

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.

If you have any questions about this notice, please contact Health Information Management.

## WHO WILL FOLLOW THIS NOTICE

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All Employees, staff, and other hospital personnel.

All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or healthcare operations purposes described in this notice.

## OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of our notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

The following categories describe different ways that we may use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Disclosure at Your Request** We may disclose information when requested by you. This disclosure at your request may require written authorization by you.
- **For Treatment** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, healthcare

doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as other acute facilities, skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, we may give your physician access to your health information to assist your physician in treating you.

- **For Payment** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about the surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, an insurance company, or another source of payment to practitioners outside the hospital who are involved in your care, to assist them in obtaining payment for the services they provide to you. If you wish to pay for this hospitalization treatment out of pocket, in full, you have the right to restrict disclosures of protected health information to your health plan. Please contact a business office associate before the end of your hospitalization.

- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g. good, fair, etc.) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. The information is released so your family, friends and clergy can visit you in the hospital.

- **For Health Care Operations** We may use and disclose Health Information about you for healthcare operation purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may use Health Information to review the treatment and services we provide to ensure that the care you receive is of the highest quality. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

- **Fundraising Activities** We may use medical information about you, or disclose such information to a foundation related to the hospital, to contact you in an effort to raise money for the hospital and its operations. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt-out. We only would release contact information, such as your name, address, phone number, and the dates you received treatment or services at the hospital.

- **Marketing and Sale.** Most uses and disclosures of the medical information for marketing purposes and disclosures that constitute a sale of medical information require your authorization.
- **Individuals Involved in Your Care or Payment for Your Care .** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. If you arrive at the emergency department either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).
- **Research** Under certain circumstances, we may use and disclose Health Information for research purposes. For example, a research project may involve comparing the health recovery of all patients who received one medication or treatment to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates proposed research and its use of medical information, trying to balance the research needs with patients' need for the privacy of their medical information. Before we use or disclose medical information for research, the project will go through a special approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave the hospital.
- **As Required by Law** We will disclose Health Information when required to do so by international, federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety** We may use and disclose Health Information when necessary to prevent or lessen a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.

## SPECIAL CIRCUMSTANCES

- **Organ and Tissue Donation** If you are an organ donor, we may release Health Information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.
- **Military and Veterans** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We may also release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **Public Health Risks** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; reporting child, elder, and dependent adult abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; notify a person who may have been exposed to a disease

hospital in certain limited circumstances concerning workplace illness or injury. We also may release Health Information to an appropriate government or authority if we believe a patient has been a victim of abuse, neglect, or domestic violence; however, we will only release this information if you agree or when we are required or authorized by law. We may also notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

- **Health Oversight Activities** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Coroners, Medical Examiners, and Funeral Directors** We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

- **Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or another lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

- **Law Enforcement** We may release Health Information if asked by a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

- **National Security and Intelligence Activities** We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others** We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

- **Security Clearances** We may use medical information about you to make decisions, regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the U.S. Department of State who need access to that information for these purposes.

- **Inmates or Individuals in Custody** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- **Multidisciplinary Personnel Teams** We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management, or treatment of an abused child

- **Special Categories Of Information.** In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information -e.g., tests for HIV or treatment for mental health conditions, or alcohol and drug abuse. Government health benefit programs, such as Medicaid, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

## **PRIVACY RIGHTS**

If you believe your privacy rights have been violated, you may file a complaint with this hospital's Health Information Services Department. All complaints must be in writing. You may also contact:

Office for Civil Rights

*U.S. Department of Health and Human Services*

*200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C., 20201*

*Phone: 800-368-1019*

*TDD: 800-537-7697*

Email: [OCRPrivacy@hhs.gov](mailto:OCRPrivacy@hhs.gov)

**You will not be penalized for filing a complaint.**

### **Other uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.