

Notice of Patient Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

OUR PLEDGE

We understand that information about you and your health is personal. We are committed to protecting the privacy of this information. Each time you visit one of the facilities within the Conemaugh Health System we create a record of your visit. Generally, the record contains such information as your symptoms, examination and test results, your diagnosis, a plan for future care and treatment and billing-related information. 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 any of the facilities within the Conemaugh Health System, whether made by Conemaugh Health System personnel, physicians, or other individuals authorized to access or document in your health records. Your doctor may have different policies or notices regarding the use and disclosure of your health information created in his or her office. This notice explains in detail how we may use or disclose your health information. This notice also describes certain rights you have regarding the use and disclosure of your health information.

OUR RESPONSIBILITIES

We are committed to protecting your privacy and your health information. By law, we are required to give you this Notice of our privacy practices, and we must follow the terms of the Notice that is currently in effect.

Changes to this Notice - We reserve the right to change this notice. We reserve the right to make the revised or changed notice apply to health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities, and it will also be posted on our web site at www.conemaugh.org. You may also pick up a copy of the current notice in effect at the registration area of each facility.

Complaints - If you believe your privacy rights have been violated, you may file a complaint with any of our facilities. This complaint can be filed through an anonymous complaint line by calling 1-866-519-4767, or if you can file your complaint in writing to: Conemaugh Health System's Privacy Officer, 1086 Franklin Street, Johnstown, PA 15905. We will not retaliate against you for filing a complaint. You also have the right to complain to the Secretary of the Department of Health and Human Services in Washington, DC.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

There are certain situations in which we can use your health information within Conemaugh Health System (CHS) and disclose (share) it with persons and entities outside of Conemaugh. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories.

COMMON USES & DISCLOSURES ALLOWED UNDER LAW

Treatment - We may use your health information to aid in your treatment and care. We may share the information about you with doctors, nurses, technicians, students, interns, or others who are taking care of you during your visit with us. For example, a doctor treating you for a broken collarbone may need to know if you have diabetes because diabetes may slow the healing process. Different departments may share health information about you in order to coordinate the services you need, such as medications, lab work, x-rays, or meals.

Payment - We may use and share health information about you so that your treatment and services can be billed and payment collected from you, your insurance company or a third party. This may also include sharing of health information so that we can get prior approval for treatment and procedures from your insurance plan.

Health Care Operations - Sometimes we may use and share your health information as we operate and manage our business activities. This may include quality activities to improve our services; administrative activities, CHS's financial and business planning; investigation of complaints; and certain marketing and fundraising activities. Please see below for other examples of when we may use or share your information.

- **Business Associates** - Sometimes we contract with other groups/people to provide services for us. These are called business associates. Examples of business associates include agencies that accredit us, finance consultants, quality reviewers, some lab services, and those who provide copy services for us. We may share your information with our business associates so that they can do the job we've asked them to do. To protect your privacy, we require our business associates to sign an agreement that states they will protect your information just as much as we do.

- **Appointment Reminders** - We may use your information to contact you as a reminder that you have an appointment for treatment or care at our facility.

- **Fundraising** - From time to time, we may contact you as part of a fundraising effort. It may be to raise money for a specific department or project. We may use your PHI that includes the department or service you used, your treating physician, or your demographic information such as name, address, or date of birth, for example. In any fundraising communications from CHS, you will be provided with an email address, phone number, or postage-paid postcard that you may complete and return to opt out of future communications. We will not condition treatment or care on your decision to opt in or out of fundraising activities.

- **General Information** - Communications regarding health promotion, maintaining a healthy diet and lifestyle, or encouraging you to get routine tests, such as a mammogram, do not require your authorization.

- **Research That does not Involve Your Treatment** - We may disclose your health information for research related to the evaluation of certain treatments or disease prevention, if the research study is approved by CHS and meets privacy law standards.

- **Directory Information** - Each facility within CHS has a "directory" of information about hospitalized patients available to anyone who asks for a patient by name. The directory information includes four items: 1) the patient's name, 2) room number, 3) general condition ("serious, fair, good, etc."), and 4) for clergypersons only, religious affiliation. This directory information allows visitors to find your room and florists to deliver flowers to you. You will be asked to agree to have this information disclosed (shared) each time you come to a CHS facility. You have the right to refuse to have all or part of your information disclosed for such purposes. If you do refuse to have all your information released, we will not be able to tell your family or friends your room number or that you are in the hospital.

- **Individuals Involved in Your Care or Payment for Your Care** - We may share health information about you to a friend or family member who is involved in your medical care, unless you tell us in advance not to do so. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location. If you are unable to tell us your wishes, such as in the case of a medical emergency, we may release information to friends or family members if we believe it is in your best interest.

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR ORAL OR WRITTEN CONSENT OR AUTHORIZATION

The following disclosures of your health information are permitted by law without any oral or written permission from you:

Organ and Tissue Donation - If you are an organ donor, we may release health information to organizations that handle organ donations or transplants, or to an organ donation bank as necessary to assist with organ or tissue donation and transplantation.

Military and Veterans - If you are involved in the armed forces or are a public official, we may release health information about you to the appropriate authorities so that they may carry out their duties under the law.

Worker's Compensation - We may release health information about you in order to comply with the laws related to worker's compensation or similar programs (such as automobile or disaster insurance).

Averting a Serious Threat to Health or Safety - We may use and share health information about you when needed to prevent a serious threat to your health or safety, or the health and safety of another person, or the public.

Public Health Activities - We may share health information about you for public health activities. These generally include:

- To prevent or control disease, injury or disability.
- To report child abuse, neglect, or domestic violence.
- To report reactions to medications, problems with products or other adverse events.
- To notify a person who may have been exposed to a disease or may be at risk for catching or spreading a disease or illness.
- To report births and deaths.
- To notify people of product recall.

Health Oversight Activities - We may share your health information in certain cases of audits, investigations, inspections, and license surveys.

Law Enforcement or Lawsuits - We may share health information with those who enforce the law for the following reasons:

- In response to a court order, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, witness or missing person.
- About the victim of a crime if we are unable to obtain the person's agreement.
- About a death we believe may be the result of criminal conduct.
- About a crime at our facility.

Coroners, Medical Examiners and Funeral Home Directors - We may share health information to a coroner or medical examiner. This may be needed to identify a deceased person or find the cause of death. We may also release health information about patients at our facility to funeral home directors as needed to carry out their duties.

National Security and Intelligence Activities - We may share health information about you to federal officials for intelligence, counterintelligence, and other national security activities as written by law.

Inmates - If you are an inmate of a prison or under custody of a law enforcement official, we may share health information about you. This is necessary to provide you with health care, to protect your health and safety and that of others, or for the safety and security of the prison.

Legal Requirements - We will share health information about you without your agreement when told to do so by federal, state, or local law.

USES OR SHARING THAT REQUIRE YOUR WRITTEN APPROVAL

There are other times we may use or share your health information. These will only occur with your written approval. You may revoke (take back) that approval in writing at any time. If you do so, we will no longer use or share health information about you for the reasons covered by your written approval. You understand that we are unable to take back any information we have already shared. We also must keep our records of the care that we provided to you. The list below includes some of the times we need your written approval:

Marketing - Your authorization is required for nearly all marketing communications in which CHS would receive payment from another party for marketing their product. An exception is if CHS would provide refill reminders to you, or communicate about a medication you're currently taking. We will always provide you with a clear, easy method to opt out of any future communications.

To Continue Your Care - One of the main reasons we would share your information is when you are going to a new doctor or hospital that is outside CHS.

Research Involving Your Treatment - When a research study involves your treatment, we may share your health information with researchers only after you have signed a written approval. You do not have to give/sign approval in order to get treatment from Conemaugh, but if you do refuse to sign the approval, you cannot be part of the research study.

Drug & Alcohol Abuse Treatment - We will only share drug and alcohol treatment information about you if the federal and state laws allow. In most cases, these laws require us to get your written consent or the written consent of your personal agent.

Mental Health Treatment Information - We will only share mental health treatment information about you if the federal and state laws allow. In most cases, these laws require us to get your written consent or the written consent of your personal agent.

HIV/AIDS-Related Information - We will only share HIV/AIDS-related health information about you if the federal and state laws allow. In most cases, these laws require us to get your written consent first.

Requests by Conemaugh - We may ask you to sign an approval allowing us to use or to share your health information with others for reasons such as notifying you of future educational or social events.

Sale of PHI - CHS will obtain your authorization in situations where we receive any type of payment in exchange for your PHI. Other uses and disclosures of your PHI not described in this notice will be made only with your authorization.

Your health information rights - Although your health record is the physical property of the CHS facility that created it, you have the following rights with respect to the health information we maintain about you:

1. Right to request a limit on certain uses and sharing of your information for treatment, payment, or hospital operations. You have the right to request a limit on the medical information we share 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 tell the results of a test you had to someone. Although we are not required by law to agree, we will fully consider your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We ask that you put your limit request in writing and advise us what information you want to limit and to whom you want the limits to apply.
2. Right to obtain a copy of this Notice of Patient Privacy Practices upon request.
3. Right to inspect and request a copy of your health record for a fee. This right may not apply to mental health notes or information gathered for legal reasons. As to mental health notes, we may permit you to review your records with your therapist. If clinically appropriate, we may give copies of these records to you with your written approval. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another independent health care person chosen by someone on our health care team. We will abide by the result of that review.
4. Right to request a change to your health record if you feel the information is wrong or not complete. Please submit your request in writing and include a reason to support the request. We may deny your request for these reasons: (1) our health care team did not create the information; (2) it is not information kept by our facility; (3) it is not information that you would be allowed to read or copy; or (4) we believe the information is correct and complete. Please note that even if we accept your request, we are not required to remove any information from your record.
5. Right to get a list of those to whom CHS shared your health information. If you request this list, we will provide you with the date of each, who got the information, a brief description of the information shared, and the reason why we shared it. We are required to give this information to you within 60 days, unless you agree to a longer time. We will not charge you for this list unless you ask for more than one in a year's time. We are not required to include the following: the instances in which you gave written approval to share; those instances related to your treatment, payment, or hospital operations; for the census; to persons involved in your care; for national security; or to prisons and officials who enforce the law.
6. Right to request communication of your health information by other means or formats that is agreed upon. You may ask to receive unencrypted emails containing your PHI. We will inform you of the security risks in doing so, but agree to your request if you still prefer that method.
7. Right to take back your approval to use or share your health information in the future. This must be in writing and dated.
8. Right to be notified if there is a breach of your protected health information.
9. Right to restrict certain disclosures of PHI to your health plan if the services have been paid out of pocket in full. We may not restrict certain disclosures that are required by law.
10. Right to request that we transmit an electronic copy of your PHI to a third party. The request must be in writing, clearly identify the recipient and location, and signed by you. We will also provide you with an electronic copy of your medical record if you request.
11. Right to complain about any part of our health information practices. You may complain to us by calling 1-866-519-4767, or writing to the CHS Privacy Officer, 1086 Franklin Street, Johnstown, PA 15905. We will look into the complaint and respond to you. You may also complain to the Dept. of Health and Human Services by addressing your written complaint to: Secretary, Dept. of Health and Human Services, Washington, DC. You will not be penalized for filing a complaint.

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