

JASPER HEALTH SERVICES, Inc.

Acknowledgment of Receipt of Notice of Privacy Practices & Patient Rights and Telephone Consumer Protection Act for:

Patient Name/Label : _____

Patient Acknowledgement: I, the undersigned, acknowledge receipt of Jasper Health Services, Inc., Notice of Privacy Practices and/or a Summary of the Notice of Privacy Practices and Patient Rights and Responsibilities Brochure. I further acknowledge I have been provided with an opportunity to ask questions regarding the Notice and its contents.

Signature or Initials of Patient or Patient's Authorized Representative **Date**

Basis of Authority
Printed name of patient's authorized representative

The patient was provided with a copy of the Notice of Privacy Practices and/or the Summary of Notice of Privacy Practices and Patient Rights and Responsibilities brochure, and in good faith attempted to obtain the patient's signature to acknowledge receipt of the Notice and was unsuccessful due to the following:

- Patient incapacitated and unable to sign acknowledgment
- Patient or patient's authorized representative refused/declined to sign acknowledgment
- Other: _____

Signature of JHS Representative **Date**

Patient or the patient's authorized representative has elected to:

- Have their "directory" information available, which includes patient's name, general condition, and location in the facility, **(Opt into Hospital directory).**
- Not** have any "directory" information available, which includes patient's name, general condition, and location in the facility, and to be a Privacy Patient **(Opt out of Hospital directory).** When family, friends and/or others call the hospital, we will **not** have you listed as a patient in our facility and will tell the callers we do not show you as a patient. Only family and friends that you inform, or those people they in turn have told, will know you are in the hospital.

Telephone Consumer Protection Act

"If you provide us with your telephone or cell phone number, you give your consent for us to contact you and leave messages at those numbers for you regarding questions or arrangements concerning your account. You also give your consent directly to our agents and to collection agents to contact you at the telephone or cell number(s) you provide, and to leave voice mail messages (including messages by auto-dialers and pre-recorded messages), to make arrangements for payment of any amounts you may owe. Providing us a telephone or cell number is not a condition of receiving our services, however."

Signature or Initials of Patient or Patient's Authorized Representative **Date**

Jasper Health Services, Inc.

SUMMARY OF NOTICE OF PRIVACY PRACTICES

Our Legal Duty: We have a duty to protect the confidentiality of medical information about you. We are required to provide you with a Notice of Privacy Practices explaining ways we may use and disclose your medical information. The Notice also describes your legal rights and our obligations regarding the use and disclosure of your medical information.

Parties Following The Notice: The Notice will be followed by the Hospital and its affiliates, together with their healthcare professionals, staff and volunteers; members of the Hospital Medical Staff and those participating in managed care networks with the Hospital; and other legal entities that provide services to the Hospital.

How We May Use and Disclose Medical Information About You: We may use or disclose identifiable health information about you for many reasons, including:

- Treatment
- Payment
- Healthcare operations
- Health oversight activities
- Public health purposes
- Auditing
- National security and protective services
- Research
- Workers' compensation
- Lawsuits and disputes
- Activities of managed care networks in which we participate
- Activities of our affiliates
- Appointment reminders
- Hospital fundraising activities
- Organ donation
- To avert a serious threat to health or safety
 - To coroners, medical examiners and funeral directors
 - To military command authorities
- As required by law
- Law enforcement purposes

In general, other uses and disclosures of your medical information will require your written authorization. We may use or disclose certain limited information about you, unless you object or request a limitation of the disclosure, for:

- Hospital directories
- Individuals involved in your care or payment

Your Privacy Rights:

You have the following rights with respect to your health information:

- The right to request confidential communications and alternative means of communication with you.
- The right to request restrictions on certain uses of your health information.
- The right to inspect and copy certain medical information that we maintain about you.
- The right to request an amendment of your health information.
- The right to an accounting of certain disclosures of your health information.

Changes to the Notice: We reserve the right to change the Notice. We will post any revised Notice in the Hospital.

Complaints: If you believe your rights have been violated, you may file a written complaint with the Hospital, Attn: Privacy Officer c/o Health Information Management Department or with the Secretary of the U.S. Department of Health and Human Services.