St. Vincent Williamsport Hospital
Joint Notice of Privacy Practices

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.

Our pledge to you We understand that medical information about you is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by facility staff 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. Federal law requires us to keep medical information about you private, to give you this notice, and to follow the terms of the notice.

Changes to this Notice We may change our privacy policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in prominent locations such as registration sites, waiting rooms, or exam rooms and on our Website at williamsport.stvincent.org. You can receive a copy of the current notice at any time upon request. The effective date is listed at the bottom of this notice. You will also be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you

- We may use and disclose medical information about you for **treatment** (such as sending medical information about you to a specialist as part of a referral or sharing information via the Indiana Network for Patient Care system); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and **to support our health care operations** (such as comparing patient data to improve treatment methods, providing information to Joint Commission for Accreditation of Healthcare Organizations, or using information to provide you mission services).
- We may use or disclose medical information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for **public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements, organ donation, workers' compensation purposes and emergencies.** We also disclose medical information **when required by law**, such as in response to a request from law enforcement in specific circumstances, to avert a **serious threat to health or safety**, or in response to valid judicial or administrative orders.
- We also may contact you for **appointment reminders,** or to tell you about or recommend **possible treatment options, alternatives, health-related benefits or services** that may be of interest to you, or to support **fundraising efforts**.
- If admitted as an in-patient, unless you tell us otherwise, we will list **in the in-patient directory** your name, location in the hospital, your general condition (good, fair, etc.) and your religious affiliation, and will release all but your religious affiliation to anyone who asks about you by name. Your name will appear on a religious affiliation/church list and may be disclosed only to a clergy member representing your church or to your church's representative, even if they do not ask for you by name. You have the right to be **excluded** from the **in-patient directory**. Exclusion from the directory means **no** information will be disclosed to **any persons** who contact the Hospital and ask for you by name including disclosures for floral deliveries and mail. The Hospital is unable to accommodate request(s) to disclose information to certain individuals (i.e. mom) and not others (i.e. ex-husband).
- We may disclose medical information about you to a **friend or family member who is involved in your medical care** or to disaster relief authorities so that your family can be notified of your location and condition.

Incidental Uses and Disclosures We may occasionally inadvertently use or disclose your medical information when such use or disclosure leads to another use or disclosure that is permitted or required by law. For example, while we have safeguards in place to protect against others overhearing our conversations that take place between doctors, nurses or other personnel, there may be times that such conversations are in fact overheard. Please be assured, however, that we have appropriate safeguards in place to avoid such situations, as much as possible.

Disclosures of Mental Health Records If your records contain information regarding your mental health, we are restricted in the ways that we can use and disclose them. We can disclose such records without written permission only in the following situations:

- If the disclosure is made to you (unless it is determined by a physician that the release would be detrimental to your health);
- Disclosures to our employees in certain circumstances;
- For payment purposes;
- For data collection, research, and monitoring managed care providers if the disclosure is made to the division of mental health;
- For law enforcement purposes or to avert a serious threat to the health and safety of you or others;
- To a coroner or medical examiner;
- To satisfy reporting requirements;
- To satisfy release of information requirements that are required by law;
- To another provider in an emergency;
- For legitimate business purposes;
- Under a court order;
- To the Secret Service if necessary to protect a person under Secret Service protection; and
- To the statewide waiver ombudsman.

Other uses of medical information In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your rights regarding medical information about you

- In most cases, **you have the right to inspect and obtain a paper or electronic copy of your medical information** that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that information in your record is incorrect or if important information is missing, **you have the right to request that we amend the records**, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- **You have the right to restrict disclosures of your health information to your health plan** for payment and health care operations purposes (and not for treatment) if the disclosure pertains to a health care item or service for which you paid out-of-pocket in full.
- **You have the right to a list of those instances where we have disclosed medical information about you,** other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be six (6) years or less starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a twelve (12)-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.
- If this notice was sent to you electronically, **you have the right to a paper copy of this notice.**
- **You have the right to request that medical information about you be communicated to you in a confidential manner,** such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you. We will make a good faith effort to honor your request **but we are not legally required to do so if the request is unreasonable or infeasible.** We will inform you of our decision on your request.
- **You may request, in writing, that we not use or disclose medical information about you** for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request **but we are not legally required to accept it.** We will inform you of our decision on your request.

Who abides by this notice This notice applies to more than one covered entity. The covered entities or class of entities to which this notice applies are:

- Any health care professional authorized to enter information into or consult your medical record.
- All departments, units, employees, medical staff and contracted healthcare workers of St. Vincent Williamsport Hospital (including Primary Care Clinics), St. Vincent North Clinic, St. Vincent South Clinic.
- Any member of a volunteer group we allow to help you.
- The anesthesiologists, pathologists, cardiologists, radiologists, radiation oncologists and emergency room physicians.
- Members of Mid America Clinical Lab, who provide laboratory services for St. Vincent Hospital
- Associates of The Care Group and The Heart Center of Indiana

These entities may share health information with each other for treatment, payment or operations as described in this notice.

Disclosures of Medical Information of Minors Under Indiana law, we cannot disclose the medical information of minors to non-custodial parents if a court order or decree is in place that prohibits the non-custodial parent from receiving such information. However, we must have documentation of the court order prior to denying the non-custodial parent such access.

All written requests or appeals should be submitted to our Privacy Office listed at the bottom of this notice.

Complaints If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Office (listed below). You may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Office can provide you the address.

Under no circumstance will you be penalized or retaliated against for filing a complaint.

St. Vincent Williamsport Hospital Privacy Office
412 N. Monroe Williamsport, Indiana 47993

Effective February 18, 2010