notice electronically
- ☐ Inspect and obtain a copy of your health information that we maintained;
- ☐ Request an amendment to your health information under certain circumstances;
- ☐ Request a confidential communication of your health information by alternative means or at alternative locations. Please be advised that this request for alternative means or locations of communications applies only to this provider or location;
- ☐ Receive an accounting of certain disclosures made of your health information; and
- ☐ Request a restriction on certain uses and disclosures of your information. We are not required to agree to a requested restriction, except for requests to limit disclosures to your health plan for purposes of payment or health care operations when you have paid for the item or service covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law.

If you have given another individual a medical power of attorney, or if another individual is appointed as your legal guardian or is authorized by law to act on your behalf, that individual may exercise any of the rights listed above for you. We will confirm this individual has the authority to act on your behalf before we take any action.

To exercise any of these rights, please contact our Privacy Officer at the address at the end of this notice.

**Changes to This Notice:**
We reserve the right to change the terms of this notice and make the new terms effective for all protected health information kept by Hillcrest Hospital Pryor. We will post a copy of the current notice in our facility and on our website, https://www.hillcrestpryor.com. You may also get a current copy by contacting our Privacy Officer at the address at end of this notice. The effective date of the notice is in the top right-hand comer of each page.

**Complaints:**
If you believe your privacy rights have been violated, you may file a complaint with Hillcrest Hospital Pryor or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Hillcrest Hospital Pryor, submit your written complaint to our Privacy Officer at the address at end of this notice. You will not be penalized for filing a complaint.

**Contact Information for Questions or To File a Complaint:**
If you have any questions about this notice, want to exercise one of your rights that are described in this notice, or want to file a complaint, please contact the Hillcrest Hospital Pryor Privacy Officer at: **Hillcrest Hospital Pryor, 111 N Bailey St, Pryor, OK 74361, Attn: Privacy Officer; Phone: 918-825-1600.**