



HIPAA NOTICE OF PRIVACY PRACTICES

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.

This notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). It is designed to tell you how we may, under federal law, use or disclose your health information.

- I. We may use or disclose your health information for purposes of treatment, payment or health care operations without a consent and here is one example of each:**

Health care professionals - including our doctors, nurses, and technicians - in our hospital network may access your information for purposes of providing you care.

Our billing department may access your information and send relevant parts to your insurance company to allow us to be paid for the services we render to you.

We may access and/or send your information to our attorneys, regulatory agencies or accountants in order to carry out one or more of our own business functions.

- II. We may use or disclose your health information under the following circumstances without obtaining your prior consent or authorization:**

For treatment, payment or health care operations: See above.

To provide it to you.

To include you in our facility directory: Unless you tell us that you object, we will list your name, and where you are located in our facility. This information may be provided to other people who ask for you by name or to members of the clergy.

To notify and/or communicate with your family: Unless you tell us you object, we may use or disclose your health information in order to notify your family or assist in notifying your family, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in any communications with your family and others.

- III. Other circumstances where we may use or disclose your health information:**

As required by law: In general, we will attempt to ensure that you have been made aware of the use or disclosure of your health information prior to providing it to another person.

For public health purposes: We may use or disclose your health information to provide information to state or federal public health authorities, as required by law, to prevent or control disease, injury or disability. For example, your immunization records may be included and accessed in the Pennsylvania Statewide Immunization Information System (PA - SIIS) maintained by the PA Department of Health. We may also use or disclose your health information to report child abuse or neglect, domestic violence, certain diseases or infection exposure, problems with products, and reactions to medications to the Food and Drug Administration.

For Health Information Exchanges: As a member of HealthShare Exchange of Southeastern Pennsylvania, Inc., (HSX), we may use or disclose your Personal Health Information to this Health Information Organization (HIO) and also to the HIO of the Commonwealth, The Pennsylvania Patient and Provider Network (P3N) . Other health care providers, such as physicians, hospitals and other health care facilities, may have access to this information for treatment, payment and other purposes, to the extent permitted by law. You have the right to "opt-out" or decline to participate in the Health Information Exchange (HIE). If you choose to opt-out of the HIE, we will not use or disclose any of your information in connection with HSX or P3N.

In response to subpoenas or judicial and administrative proceedings: We may use or disclose your health information in the course of any administrative or judicial proceeding.

To law enforcement personnel: We may use or disclose your health information to a law enforcement official to identify or locate a suspect, fugitive, material witness or missing person, comply with a court order or subpoena and other law enforcement purposes.

To coroners or funeral directors: We may use or disclose your health information for purposes of communicating with coroners, medical examiners, and funeral directors.

For purposes of organ donation: We may use or disclose your health information for purposes of communication with organizations involved in procuring, banking or transplanting organs and tissues, when you have made this choice known.

To business associates: Certain aspects of our services are performed through contracts with outside vendors. At times, it may be necessary for us to provide certain health information to one or more of these entities. In such cases, we require these business associates to appropriately safeguard the privacy of your information.

For public safety: We may use or disclose your health information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

To aid specialized government functions: If necessary, we may use or disclose your health information for military or national security purposes.

For workers' compensation: We may use or disclose your health information as necessary to comply with workers' compensation laws.

To correctional institutions or law enforcement officials, if you are an inmate.

Confidentiality of drug and alcohol, HIV-related, psychotherapy notes, and mental health records: The confidentiality of these types of records may be further protected by Federal and/or State law. Generally, we may not disclose such information unless you consent in writing, or the disclosure is allowed by court order, subpoena, or other applicable exception.

IV. We may also use or disclose your health information for the following purposes:

Appointment reminders: We may use your health information in order to contact you to provide appointment reminders.

Fundraising: We may use certain health care information to send you a communication to raise funds. You have the right to opt-out of receiving any such communications.

Change of ownership: In the event that our hospital network is sold or merged with another organization, your records will become the property of the new owner.

Providing information to a plan sponsor: We may disclose your health information to your plan sponsor.

V. For all other circumstances, we may only use or disclose your health information after you have signed an authorization. Prior written authorization is required and will be obtained for most uses and disclosures of health information for marketing purposes (as defined by applicable law), research activities approved by an Institutional Review Board, and any other uses and disclosures of health information not described in this Notice. If you authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

VI. Your rights:

1. You have the right to request restrictions on the uses and disclosures of your health information. We are not required to comply with your request. If you pay for a service or health care item out-of-pocket and in full, you can ask us not to share that information for the purposes of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
2. You have the right to receive your health information through confidential means, on paper or electronically, or at an alternate location.
3. You have the right to inspect and obtain a copy of your health information. We may charge you a reasonable cost-based fee to cover copying, postage and/or preparation of a summary.
4. You have a right to request that we amend your health information that is incorrect or incomplete. We are not required to change your health information. We will allow you to have included in your record a document you provide that may disagree with or clarify your health record.
5. You can ask for a list (accounting) of the times we've shared your health information, who we shared it with, and why. We do not have to account for disclosures made for treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make).
6. You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or our privacy practices, please contact the Privacy Officer at 595 West State St. Doylestown, PA, 18901, or through the hospital operator at 215-345-2200.
7. You have the right to be promptly informed if a breach occurs that compromises the privacy or security of your information.

VII. Our duties:

1. We are required by law to maintain the privacy and security of your health information and to provide you with, or make available, a copy of this Notice.
2. We are also required to abide by this Notice.
3. We reserve the right to amend this Notice at any time and to make the new Notice provisions applicable to all your health information even if it was created prior to the change in the Notice. If such amendment is made, we will immediately display the revised Notice and provide you with a copy of the amended Notice upon request.

VIII. Complaints to the government:

You may make complaints to the Secretary of the Department of Health and Human Services at the following regional office, if you believe your rights have been violated:

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
www.hhs.gov/ocr/privacy/hipaa/complaints/.

We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

IX. Electronic notice:

This Notice of Privacy Practices is also available on our web page at www.dh.org and www.dh.org/viaa.