

Effective Date: September 23, 2013



This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review carefully.

CONFIDENTIAL

Who Will Follow These Procedures

This notice describes how Health Information about you may be used and disclosed and how you can get access to this information under Evangelical Community Hospital and the Evangelical Medical Services Organization:

- *Any healthcare professional authorized to enter information into your Hospital record.*
- *All departments and units of the Hospital and Evangelical Medical Services Organization. Any member of a volunteer group Evangelical allowed to help you while you are in the Hospital.*
- *All employees, staff and other Hospital personnel.*
- *Evangelical Community Hospital, Evangelical Medical Services Organization and all related sites will follow the terms of this notice, unless covered by a site-specific Privacy Policy. In addition, these sites and locations may share medical information with each other for treatment, payment or Hospital operations purposes described in this notice.*

Our Pledge Regarding Medical Information

We understand that Health Information about you and your health is personal. We are committed to protecting Health Information about you. We create a record of care and services you receive at the Hospital. We need this record to provide you quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Hospital, whether made by Hospital personnel or your personal doctor or other practitioners involved in your care. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your Health Information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose Health Information about you, your rights and certain obligations we have regarding the use and disclosure of Health Information.

Our Obligations

We are required by law to:

- *Maintain the privacy of protected Health Information.*
- *Give you this notice of our legal duties and privacy practices regarding Health Information about you.*
- *Follow the terms of our notice that is currently in effect.*

How We May Use and Disclose Medical Information

The following describes the ways we may use and disclose protected health information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission.

FOR TREATMENT

We may use and disclose your protected health information to provide, coordinate and manage your health care. That may include consulting with other health care providers about your health care or referring you to another health care provider for treatment including physicians, nurses, and health care providers involved in your care. For example, we will release your health information to a specialist to whom you have been referred to ensure that the specialist has the necessary information he or she needs to diagnose and/or treat you, or various reports that should assist him/her in treating you once you have been discharged from the Hospital.

FOR PAYMENT

We may use and disclose health information so that we may collect payment for the services that we provided to you. For example, we may contact your health insurer to verify eligibility for benefit, and may need to disclose to it some details of your medical condition or expected course of treatment.

FOR HEALTHCARE OPERATIONS

We may use and disclose health information to assist us in our health care operations to ensure that all of our patients receive quality care. For example, we may use information to review our treatment and services and to evaluate the performance of our staff and the quality of care provided. We may provide information to your health insurer for its quality review purposes.

APPOINTMENT REMINDERS, TREATMENT ALTERNATIVES, AND HEALTH-RELATED BENEFITS AND SERVICES

We may use and disclose health information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services including medical education classes that may be of interest to you.

FUNDRAISING ACTIVITIES

We may use information about you to contact you in an effort to raise money for the Hospital and its operations. If you do not want the Hospital to contact you as a part of Hospital fundraising efforts, you may opt out of fundraising communications by calling the Hospital at 570-522-2000 and asking for the Development Office.

HOSPITAL DIRECTORY

We may include certain limited information about you in the Hospital Directory while you are a patient in the Hospital. This information may include your name, location or room number, your general condition (e.g. fair, stable, etc..) and your religious affiliation. This is so family, friends and clergy may visit you in the Hospital and generally know how you are doing. Your religious affiliation may be given to a member of the clergy, such as a pastor, priest or rabbi, even if they do not ask for you by name. We also may notify your family about your location or general condition.

INDIVIDUALS INVOLVED IN YOUR CARE OR IN PAYMENT FOR YOUR CARE

Unless you object, we may disclose health information to a member of your family, a relative, a close friend or any other person you identify that directly relates to that person's involvement in your health care or payment for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

HEALTH INFORMATION NETWORKS, ORGANIZATIONS AND EXCHANGES

We may disclose health information to or obtain from regional Health Information Organizations (RHIOs) such as KeyHIE and similar networks for the purpose of treatment, payment and healthcare operations. RHIOs are electronic health information systems that Evangelical and other healthcare providers may participate in to facilitate providing care for you. Information contained in RHIOs may also be analyzed to improve the healthcare operations of Evangelical and other participating facilities.

RESEARCH

Under certain circumstances, we may use and disclose health information for research. For example, a research project may involve comparing the health and recovery of patients who received one treatment to those who received another, for the same condition. We will ask your specific permission if the research will have access to your name, address or other information that reveals who you are.

Special Situations

AS REQUIRED BY LAW

We will disclose health information when required to do so by international, federal, state or local law.

ORGAN AND TISSUE DONATION

If you are an organ donor, we may use or release health information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

WORKER'S COMPENSATION

We may release health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH RISKS

We may disclose health information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose 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. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

HEALTH OVERSIGHT ACTIVITIES

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

LAWSUITS AND DISPUTES

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court 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 the dispute.

LAW ENFORCEMENT

We may release health information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

We may release health information to a coroner or medical examiner. We also may release Health Information to funeral directors as necessary for their duties.

INMATES OR INDIVIDUALS IN CUSTODY

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

BUSINESS ASSOCIATES

We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

MILITARY AND VETERANS

If you are a member of the armed forces, we may release health information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

DATA BREACH NOTIFICATION PURPOSES

We may use or disclose your health information to provide legally required notices of unauthorized access to or disclosure of your health information.

DISASTER RELIEF

We may disclose your health information to disaster relief organizations that seek your health information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- *Uses and disclosures of Protected Health Information for marketing purposes; and*
- *Disclosures that constitute a sale of your Protected Health Information*

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But any disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights

You have the following rights regarding health information we have about you:

RIGHT TO INSPECT AND COPY

You have a right to inspect and copy health information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this health information, you must make your request, in writing, to the Director of Health Information Services. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

RIGHT TO AN ELECTRONIC COPY OF ELECTRONIC MEDICAL RECORDS

If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your health information in the form or format you request, if it is readily producible in such form or format. If the health information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

RIGHT TO GET NOTICE OF A BREACH

You have the right to be notified upon a breach of any of your unsecured health information. A breach of PHI is the unauthorized access, use, or disclosure of PHI that compromises the security of privacy or of that information. We will notify you if it has been determined that a breach has occurred as well as the Health and Human Services (HHS) Secretary and media in cases where a breach affects more than 500 individuals. We will report breaches affecting fewer than 500 individuals to the (HHS) Secretary on an annual basis.

RIGHT TO AMEND

If you feel that health information we have 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 or for the Hospital. To request an amendment, you must make your request, in writing, to the Director of Health Information Services. In addition, we may deny your request if you ask us to amend information that:

- *Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.*
- *Is not part of the medical information kept by or for the Hospital or Evangelical Medical Services Organization.*
- *Is not part of the information you would be permitted to inspect or copy.*
- *Is accurate and complete.*

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request a list of certain disclosures we made of health information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the Director of Health Information Services. Your request must state a time period, which may not be longer than six years (three years for requests relating to treatment, payment and Hospital operations disclosures made from an electronic health record) and may not include dates before April 14, 2003. 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 the time costs are incurred.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the health information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request restrictions you must make your request in writing to the Director of Health Information Services. In your request you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want limits to apply.

We are not required to agree to your request unless you ask us to restrict the use and disclosure of your health information as outlined under “Out-of-Pocket-Payments”. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

OUT-OF-POCKET-PAYMENTS

As required by law, if you have paid in full out of your own pocket for a health care service or item, you have the right to ask us to restrict the disclosure of health information to your health plan for payment.

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. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the Director of Health Information Services. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

RIGHT TO PAPER COPY OF THIS NOTICE

You 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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website www.evanhospital.com or from any of our staff.

Changes to This Notice

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at the Hospital. The notice will contain the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing or call the appropriate Compliance Officer. If we cannot resolve your concern, you also have the right to file a written complaint with the Secretary of the Department of Health and Human Services. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

Contact Information

Evangelical Compliance Officer

Evangelical Community Hospital
One Hospital Drive
Lewisburg, PA 17837
(570) 522-2000 or within the Hospital, extension 0

Director, Health Information Services

Evangelical Community Hospital
One Hospital Drive
Lewisburg, PA 17837



Excellence Every Day.

(570) 522-2000

www.evanhospital.com

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