



## Your Information. Your Rights. Our Responsibilities.

**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.**

### Your Rights Summarized

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information (for certain purposes)
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices Summarized

You have choices about the way we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Raise funds

### Our Uses and Disclosures Summarized

We may use and share your information to:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with medical examiners or funeral directors
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights in More Detail

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why and what your options are, in writing, within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information with your health insurer. We will say “yes” unless a law or other requirement compels us to share that information.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, with whom we shared it, and why.
- We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.



### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting Doylestown Health's Privacy Officer at 595 West State, Doylestown, PA 18901 or by calling 215.345.2424.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to the following Regional Office: Regional Manager, Office for Civil Rights 150 S. Independence Mall West Suite 372, Public Ledger Building Philadelphia, PA 19106-9111. Main Line: 800-368-1019 Fax: 215.861.4431, or online at: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices in More Detail**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to, or not to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, or if we think it is in your best interest, we may go ahead and share your information. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*



**Marketing** (as defined by law):

- We must obtain your written authorization for most uses and disclosures of health information.
- We will never sell your health information.

**Fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

**Our Uses and Disclosures in More Detail**

**How do we typically use or share your health information?**

**To treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**To run our organization**

We can use and share your health information to run our health system, improve your care, and contact you when necessary.

*Example: We can use your health information to manage and coordinate your treatment and services.*

**Billing for our services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).



### **Help with public health and safety issues**

We can, and sometimes must, share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

### **Address workers' compensation, law enforcement, and other government requests**

We can, and sometimes must, use or share your health information:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share your health information in response to a court or administrative order, or in response to a subpoena.

### **Health Information Exchanges**

Doylestown Hospital participates in various health information exchanges where we disclose your health information, as permitted by law, to other health care providers for your treatment, or for payment or other health care operations purposes.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.



- We must follow the privacy practices described in this notice and either give you a copy or make it available to you.
- We will not use or share your information other than as described here unless you tell us we can, in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **Changes to this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, posted throughout our health system, and on our web site.

This Notice of Privacy Practices is available on our website at [www.DoylestownHealth.org](http://www.DoylestownHealth.org)

Effective Date: December 2019