WHO DOES THIS NOTICE APPLY TO?

As an affiliated member of St. Joseph Health System and Covenant Health System we, along with other affiliated members of St. Joseph Health System and Covenant Health System, participate in the St. Joseph Health and Covenant Health System Health Information Exchange (HIE) in order to share medical information to manage joint operations and activities. A list of the OHCA’s affiliated members, also known as care partners (“Care Partners”), is available at http://www.stjhs.org/OurNetwork. A paper copy is also available upon request. The privacy practices in this notice will apply to:

• Care Partners of the OHCA (i.e., hospitals, skilled nursing facilities, community clinics and physician groups).
• Physician or professional health practitioners who privileges participating in the OHCA, in connection with hospital based episodes of care (i.e. medical staff at hospitals).
• All departments and units of a Care Partner participating in the OHCA.
• Any member of a volunteer group who participates in a Care Partner participating in the OHCA.
• All employees, staff and other personnel of a Care Partner participating in the OHCA.
• Any business associate of a Care Partner with whom members of the OHCA share medical information.

OUR RESPONSIBILITY TO REGARDING YOUR MEDICAL INFORMATION

We are committed to protecting the privacy of your medical information. In order to comply with certain legal requirements, we may give out medical information about you without your prior authorization for the following purposes:

• To treatment: We may use and disclose medical information about you for your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may also use and disclose medical information about you to other people, places and entities outside our Care Partner to help you receive the needed medical services, and to prevent a serious threat to your health or the health of others.
• To payment: We may use and disclose medical information about you to obtain payment. For example, we may give your health plan information about you to receive payment from your health insurance plan. We may also use and disclose your information for billing purposes to arrange for payment, such as in connection with your co-pay or deductible.
• To health oversight activities: We may use or disclose medical information about you to support our health care operations. For example, we may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

HOW WILL WE USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We may disclose medical information about you to the persons or entities described below to carry out the purposes for which we collected the information. We may use or disclose medical information about you without your authorization for the following purposes:

• Law Enforcement: We may disclose your medical information to law enforcement in specific circumstances or in response to valid judicial or administrative orders. For example, we may disclose medical information about you to notify law enforcement in the following circumstances:
  • to notify you of recalls of products you may be using;
  • to report crimes or certain types of criminal conduct occurring on our premises; and (iii) disclosures that constitute the sale of your medical information. If you authorize us to use or disclose your medical information, you can later revoke that authorization by notifying us in writing of your decision, except to the extent that we have taken action in reliance on your authorization.
• Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military commanders. We may also release medical information about you for foreign governmental personnel to the appropriate foreign military authority.
• Multidisciplinary Personnel Teams: We may disclose medical information to a multidisciplinary personnel team responsible for the specific task of identifying or locating a suspect, fugitive, material witness, or missing person.
• Social Service Agencies: We may disclose medical information to the social service agency responsible for child welfare to the extent necessary to prevent a serious threat to the health and safety of the child or the safety of other individuals to the institution or its agents.
• Organ Procurement Organizations (OPOs): If you are a member of the armed forces, we may release medical information to an OPO to help identify or locate a potential organ, eye or tissue donor.
• Health Oversight: We may disclose medical information about you to government agencies and other entities involved in health oversight activities. For example, we may disclose information to an agency conducting an inspection of our organization to determine our compliance with laws, regulations and policies.
• Fundraising Activities: We may use your medical information to solicit support for fundraising activities related to our operations. You will have an opportunity to opt-out of receiving such communications.
• Hospital and Healthcare System(s): We may disclose medical information to your employer, your health plan, or a group health plan to which you made a prior contribution.
• Vital Statistics: We may disclose medical information to organizations responsible for vital statistics purposes, such as the Center for Disease Control and Prevention.
• Life Insurance: We may disclose medical information if you die to the life insurance companies as part of the death claim process.
• Research: We may use and disclose medical information for research purposes, subject to certain additional requirements, as described in this notice. We will not use or disclose identifiable information for marketing purposes. However, we may disclose to a marketing entity information that does not identify you individually, and we may use information that identifies you individually for marketing purposes. Without your authorization, we cannot use or disclose your medical information for research purposes.

When we disclose your medical information, we will notify you or your personal representative unless we are required by law to notify law enforcement in specific circumstances or in response to valid judicial or administrative orders. For example, we may disclose medical information about you to notify law enforcement in the following circumstances:

• To treatment: We may use and disclose medical information about you for your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may also use and disclose medical information about you to other people, places and entities outside our Care Partner to help you receive the needed medical services, and to prevent a serious threat to your health or the health of others.
• To payment: We may use and disclose medical information about you to obtain payment. For example, we may give your health plan information about you to receive payment from your health insurance plan. We may also use and disclose your information for billing purposes to arrange for payment, such as in connection with your co-pay or deductible.
• To health oversight activities: We may use or disclose medical information about you to support our health care operations. For example, we may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

HOW WILL MY INFORMATION BE USED OR DISCLOSED?

Appointment Reminders: We may use your medical information to contact you to remind you of scheduled appointments.
• Treatment Alternatives: We may use and disclose medical information about you to tell you about other treatment options or alternatives to your treatment or care.
• Health-Related Products or Services: We may use and disclose your medical information to tell you about health-related products or services we offer.
• Fundraising Activities: We may use your medical information to contact you to solicit support for certain fundraising activities related to our operations. You will have an opportunity to opt-out of receiving such communications.
• Hospital and Healthcare System(s): We may disclose medical information to your employer, your health plan, or a group health plan to which you made a prior contribution.
• Life Insurance: We may disclose medical information if you die to the life insurance companies as part of the death claim process.
• Research: We may use and disclose medical information for research purposes, subject to certain additional requirements, as described in this notice. We will not use or disclose identifiable information for marketing purposes. However, we may disclose to a marketing entity information that does not identify you individually, and we may use information that identifies you individually for marketing purposes. Without your authorization, we cannot use or disclose your medical information for research purposes.

When we disclose your medical information, we will notify you or your personal representative unless we are required by law to notify law enforcement in specific circumstances or in response to valid judicial or administrative orders. For example, we may disclose medical information about you to notify law enforcement in the following circumstances:

• To treatment: We may use and disclose medical information about you for your treatment. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may also use and disclose medical information about you to other people, places and entities outside our Care Partner to help you receive the needed medical services, and to prevent a serious threat to your health or the health of others.
• To payment: We may use and disclose medical information about you to obtain payment. For example, we may give your health plan information about you to receive payment from your health insurance plan. We may also use and disclose your information for billing purposes to arrange for payment, such as in connection with your co-pay or deductible.
• To health oversight activities: We may use or disclose medical information about you to support our health care operations. For example, we may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

How to file a complaint?

You may file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, Washington, DC 20201. If you request our decision for amendment for access to the medical information, you can later revoke that authorization by notifying us in writing of your decision, except to the extent that we have taken action in reliance on your authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you. To request in writing a* a copy of this notice, you may call us (844) 256 - 4HIE (4443). If you request a copy (paper or electronic), we may charge you a reasonable, cost-based fee.

• To access your medical information: You are entitled to access and obtain a copy of your medical information, unless an applicable law to the HIEs in which we participate.
• To request an amendment: If you believe that medical information we maintain about you is incorrect or incomplete, you may request that we amend it. If we deny your request, you have the right to submit a written addendum with respect to any item or statement in your record that you believe is incomplete or incorrect.
• To request additional disclosures: You may request that we disclose medical information to a third party for purposes other than treatment, payment, health care operations or (e.g., a restriction on who may access your medical information). Although we will consider your request, we are not legally required to agree to a requested restriction, except we must agree to your written request that limits disclosure of your information to a health plan if the information relates solely to an item or service for which you have paid out of pocket in full. We are required to abide by such a request, unless we are required by law to make the disclosure, or we have a valid business reason for not making the disclosure.
• To request a copy of this notice upon request, even if you have agreed to receive this notice electronically, by contacting the Admitting or Registration Department.
• To request in writing“ an amendment to your records if you believe the information in your record is incorrect or important information is missing. We could deny your request for amendment if the record was not created by us, or is not maintained by us, or it is not the record is accurate. If you request the record for amendment, you have the right to submit a written addendum with respect to any item or statement in your record you believe is incomplete or incorrect.

Changes to this notice

We reserve the right to change the content of this notice at any time. You have the right to make the revised notice available upon request. If we make a material change to this notice, we will post the revised notice at our location where you receive services and on our website and make the revised notice available upon request.

Complaints

If you have any questions or would like additional information, or if you believe your privacy rights have been violated, you may contact the St. Joseph Health and Covenant Health System Compliance Officer listed below. You may also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, Washington, DC 20201. If filing a complaint will not affect the treatment or care that you receive.

Revised Date: April 2016

JCNT NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE READ CAREFULLY IT.