

**Dodge County Hospital**  
**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 Dodge County Hospital Authority together with health care professionals, staff and volunteers; all independent members of the Dodge County Hospital Medical Staff (who are independent professionals and are not employees or agents of Dodge County Hospital) and those participating in networks with Dodge County Hospital Authority; and other legal entities that provide services to Dodge County 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	Activities of managed care networks in which we participate
Payment	Activities of our affiliates
Health Care Operations	Appointment reminders
Health Oversight Activities	Fundraising Activities
Public Health Purposes	Organ Donation
Auditing	To avert a serious threat to health or safety
Research	To coroners, medical examiners, and funeral directors
Workers' Compensation	To military command authorities
Law Enforcement Purposes	As required by law
National Security & Protective Services	

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
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**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 to 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 Dodge County Hospital Authority.

**Complaints:** If you believe your rights have been violated, you may file a written complaint with the Dodge County hospital Authority's Privacy Officer at 478-448-4050 or with the Secretary of the U.S. Department of Health and Human Services.

**More Information:** This form contains only a summary of our privacy practices. A complete copy of our Notice of Privacy Practices is available to you to take with you. We will be happy to answer any questions you may have about our privacy practices.

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ACKNOWLEDGMENT

Patient Name: \_\_\_\_\_

Patient Acknowledgment: I acknowledge that a copy of the Notice of Privacy Practices for Dodge County Hospital Authority has been made available to me. In connections with the Notice, I also acknowledge that I have been provided with an opportunity to ask questions regarding the Notice and its content.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**For Use by Dodge County Hospital Only: (Complete if patient Acknowledgment is not obtained)**

The patient was provided with a copy of the Notice of Privacy Practices and a good faith attempt was made to obtain the patient's signature acknowledging receipt of the Notice. An Acknowledgement was not obtained because:

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Signature of Dodge County Hospital Representative: \_\_\_\_\_ Date: \_\_\_\_\_