

# NOTICE OF PRIVACY PRACTICES AT JEFFERSON REGIONAL MEDICAL CENTER

Effective Date: 01/23/2006

## 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.

If you have any questions about this notice, please contact the Providers' Privacy Officer at (412) 469-7980.

### WHO WILL FOLLOW THIS NOTICE

This notice describes Jefferson Regional Medical Center's (including all affiliates listed below) (collectively, "Provider", also referred to as "we") practices and that of:

- Any health care professional authorized to enter information into your Hospital chart.
- All departments and units of the Providers.
- Any member of a volunteer group we allow to help you while you are in the Providers' facilities.
- All employees, staff and other Hospital personnel.
- The following entities, sites and locations follow the terms of this notice and may share medical information with each other as part of an Organized Health Care Arrangement for treatment, payment or health care operations purposes as described in this notice: **Jefferson Regional Medical Center; Emergency Physicians of Pittsburgh, Ltd.; Mahpareh Mostoufizadeh, M.D., PC Pathology Group; Pittsburgh Anesthesia Associates, Ltd.; and Jefferson Regional Medical Center Medical Staff and Allied Health Professionals.**

### OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care generated by the **Providers**. This notice provides the ways in which the Providers may use and disclose your medical information. It also describes your rights and certain of the **Providers'** obligations regarding use and disclosure of your private medical information.

The Providers are required by law to:

- safeguard your medical information;
- give you this notice of our legal duties and privacy practices with respect to your medical information;
- follow the terms of this notice as it is currently in effect; and
- notify you of any changes to this notice.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways in which we "use" and "disclose" your medical information. Each category is followed by an explanation and in some instances an example. For purposes of this notice, the term "use" refers to medical information that is used by the Providers for your treatment, hospital operations, or the payment of your care. The term "disclose" refers to medical information that is given to outside entities for one of the purposes described in this notice, regardless of whether your medical information is used or disclosed, the use or disclosure will fall within one of the categories listed below and will only be used in the minimal amount necessary to carry out the stated purpose.

The term "may" means that the Providers are permitted under federal law to use or disclose this information without obtaining an additional or specific authorization from you to do so. Even though the Providers may be permitted to use or disclose information in a given instance, it does not

mean that we will disclose the information. We will still try to assure that any use or disclosure is in your interest or is consistent with practices in the health care field.

**For Treatment.** We may use or disclose medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you during your treatment by the Providers. 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 also may release medical 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 may also disclose medical information about you to one of your family members, to other relatives or close personal friends or to any other person identified by you, but we will only disclose information which we feel is relevant to that person's involvement in your care or the payment of your care.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive from any of the Providers or, in certain circumstances, the treatment and services you receive at other providers with a direct treatment relationship with you, 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 information about surgery you received so your health plan will pay us or reimburse you 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.

**For Health Care Operations.** We may use and disclose medical information about you for our health care operations, or in certain circumstances, the operations of another entity that has a direct treatment relationship with you. These uses and disclosures are necessary for our continued function and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also include a limited amount of information about you in a patient directory while you are being treated. This information will include your name, location, and telephone number. In addition, the Providers will provide religious information to members of the clergy.

We may also use or disclose medical information about you for marketing purposes, but only if: (1) the item being marketed has nominal value, or (2) the item or service being marketed is thought beneficial to your health or your condition. An example of this would be notice of a smoking cessation program for patients with lung problems. If our marketing materials do not meet these two criteria, we will obtain an authorization from you to use or disclose this information. If you contact the Providers' Privacy Officer (412) 469-7980 to advise us that you do not wish to receive certain marketing communications, we will take all reasonable efforts to remove your name from the list.

We may also combine the medical information we have with medical information from other health care providers to see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Fundraising Activities.** We may use *contact* information, such as your name, address and phone number and the dates you received treatment or services to contact you in an effort to raise money to support our fundraising efforts. We may disclose this contact information to a related foundation so that the foundation may contact you in raising money to support our fundraising efforts. If you do not want the Providers or the foundation to contact you for fundraising efforts, you must notify the Privacy Officer in writing.

**Research.** If you agree to participate in an approved research study, you will be asked to read and sign an authorization document. Under this circumstance, we may use and disclose medical information about you for the purpose of the research study to which you provided your consent.

**Legal Obligations.** We may use or disclose medical information about you to fulfill legal obligations imposed by federal, state, or local law, including the following:

- We will disclose medical information about you when required to do so by federal, state or local law. For instance, the Providers are obligated to report certain occurrences to public health officials. We will restrict use and disclosure concerning AIDS/HIV, mental health, behavioral health and alcohol and drug treatment based upon state law if state law is more stringent or provides additional patient privacy safeguards not included in federal regulations.
- We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- If you are an organ or tissue donor, we may release medical information as necessary to facilitate organ or tissue donation and transplantation.
- If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- We may release medical information about you for workers' compensation or similar programs.
- We may disclose medical information about you for public health activities, for example to report births and deaths.
- We may disclose medical information to a health oversight agency for activities authorized by law.
- If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request.
- We may release medical information, if asked to do so by a law enforcement official: (1) to identify or locate a suspect, fugitive, material witness, or missing person; (2) regarding the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (3) regarding a death we believe may be the result of criminal conduct; (4) regarding criminal conduct at our facilities; or (5) in emergency circumstances to report information regarding a crime.
- We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, or so they may provide protection to the President, other authorized persons or foreign heads of state.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

**Other Uses and Disclosures.** We also may use or disclose medical information about you for other purposes, such as: sending you appointment reminders, discussing treatment alternatives, and discussing health-related benefits and services.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. We may deny your request to inspect and copy in certain very limited circumstances, based on applicable law. If you are denied access to medical information, you may request that the denial be reviewed. We will comply with the outcome of the review.
- **Right to Append and Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to append or amend the information. ***The Providers do not have to comply with your request.***
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" we made of your medical information.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. ***We are not required to agree to your request.***
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may obtain a copy of this notice at our website, [www.jeffersonregional.com](http://www.jeffersonregional.com) or by contacting the Privacy Officer.

***Please contact the Privacy Officer in writing to make any of the requests noted above at:***

Attention: Privacy Officer, Jefferson Regional Medical Center, 565 Coal Valley Road, Pittsburgh, PA 15236

## 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 medical 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 at our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Providers or with the Secretary of the Department of Health and Human Services. To file a complaint with the Providers, contact the Privacy Officer at (412) 469-7980. All complaints must be submitted in writing to: Attention- Privacy Officer, Jefferson Regional Medical Center, 565 Coal Valley Road, Pittsburgh, PA 15236

**You will not be penalized for filing a complaint.**

## OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.