



## **Notice of Privacy Practices**

Effective 9/23/2013

### **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

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you, if it is available electronically. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your

health information for six years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we

believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information unless you give us written permission in these cases.

- Sale of your information • In the case of fundraising: Marketing purposes • We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

#### **Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

## **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do Research**

We can use or share your information for health research.

### **Comply with the law**

- We will share information about you if state or federal laws require it, including with the department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- Pennsylvania laws regulate mental health records. Mental health records require an authorization specifically for release of mental health records.
- Federal laws protect Drug and Alcohol treatment records. Federal and State laws protect HIV/AIDS records that may be a part of your health records. You must specifically tell us to release these records in your written authorization.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Hospital Directory**

**Hospital directory** is a list of people who are inpatients at your hospital. It includes your name, location and bed assignment. During the registration for admission, you will be asked if you want your name in the directory or not. You need to understand the meaning of the terms Public Access or Restricted Access, Opt-in or Opt-out or Yes, I want listed or, No I do not want listed in the directory.

**Choosing "Public Access", "Opt In", or "Yes"** will list your name in the directory. A nurse can give a general update about you to anyone asking for you by name and Clergy can visit you.

**Choosing "Restricted Access," "Opt Out," or "No"** means you will not be listed in the directory. We will not release any information about you to anyone except the hospital staff that provides your care. You can call your family and friends and they may call or visit you if you tell them your room number and personal telephone number. Cards and flowers are not accepted for you because you asked that no one be told you are in the hospital.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the rules and privacy practices described in this notice and give you a copy of it if requested.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will not release records that we received from other providers unless your doctors used that information in your treatment.

For more information visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to

all information we have about you. The new notice will be available upon request, in our office, and on our web sites.

## **Other Information for Patients**

### **Affiliated Covered Entity (ACE)**

The HIPAA privacy and security rules allow hospitals and other healthcare providers to come together as one to share patient's health information within a healthcare system. Patients get better care if a physician has access to a more complete record.

- Penn Highlands Healthcare (PHH) system includes Brookville, Clearfield, DuBois and Elk. This affiliation allows us to share health information within the PHH system as needed for patient care and treatment.
- Physicians employed by a PHH hospital and are involved in your care, will have access to your health records from any of the four hospitals.

### **Organized Health Care Arrangement (OHCA)**

- Each PHH hospital also has a number of Medical Staff physicians in private practice. Through an agreement with the hospital, these physicians can access your health record, on file at that hospital. This agreement is an Organized Health Care Arrangement (OHCA).
- The OHCA agreement limits access to your record to physicians on the hospital's Medical Staff.
- You must provide written authorization if your physician needs copies of your health records from other hospitals.
- The list of participating physicians at each hospital is available on each hospital's and the PHH website. Copies are available on request.
- In the future most of our hospitals will provide patients with access to their health information using secure access through your home computers. You will be notified when this service becomes available in your area.

The privacy of health information released, with your written permission, to a person or business not regulated by HIPAA , is no longer ensured.