

## ST. VINCENT CHARITY MEDICAL CENTER

### NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**WHO WILL FOLLOW THIS NOTICE:** All health care professional authorized to enter information into your record, including members of our medical staff; any member of a volunteer group we allow to help you while you are at St. Vincent's Charity Medical Center; all employees, staff and other Hospital personnel; all departments and units of the Hospital, will follow this Notice and may share protected health information with each other for treatment, payment or health care operations purposes as described in this Notice.

**OUR PLEDGE REGARDING PRIVATE HEALTH INFORMATION:** We are committed to protecting the privacy of your Health Information which is also called. Protected Health Information or "PHI". We create a record of the care and services you receive at the Hospital to provide you with quality care and to comply with certain legal requirements. This Notice applies to all records of your care created by the Hospital personnel, including your doctor. This Notice will tell you about the ways in which we may use and disclose your health Information. We also describe your rights and certain obligations we have regarding the use and disclosure of your health Information.

We are required by law to: (1) maintain the privacy of your health Information; (2) give you this Notice of our legal duties and privacy practices with respect to your health Information; and (3) follow the terms of the Notice that is currently in effect. Your parents or guardian must sign for you and supervise your health Information if you are under 18 years of age.

### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose health Information. For each category of uses or disclosures, we will explain what we mean and provide examples as required. 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.

- **Treatment:** We may use your health Information to provide you with and manage your health care treatment or services. We may disclose your health Information to doctors, nurses, technicians, medical students, or other professionals who are involved in taking care of you. 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. 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 health Information about you in order to coordinate the different things that you need, such as prescriptions,

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lab work, and x-rays. We may also disclose your health Information to another health care facility or professional that is not affiliated with our organization but that is or may be providing treatment to you. For instance, if, after you leave the Hospital, you are going to receive home health care, we may disclose your health Information to home health care agencies so that an appropriate agency may be selected and a plan of care can be prepared for you.

- **Payment**: We may use and disclose health Information about you so that the treatment and services you receive 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 health Information about surgery you had at the Hospital so your health plan will pay 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 use your information to prepare a bill to send to you or the person responsible for your payments. We may also use or disclose your health Information to (1) make eligibility and coverage decisions about you; (2) seek judgment on or submit health benefit claims; and (3) review services provided to you.

- **Health Care Operations**: We may use and disclose health Information about you for health care operations. Health care operations are those activities that are necessary to run our facility and make sure that all of our patients receive quality care. For example, we may use health Information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health 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 health Information to doctors, nurses, technicians, medical students, and other Hospital personnel for review and learning purposes.

- **Appointment Reminders**: We may use and disclose health Information to contact you as a reminder that you have an appointment for treatment or health care at the Hospital.

- **Health-Related Benefits and Services or Treatment Alternatives**: We may use and disclose your health Information to tell you about or recommend possible treatment options or alternatives. We may also use and disclose health Information to tell you about health-related benefits or services that may be of interest to you.

- **Fundraising Activities**: We may use limited health Information about you (name, address and phone number), to contact you in an effort to raise money for the Hospital and its operations. We may disclose limited health Information to a foundation related to the Hospital so that the foundation may contact you to raise money for the Hospital. You may opt out of receiving any further fundraising communications from the Hospital by notifying our Privacy Officer in writing of your name, address and request to be removed from our fundraising mailing and contact lists.

- **Marketing**: We may use and disclose health information about you to send you mailings about health – related products and services available at the Hospital. For example, if you live alone and may fall we might suggest a service you can call if you fall and need immediate help.

- **Patient Directory**: Unless you object, we may include limited information about you in the Hospital directory while you are a patient at the Hospital. This information includes your name, location in the Hospital, your general condition (e.g., fair, stable, etc.) and

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your religious affiliation. The 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. However if you object (also called "opt out") no information, including whether or not you are a patient at the Hospital will be given to anyone who calls.

- **Family and Friends Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose health Information about you to a friend or family member who is involved in your health care. We may also disclose health Information to someone who helps pay for your care. In addition, we may disclose health Information about you to an group assisting in a disaster relief effort so your family can be notified about your condition, status and location.

- **Business Associates:** Some of our services are performed for us by outside persons or organizations, such as auditing, accreditation, legal services, etc. called Business Associates. At times it may be necessary for us to disclose certain health Information to one or more of these outside persons or organizations who assist us with our certain payment and health care operations activities. In all cases, we require these business associates to appropriately safeguard the privacy of your health Information.

- **Research:** We perform medical research here. Our students and clinical researchers may look at your health records as part of your current care, or to prepare or perform research. They may share your health information with other St. Vincent Charity Medical Center researchers. All patient research goes through a special process required by law and reviews protections for patients involved in research, including privacy. We will not use your health information or disclose it outside of St. Vincent Charity Medical Center for research reasons without either getting your prior written approvals or determining that your privacy is protected.

### SPECIAL SITUATIONS

- **To Avert a Serious Threat to Health or Safety:** We may use and disclose your health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or avert the threat.

- **Organ and Tissue Donation:** We are required by federal law to notify organizations that handle organ procurement, organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation, whenever there is a death in our facility. This is to facilitate a patient or family's request to be an organ or tissue donor.

- **Military and Veterans:** If you are a member of the armed forces, we may disclose health Information about you as required by military command authorities. We may also disclose health Information about foreign military personnel to the appropriate foreign military authority.

- **Workers' Compensation:** We may use or disclose your health Information to comply with worker's compensation or other similar programs established by law for work-related injuries or illness.

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- **As Required by Law:** We will disclose health Information about you when required to do so by federal, state or local law.
- **Legal Matters:** We will disclose health information about you outside St. Vincent Charity Medical Center when required to do so by federal, state, or local law, or by the court process. We may disclose health information about you for public health reasons, like reporting births, deaths, child abuse or neglect, reactions to medications or problems with medical products. We may release health information to help control the spread of disease or to notify a person whose health or safety may be threatened. We may disclose health information to a health oversight agency for activities authorized by, such as for audits, investigations, inspections, and licensures.
- **Lawsuits and Disputes:** We may disclose your health Information in response to a court or administrative order. We may also disclose health Information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Coroners, Medical Examiners and Funeral Directors:** We may disclose 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 will disclose health Information about patients to funeral directors and others as necessary to carry out their duties and as required by law.

#### OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose health Information about you, you may revoke that authorization in writing at any time, except to the extent that your health Information has already been used or disclosed before you revoked your authorization. If you revoke your authorization, we will no longer use or disclose health Information about you for the reasons covered by your written authorization.

If we receive health Information from a facility covered by the Alcohol and Drug Rehabilitation Act, or if we receive or create certain psychiatric health Information, we will not further disclose or disclose that health Information without your express permission or as allowed or required by law.

#### YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your health Information we maintain:

- **Right to Inspect and Copy:** You have the right to inspect and copy your health information, unless your doctor believes that disclosure of that information to you would cause you harm. To inspect and copy your health Information, you must submit your request in writing to Health Information Management Services at the Hospital or the facility that has your records. We may deny your request to inspect and copy your health Information in certain circumstances. If you are denied access to health Information, you may request that the denial be reviewed. If you request a copy of your health Information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

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• **Right to Amend:** If you feel that your health Information is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our facility. To request an amendment, your request must be made in writing on our designated forms and submitted to Health Information Management Services at the Hospital or the facility that has your records. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if we do, we will tell you why and explain your options.

• **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures,” which is a list of the disclosures we have made of your health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations, as described in this Notice, and certain other disclosures, as described in this Notice.

To request this list or accounting of disclosures, you must submit your request in writing to Health Information Management Services at the Hospital or the facility that has your records. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

• **Right to Request Restrictions:** You have the right to request that we restrict or limit how we use or disclose your health Information but we do not have to agree. You also have the right to request a limit on the health Information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose health information about a surgery you had to your children.

To request restrictions, you must make your request in writing on our designated forms to Health Information Management Services at the Hospital or the facility that has your records. In your request, you must tell us: (1) what health Information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) who should not receive the restricted information. These restrictions will not apply if disclosure is required by law.

• **Rights to Confidential Communications:** You have the right to request that we communicate with you about health care matters in a certain way or to a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Health Information Management Services at the Hospital or the facility that has your records. We will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice:** Even if you have agreed to receive this Notice electronically, you still have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact the Admitting Office or the Privacy Officer. You may obtain a copy of this Notice at our website: [http:// www.stvincentcharity.com](http://www.stvincentcharity.com)

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#### CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health Information we already have about you as well as any health Information we receive in the future. We will post a copy of the current Notice in the Hospital. The Notice will contain the effective date at the bottom of its last page.

#### CONTACT

Contact the Privacy Officer if you have any questions about the Notice or for further information. Our address is: St Vincent Charity Medical Center, 2351 East 22<sup>nd</sup> Street, Cleveland, Ohio 44115.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the Hospital, contact the Privacy Officer at 216-861-6200. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

#### EFFECTIVE DATE

The effective date of this Notice is April 14, 2003, revised, February 7, 2011.