

# Your Information. Your Rights. Our Responsibilities.

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.**

## Your Rights

### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

## Our Uses and Disclosures

### We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions



## Notice of Privacy Practice

- I acknowledge that I have received or have been provided the opportunity to receive a copy of the “Notice of Privacy Practice” with complete description of privacy practices that explain when, where, and why my health information is used and shared. I acknowledge that my physician, Pike County Memorial Hospital nurses and other staff may use and share my confidential health information with other entities or physicians in order to treat me, to arrange for payment of my bill, or for issues that concern Pike County Memorial Hospital operations and responsibilities.
- Pike County Memorial Hospital reserves the right to change the terms of our privacy practices at any time. If changed, you may request a copy of our privacy practices by contacting the Health Information Management Department.
- Your signature on the consent to treat form (signed during registration) authorizes Pike County Memorial Hospital to use and disclose your health care information for treatment, payment, or health care operations. This includes, but is not limited to, reporting Immunization records to local and state agencies for reporting purposes. You have the right to restrict how your health care information is used or disclosed for treatment, obtaining payment, or hospital operations. Pike County Memorial Hospital is not required to agree with your request, however, if we do agree, we are bound to comply with your request.
- Your consent for the use or disclosure of information may be revoked at any time except where we have already used the information in reliance with this consent. To revoke this consent, you must do so in writing.

## Contact

How to contact HIM for your Medical Records:

**Phone: 573-754-5531 OPTION 8**  
**Fax: 573-754-6890**  
**Email: [him@pcmhmo.org](mailto:him@pcmhmo.org)**

Office Hours: Monday - Friday  
8:00 am to 4:30 pm



A Release of Information form will need to be completed by the patient before records will be released.

## Questions and Concerns

If patients have concerns about their information being released or any questions, they should reach out to the HIM Director/Facility Privacy Officer.

Mindy Graves, RHIA  
Phone: 573-754-5531 ext. 7201  
Fax: 573-754-6890  
Email: [mgraves@pcmhmo.org](mailto:mgraves@pcmhmo.org)

