A Guide for Patients

EVANGELICAL™
COMMUNITY HOSPITAL

Excellence Every Day.

EVANGELICAL™
COMMUNITY HOSPITAL

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MISSION STATEMENT

Evangelical Community Hospital, a non-profit healthcare provider, serves Union, Snyder, and Northumberland Counties as well as the surrounding communities. The Hospital provides a broad range of healthcare services that are consistently high quality, compassionate, accessible, and cost-effective. In partnership with a strong and diverse medical staff, the Hospital promotes a healthy lifestyle and provides advanced medical care in an atmosphere that is caring and compassionate. This is accomplished by maintaining a challenging, energized work environment for our valued employees, who exemplify our Core Values: Quality Service, Compassion, Respect, Professionalism, Integrity, Cooperation, and Creativity.

Helping you feel right at home.

At Evangelical, we realize that being in the hospital is not usually an eagerly anticipated event. With that in mind, our staff is dedicated to making you as comfortable and cared for as possible.

Physicians on staff: nearly 200
patient care employees: nearly 900

Counties served:
Northumberland, Snyder, Union, and parts of Lycoming and Centre.

Quality healthcare for our community has always been Evangelical Community Hospital's mission. We have grown with the needs of the community and continue to strive to provide the highest quality health services with the compassion and care you've come to expect from Evangelical.

Evangelical has more than 200 physicians on its Medical Staff and nearly 900 patient care employees, all expertly trained to give you the best possible inpatient and outpatient care.

While Lewisburg has been home to Evangelical for more than 80 years, we also serve Northumberland, Snyder, and Union Counties, as well as parts of Lycoming and Centre Counties.

At Evangelical, we continually strive to improve our services. Therefore, your feedback is critical in helping us reach our goal of providing the finest healthcare available in the Susquehanna Valley. Please feel free to ask questions of our staff members or let us know if you have suggestions as to how we can better serve your needs.

Registration made easier for you.

Our goal is to make things easy for you when registering as a patient.

Your physician, who is a member of the Evangelical Medical Staff, has approved your admission to the Hospital. Patients are registered in Central Registration on the first floor near the main entrance or in the Emergency Department. During the registration process we will need to obtain information from you and will ask questions that are important to your medical care. This information becomes part of your medical record and remains strictly confidential. Your cooperation in answering these questions accurately and completely will be greatly appreciated. Please bring your insurance card(s) and photo identification with you to the Hospital. In order to follow new federal guidelines aimed at reducing medical identity theft, you will be asked to provide proper identification, including your name, address, phone number, Social Security number, and insurance information. These cards need to be provided every time you visit the Hospital.

During the check-in process, you may add your contact information to our Hospital Directory, if you please, so that friends and relatives can easily find you.

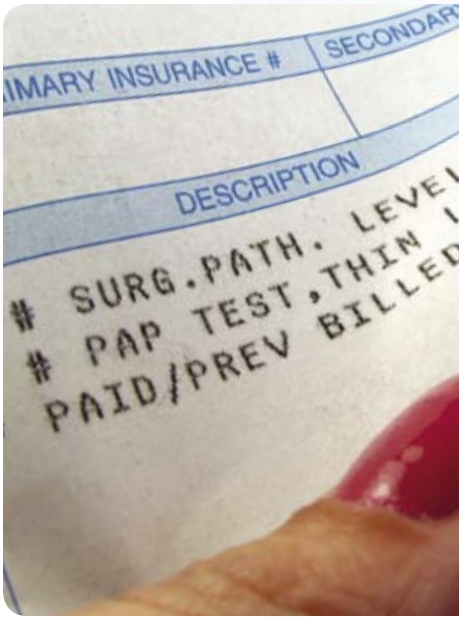
Upon admission, you or your legal representative will be asked to sign a consent form for medical treatment. A parent or guardian must sign a consent form for a patient under 18 years of age. You will also be asked to sign insurance and financial responsibility agreement forms.

When you are admitted, you will be given the opportunity to be included in the Hospital Directory. This allows us to direct your family, clergy, friends, phone calls, and flower deliveries to your room. We also encourage you to give your room number to friends and relatives you wish to see while you are hospitalized.

Understanding the payment process.

We understand that the financial side of healthcare can often be confusing. Please read the following to better understand how the rest of your care will be covered and what part you play in the process.

Your Hospital Bill will be based on the services you receive while you are a patient in the Hospital. This may include charges for your room, nursing care and other Hospital services. Room charges will vary based on the unit and level of care you are provided. Your bill may also include any outstanding or unpaid balances from pre-hospitalization testing you may have received.



Your Physician Fees are not included in your Hospital bill. You will receive separate bills from your attending physicians and/or surgeons who participated in your diagnosis and treatment. Also, specialists such as anesthesiologists, radiologists, and cardiologists will bill you separately for their services.

Your Insurance generally requires pre-certification or authorization prior to admission to the Hospital. This means that you must notify the insurance company prior to your stay with us, or within 24 hours after emergency admission. Pre-certification/authorization is your responsibility and will not be done by the Hospital. Failure to complete this process will cause unnecessary additional costs, for which you are responsible.

You will be asked to sign a permission form providing consent for treatment and release of medical information to your insurance company.

Your insurance coverage will be evaluated prior to, or at the time of, your admission. Most insurance plans will make payments directly to the Hospital. If your Hospital bill is being paid by no-fault automobile insurance or worker's compensation, we will need verbal or written approval, along with your claim numbers, from the carrier before your bill can be processed. If this information is not supplied, you will be billed until the information is provided.

Understanding the payment process.

If any part of your bill is not covered by insurance, it is your responsibility to make arrangements to pay by check, credit card, or payment plan. If you are concerned about your ability to pay or wish to discuss available sources for assistance, please call our Billing Office by dialing **570-522-2552** (ext. **2552** while in the Hospital) or visit the Hospital web site at **www.evanhospital.com**.

Billing Office: 522-2552
Financial Counseling: 522-4841

Financial Assistance Information available online at: www.evanhospital.com

Financial counseling is available to assist you with your bill. The financial counselor can help complete applications for Medical Assistance or charity care and address any concerns you may have about payment. You can reach a financial counselor by dialing **570-522-4841** (ext. **4841** while in the Hospital) to schedule a time to meet. A counselor can meet with you in your room to avoid any delay with your discharge.

Notes:

EVANGELICAL COMMUNITY HOSPITAL

Compassionate care from beginning to end.

At Evangelical, a smooth transition from the pre-admission process through inpatient hospitalization, discharge planning, and post-hospital care is our goal.

In keeping with state and federal regulations intended to limit hospital costs, your inpatient hospital stay is reviewed daily by our Care Management/Utilization Review nurses and, when necessary, the Medical Director or the Utilization Review Committee. The Care Management/Utilization Review team will track your progress toward recovery. A case manager and/or social worker will assist you with discharge planning by making appropriate community services referrals or arranging for in-home medical equipment or extended care placement such as a nursing home, if needed.

The Care Management/Utilization Review team consists of you (the patient), your physician, your family, and all participants involved in your care. We will work with your insurance carrier to provide for your healthcare needs. Our goal is to provide optimum coordination of all the services you require. You may contact the department directly by dialing **570-522-2932** (ext. **2932** while in the Hospital).

If needed, your family, your physician, or the nursing staff may also request assistance from the Care Management/Utilization Review team.

While you are an inpatient at Evangelical, you will be cared for by the doctors and physician assistants in the Hospitalist Group. Hospitalists are doctors who are board-certified in internal medicine and specifically treat patients during their stay in the Hospital. They work collaboratively your primary care physician to provide you the best care.

Compassionate care from beginning to end.

Insurance benefits, including Medicare and Medicaid, are limited to services that are approved as medically necessary, safe, and appropriate for you during your hospital stay.

Care Management Team:
Dial 2932 from a Hospital phone

Quality Insights of PA for Medicare Patients: 800-322-1914

The length of your stay will be determined by medical necessity. If at any time during your stay it is determined that the kind of care you require should be provided elsewhere (in another healthcare facility, at home with assistance, etc.), you and your doctor will receive written notification that the admission or continued stay in the Hospital is no longer required for medical purposes. Quality Insights of Pennsylvania for Medicare patients, Department of Public Welfare for Medicaid patients, and all other insurance companies have similar requirements for medical necessity. Medicare, Medicaid, and all other insurance plans accept the dates determined as appropriate for discharge according to standardized medical necessity criteria.

Services provided to patients' beyond the date determined to be medically appropriate for discharge are the patients' responsibility. If you are a Medicare patient and want to appeal this discharge decision, you can contact Quality Insights of Pennsylvania by dialing 800-322-1914. All other patients with Medicaid or commercial insurance will need to contact member services at the insurance company to request information regarding the appeal process.

EVANGELICAL COMMUNITY HOSPITAL

Keeping your identity safe.

Keeping your identity safe is as important to us as your care.

During your Hospital stay, you will be asked to confirm your identity many times between when you are registered and the point at which you are discharged. At registration it is important that you provide the staff proper identification, including your insurance card and a photo ID, at each visit. It is our policy to request this information each time you register to ensure the information we have in our system is current and to comply with federal regulations aimed at preventing identity theft.

After you are in the Hospital, you will be asked to provide information such as your name and date of birth prior to receiving medications or undergoing other procedures. This ensures we have the right patient and serves as a double check that we are performing the appropriate procedure.

Please take an active role in helping us to keep you safe by paying close attention to the questions you are asked. This very simple act of confirming your identity is an important part of our patient safety program and we appreciate your help and understanding.

Your records available worldwide, 24/7.
Evangelical is proud to be a part of Keystone Health Information Exchange (KHIE). KHIE coordinates the sharing of health information across central and northeastern Pennsylvania.

In order to participate, you will be asked to sign an authorization form during your registration process.

This program is designed to improve healthcare through the use of a secure system and allows emergency medicine providers at participating hospitals the ability to quickly access your:

- Medication lists
- Laboratory results
- History of recent hospital visits
- Allergies

In addition, your primary care physician can access records of your visits, enabling more effective follow-up care.

More about Evangelical.

Pastoral Care Services.
The Chaplain at Evangelical Community Hospital is available to support your pastoral or spiritual needs during your stay. Often, just sharing your concerns with someone who can provide non-denominational faith-based support can be very helpful, especially in times of grief or crisis.

Our Meditation Chapel is on the first floor near the Degenstein Pavilion entrance and is always open.

We also provide a patient prayer request on our web site www.evanhospital.com, which goes directly to the chaplain who will pray for your request.

Bibles are available in each patient room. Other religious materials are available from the chaplain upon request.

How to properly wash your hands to prevent the spread of germs and infection:

1. **Wet your hands with warm, running water.**
2. **Apply soap.**
3. **Scrub hands and wrists for at least 20 seconds.**
4. **Rinse with warm, running water.**
5. **Dry your hands with a paper towel.**
6. **Turn off the faucet with the paper towel and throw the towel away.**

Tobacco use.
Evangelical is a tobacco-free campus. Using any tobacco products inside the Hospital or on the campus is not allowed.

Smoking cessation counseling services are available to all patients and can be arranged by contacting our Respiratory Therapy department at 570-522-2546 (ext. 2546 while in the Hospital). They will put you in touch with a smoking cessation counselor who can explain all of the different options available to help you quit smoking.

Keeping everyone healthier.
Evangelical Community Hospital follows the Centers for Disease Control (CDC) recommendations for the use of Standard Infection Control Precautions for all patients. These precautions may include the use of gloves, gowns, masks, and eye protection during certain procedures. Family members and visitors may be required to wear protection while visiting.

More about Evangelical.

The nursing staff will instruct visitors if special precautions are required to safeguard everyone's well-being. We encourage all healthcare workers, staff, patients, and visitors to join us in proactive hand washing. Hand hygiene is now easier and more efficient with the availability of waterless hand foam (usually located inside the door to each patient room). Please feel free to use the products available to you and your visitors during your stay.

Caring for the things you care about.
Evangelical Community Hospital cannot be held responsible for the loss of money or other valuables such as dentures, hearing aids, or eyeglasses kept in your room. If at all possible, we urge you to leave valuables and money at home or send them home with a family member. If that is not practical, Hospital security has a safe in which to store your items until you are discharged. Please remember to claim your items before you are discharged. Security can be reached by dialing **570-522-4778** (ext. **4778** while in the Hospital). Please keep your receipt for the valuables left inside the safe.

If you need access to cash while in the Hospital, there is an automated teller machine (ATM) located on the first floor near the M-C Federal Credit Union in the Rooke Pavilion.

Keeping family and friends close at hand.
Our visiting hours are designed to be convenient for visitors while providing our patients a comfortable environment allowing ample periods of rest.

Most areas limit morning visitors so tests and therapies can be performed. Children under age 12 are restricted in some areas to avoid risk of infection to both the child and the patient.

Nurses may ask visitors to leave the room for a short period of time to care for your immediate needs.

Your physician may order a regular or special diet for you. Either way, you will find our meals quite delicious.

VISITING HOURS

Intensive Care Unit (ICU)
Medical/Surgical Unit
Step Down: 11 am-8 pm

Pediatric Patients

One parent or grandparent may stay with the child 24 hours a day. Breakfast is provided for one adult.

The Family Place (Maternity):
8 am-10 pm daily
(open visitation)

Mothers determine who can see and hold their babies during these hours. If space permits, the father is welcome to stay with the mother and baby throughout their stay.

Hungry?

For your convenience, you will receive a menu for the following day on your breakfast meal tray from which to select the next day's meals. A representative from Nutritional Services will collect your menu and if needed, can offer assistance in selecting items. If you wish to speak to a registered dietician, ask a nurse to schedule an appointment.

Due to special diets or scheduled tests, please do not eat food or beverages from family or friends without a nurse's permission. Those visitors who request to eat with patients can purchase guest trays. Ask a nurse for more information.

Patient meals are served during the following hours:

- Breakfast 7:25-8:30 am
- Lunch 11:55-12:45 pm
- Dinner 4:20-5:30 pm

Dining Services

Our food service professionals take great pride in offering a wide variety of foods to satisfy any appetite. From salads to soups, hot entrées or made-to-order sandwiches, the Hospital Dining Room, located on the first floor, is open to visitors and staff.

We are open:

- Monday through Friday 7 am-7 pm
- Saturday, Sunday, and holidays 8 am-7 pm

With serving hours:

- Breakfast 7-10 am
- Lunch 11:15 am-1:45 pm
- Afternoon 1:45-4:30 pm (soup, deli sandwiches, and salad bar)
- Dinner 4:30-6:30 pm

Vending machines are located in the rear of the Dining Room, at One-Day Surgery, and in the Emergency Department café area.

Have a request?

Whether you need someone friendly to talk with, a favorite newspaper or novel to read, or simply just a smiling face, one of our more than 350 Evangelical volunteers is here to help. Volunteers contribute to patient satisfaction by lending a hand to fulfill almost any request. To take advantage of these and other volunteer services, call the Volunteer Office by dialing **570-522-2549** (ext. **2549** while in the Hospital).

Newspapers, Mail, and Flowers.
Days spent in a hospital can be long. To combat boredom and help keep you up-to-date with the latest world, national, and local news, the Hospital delivers *The Daily Item*, *Standard Journal*, and *USA Today* daily and free of charge to patient rooms. Incoming mail, flowers, and gifts from family and friends are also delivered to patients every day. Friends and family may also send you their best wishes using Care Mail, Evangelical's online messaging service, at **www.evanhospital.com**.

Beautician Services.
As a patient, you may not be feeling your best; however, that doesn't mean that you can't look your best! To give patients a beauty pick-me-up, the Hospital offers beautician services free of charge on Tuesdays, Wednesdays, and Fridays from 10 am to noon. Complimentary offerings include trim, haircut, wash, and style. Any of these services can be arranged for you by a staff member.

GIFT SHOP HOURS

Monday-Friday: 9 am - 8 pm
Weekends: Noon - 8 pm

Caremail: www.evanhospital.com

Gift Shop.
You will find much more than fresh flowers and festive balloons at the Evangelical Gift Shop. Located just inside the Degenstein Pavilion entrance, the Gift Shop boasts an impressive collection of plush animals, jewelry, home décor, candies, magazines, seasonal gifts, and much more. The Gift Shop is staffed by volunteers. All proceeds benefit the Hospital. To order a gift for a patient, family member, or friend, or as a thank-you to one of our employees or even for yourself, please call the Gift Shop by dialing **2692**. Outside the Hospital, you may visit us online at **www.evanhospital.com** or call **570-522-2692**.

Keeping in touch with family and friends.

TO CALL PATIENT ROOMS

Acute Rehabilitation or the Joint Replacement Center:

Bed one (the bed by the door or a private room) dial 570-522-4 + your room number.

Bed two (the bed by the window) dial 570-523-5 + your room number.

All other patient areas:
Bed one, dial 570-522-2 + your room number.
Bed two, dial 570-523-5 + your room number.

Keeping in touch with your loved ones is an important part of getting well. We encourage you to speak with a friend or relative daily, in person or by e-mail.

Telephone.
Most patient rooms have a personal telephone at the bedside. Your family and friends can dial your room directly by following the guidelines at left. Local calls are **free**. For an outside line, dial 9 and then the number. Local calls include those to Cowan, Glen Iron, Hartleton, Laurelton, Lewisburg, Mifflinburg, Millmont, Milton, New Columbia, Weikert, West Milton, and Winfield.

You may use coins, calling cards, or credit cards for long-distance calling at pay phones. Visitors may call locally at information desks; there is a tan telephone available for free local calling. Local calls are phone numbers with the following prefixes: 966, 922, 522, 523, 524, 568, 577, 742, 713, and 428.

Free Wireless Internet Access (WiFi)
You can access your e-mail and the Internet from your personal laptop and wireless devices from anywhere within Evangelical Community Hospital. If you have a WiFi device, an Evangelical Community Hospital Public WiFi Access screen will appear. Please read the limitations and disclaimers items and select **OK**. You will then be connected to the Internet.

Television.
All patient rooms have television sets. The television programming includes both local and national networks and a Hospital-wide closed-circuit educational system that offers general medical health education to patients, visitors, and staff. Additional department-specific closed-circuit educational programming is available in most patient areas on channels 19, 20, and 21. The Acute Rehabilitation Unit and other select units offer closed-circuit television broadcasts on channel 20, where entertainment and movies can be viewed by request.

Sending you home with a smile.

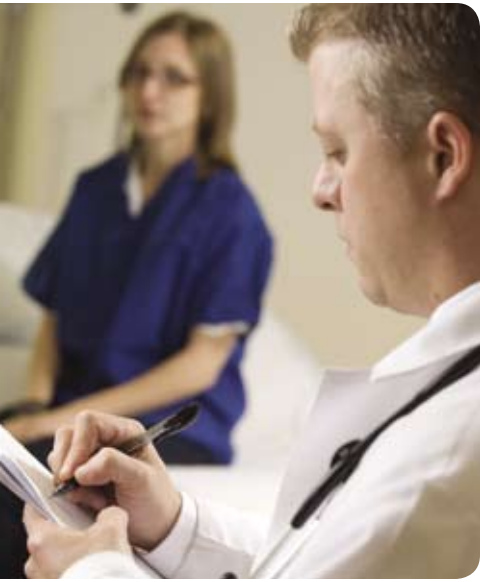
We realize your stay with us may have been challenging, but sending you home satisfied with your care is very important to everyone at Evangelical.

The discharge planning process actually begins at the time of admission to the Hospital or at your pre-admission appointment. You will learn more about your condition and how and what allowances you may want to plan for upon discharge. Members of the healthcare team including your physician, nurses, medical social worker, case manager, and personnel from other departments will be working closely with you and your family to plan for your discharge.

- Your physician will write your discharge and prescription orders and provide follow-up appointment information. Hospital staff is not authorized to discharge you without your physician's order.
- Your physician and nurse, case manager, or social worker will discuss your discharge instructions with you and give you written instructions for home care.
- Social workers and case managers are available to assist and coordinate placement arrangements or referrals to nursing homes, rehabilitation facilities, or home healthcare services, if required. They are also available to help you arrange support services from various community agencies, such as Meals on Wheels, the Area Agency on Aging, support groups, or counseling service agencies.
- Social workers are available to explain financial alternatives and to offer emotional support and counseling for you, and if you wish, your family. They can also assist in obtaining medical supplies and equipment for home use as ordered by your physician. If you require home oxygen, a respiratory therapist will coordinate the necessary equipment and supplies.
- If you have not seen a case manager or social worker and would like to discuss your post-discharge needs, please ask your nurse to call the Care Management department.
- After being informed of your discharge, please make arrangements to leave the Hospital within two to three hours of notification. One of our staff members will assist with transportation resources and help you make the necessary contacts for your safe transport.
- You or a family member or friend should check your room for clothing and other personal items before you leave. If you have cash or other valuables in the Hospital safe, please ask a staff member to contact security as early as possible. Also, make sure to retrieve any home medications stored at the nursing station.

Managing your prescription medications.

Upon discharge, a staff member will review your prescription schedule and recommend how you can best manage taking your medications properly. If you feel you need additional information beyond what is explained to you, please call your personal physician.



Durable Medical Equipment.
HomeCare Products, a subsidiary of Evangelical Community Hospital, offers specialized medical equipment and products to help you recover in your own home. It is a certified Medicare and Medicaid supplier and also accepts most private insurance and managed care plans. For more information on HomeCare Products or to order in-home medical equipment, please call 570-522-2585 (ext. 2585 while in the Hospital).

Please list all prescription medications and dosages:

_____

_____

_____

_____

_____

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What to bring with you.

- A list of any medications you are currently taking. If you do not have a written list, please bring all medications and give them to your nurse upon admission. Following review and documentation, your nurse will return them to you and they may be taken home. Medications required during your stay will be provided.
- Photo identification
- Your insurance cards
- A nightgown, night clothes, and/or bathrobe
- Slippers
- Shorts or sweat pants
- Comfortable clothes to wear home
- Toiletries and/or cosmetics
- Reading materials
- Crossword puzzles and games if you prefer
- A pen and writing paper
- A list of phone numbers of anyone you may want to contact while you're with us

What to bring with you.

If you are having your baby at Evangelical, you may also want to bring:

- Socks
- Hair clips or bands
- Two bras (nursing bras if you plan to nurse your baby)
- Lip moisturizer
- An extra pillow
- A CD/tape player and relaxing music for your enjoyment
- Snacks for your labor coach
- Pictures of family or friends

And for the baby:

- A receiving blanket
- An outfit for the baby to wear home
- A car seat for your baby's safety on his/her trip home

How did we do?

Evangelical strives to provide the best service possible. In order to do so, we need to know what we are doing well and what we need to improve. Several days after you return home, you may receive a survey asking you to provide information regarding your most recent hospital stay. Please take the time to complete and return the survey. Your opinion counts at Evangelical.

If you have a problem or concern about your stay, please call Evangelical's Continuous Quality Improvement Manager by dialing **570-522-2867** (ext. **2867** while in the Hospital) to discuss your concerns in a confidential manner.

Patient's rights and responsibilities.

As a healthcare facility, Evangelical is committed to delivering quality medical care to you and to making your stay as safe and pleasant as possible. Below is a Statement of Patient's Rights and Responsibilities endorsed by Evangelical Community Hospital. These rights and responsibilities apply to all patients. In the event that you are unable to exercise these rights on your own behalf, an authorized member of your family or designated/legal representative can exercise them for you. Please be sure to give the name(s) of your designated representative(s) to the healthcare staff when you are admitted.

- You have a right to considerate and respectful care.
- You have the right to participate in the development and implementation of your plan of care.
- You will not be denied access to care based on race, creed, color, national origin, sex, age, sexual orientation, disability, or source of payment.
- You have the right to information about your diagnosis, condition, and treatment in terms that you can understand.
- You have the right to refuse treatment to the extent permitted by law and to be informed of the possible consequences of the refusal.
- You may consent or refuse to participate in experimental treatment or research.
- You are entitled to be free from all forms of abuse or harassment.
- You have the right to make or have a representative of your choice make informed decisions about your care.
- You have the right to formulate advance directives and have them followed.
- You have the right to have your family or representative of your choice and your own physician notified of your admission to the Hospital.
- You have the right to appropriate assessment and management of pain.
- You are entitled to be free from any forms of restraint or seclusion as a means of convenience, discipline, coercion, or retaliation.
- Seclusion and restraint for behavior management can be used in only emergency situations.
- You are entitled to information about rules and regulations affecting your care or conduct.
- You have the right to know the names and professional titles of your physicians and caregivers.
- Resident physicians, student nurses, and other supervised healthcare providers in training may become involved in your care and treatment. You have the right to ask if any of your healthcare providers are in training.
- You can request a change of provider or second opinion if you choose.
- You have the right to personal privacy and to receive care in a safe environment.
- You have the right to a prompt and reasonable response to any request for services within the capacity of the healthcare facility.
- You have the right to express concerns or grievances regarding your care to the Hospital staff or to the Ombudsman office.
- The confidentiality of your clinical and personal records will be maintained.
- You have the right to see your medical records within the limits of the law.
- You have the right to an explanation of all items on your bill. You have the right to be provided information about your continuing healthcare needs and planning for care after you leave the Hospital and as appropriate after an appointment with your physician or other caregiver.

Patient's Responsibilities.
This is a summary of your responsibilities as a patient of Evangelical Community Hospital:

- It is your responsibility to provide accurate and complete information about all matters pertaining to your health, including medications and past or present medical problems.
- You are responsible for following the instructions and advice of your healthcare team. If you refuse treatment or do not follow the instructions or advice, you must accept the consequences of your actions.
- It is your responsibility to notify a member of the healthcare team if you do not understand information about your care and treatment.
- You are responsible for reporting changes in your condition or symptoms, including pain, to a member of the healthcare team.
- It is your responsibility to act in a considerate and cooperative manner and to respect the rights and property of others.
- You are responsible for following the rules and regulations of the healthcare facility.
- For outpatients, you are expected to keep your scheduled appointments or to cancel them in advance if at all possible.
- It is your responsibility to pay your bills or make some arrangement with the facility to meet your financial obligations.

Patient's Right to Privacy.
Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information. Our Notice of Privacy Practices is printed below and we encourage you to read it in full.

Our Pledge Regarding Your Health Information.
We understand that information about you and your health is confidential. We are committed to protecting the privacy of this information. Each time you visit an Evangelical facility, we create a record of the care and services you receive. 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 any of the Evangelical entities, whether made by healthcare personnel or your physician.

This notice will tell you about the ways in which we may use and disclose health information about you, as well as certain obligations we have regarding the use and disclosure of health information. It also will describe your rights regarding your health information.

Our Responsibilities.
Our primary responsibility is to safeguard your personal health information. We must give you this notice of our privacy practices and follow the terms of the notice currently in effect.

Changes to this notice: We reserve the right to change this notice. We reserve the right to make the revised notice effective for 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 also on our web site at www.evanhospital.com. A copy of the notice currently in effect will be available at the registration area.

How we may use and disclose health information about you.
The following categories describe different ways that we use your health information within Evangelical and disclose your health information to persons and entities outside of Evangelical. We have not listed every use or disclosure within the categories below, but all permitted uses and disclosures will fall within one of the following categories. In addition, there are some uses and disclosures that will require your specific authorization.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns, or other allied health personnel who are involved in taking care of your medical or pastoral needs during your visit with us. We may communicate information to another non-Evangelical healthcare provider for the purposes of coordinating your continuing care.

Payment: We may use and disclose your information to bill for services provided by Evangelical and to obtain payment from you, an insurance company, a third party, or a collection agency. This may include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Healthcare Operations: Uses and disclosures of health information are necessary to operate our healthcare facility and to make sure all of our patients receive quality care. We may use and disclose relevant health information about you for healthcare operations. Examples include quality assurance activities, post-discharge telephone calls to follow up on your health status, medical staff credentialing, administrative activities, customer service activities including patient satisfaction surveys, investigation of complaints, and certain marketing activities such as health education options for treatment and services.

Business Associates: Evangelical provides some services through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, and billing and collection services. We may disclose your health information to our business associates so they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract or written agreement that states they will appropriately safeguard your information.

Appointment Reminders: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at our healthcare facility. These appointment reminders may be initiated by an automated voice message system.

Special Situations That Do Not Require Your Authorization.
State or federal law permits the following disclosures of your health information without verbal or written permission from you:

Organ and Tissue Donation: We may release health information to organizations that handle organ, eye, or tissue procurement or transplantation.

Research: We may disclose your protected health information to researchers when permitted by law. One example of this is when we are preparing research protocols when data is not removed from Evangelical.

Military and Veterans: If you are a member of the Armed Forces, we may release health information about you as required by military command authorities.

Worker's Compensation: We may release health information about you for worker's compensation or similar programs if you have a work-related injury. These programs provide benefits to you for your work-related injuries.

Preventing a Serious Threat to Health or Safety: We may use and disclose health information about you, when necessary, to prevent a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone 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 audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Public Health Activities: We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury, or disability
- To report births and deaths
- To report child and adult abuse or neglect
- To report reactions to medications, problems with products, or other adverse events
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition

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 or administrative order. We may 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 disclose health information if asked to do so by law enforcement officials for the following reasons:

- In response to a court order, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- To identify the victim of a crime if, under certain circumstances, we are unable to obtain that person's authorization
- To release information about a death we believe may be the result of criminal conduct
- Criminal conduct at our facility
- Emergency circumstances, 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 Mortuaries: We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may release health information about patients at our facility to mortuaries as necessary to carry out their duties.

National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you healthcare, to protect your health and safety and the health and safety of others or for the safety and security of the correctional institution.

Legal Requirements: We will disclose health information about you without your permission when required to do so by federal, state, or local law.

Situations Requiring Your Verbal Agreement.
Directory Information: Evangelical Community Hospital has a directory of information about currently hospitalized patients available to anyone who asks for a patient by name. The directory information includes four items: 1) patient name; 2) location; 3) general condition (e.g., serious, fair, good, etc.); and 4) religious affiliation (available to clergy only). This directory information allows visitors to find your room and florists to deliver flowers to you. You will be asked to agree to have all or part of this information included in the directory each time you are admitted to Evangelical Community Hospital. If you refuse to have your information included in the directory, we will not be able to reveal your presence or your location in the Hospital to your family or friends.

Individuals Involved in Your Care or Payment for Your Care: We may disclose health information about you to a family member or friend 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.

Situations Requiring Your Written Authorization.
If there are reasons we need to use your information that have not been described in the sections above, we will obtain your written permission. This permission is described as an authorization. If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons stated in your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain records of the care we provide you. Listed below are some typical disclosures that require your authorization:

Special Categories of Treatment Information: In most cases, federal or state law requires your written authorization or the written authorization of your representative for disclosures of drug and alcohol abuse treatment, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) test results, and mental health treatment.

Research: When a research study involves your treatment, or in certain circumstances records research, we may disclose your health information to researchers only after you have signed a specific written authorization. In addition, an Institutional Review Board (IRB) will already have reviewed the research proposal, established appropriate protocols to ensure the privacy of your health information, and approved the research. You do not have to sign the authorization, but if you refuse you cannot be part of the research study and may be denied research-related treatment.

Marketing: Under most circumstances, we will obtain your authorization for Evangelical Community Hospital health-related marketing activities. Some exceptions are when we have a direct face-to-face communication, if we give you a gift that is of nominal value, or if the marketing activity is to provide you information about Hospital treatment options or services.

Fund-raising: For fund-raising purposes, we will obtain your authorization except for our own fund-raising purposes for which we may use demographic information and dates you received service.

Advance directives.

Introduction

There may be times in your life when you cannot make your own healthcare choices. An advance healthcare directive helps you plan for your care in these situations. By stating your wishes in advance, you can have a voice in your care when you cannot speak for yourself. You also can choose who may speak for you.

This guide gives general information about advance healthcare directives. It does not replace medical or legal advice from a professional. You should talk with your doctor about your advance healthcare directive. Please consult your attorney if you want legal advice.

Your advance healthcare directive can help comfort your family and friends when you have a serious medical problem. By sharing your treatment wishes in a written document, you spare them from having to make tough decisions without knowing what you would want.

Making an advance healthcare directive is important for all of us—not just for people who know that they will be facing end-of-life decisions in the near future. Anyone can lose his or her ability to make healthcare choices without warning due to an unexpected illness or accident.

What is an advance healthcare directive?

There are two main types of advance healthcare directives:

- In a living will, you write your specific wishes about life support and other medical treatments. Instructions in your living will take effect only when you cannot understand, make, and communicate your treatment choices (see definition of incompetent) and you either have an end-stage medical condition or are permanently unconscious.
- In a healthcare power of attorney, you name a person whom you trust to make healthcare choices for you. This person is your healthcare agent. You control what choices your agent may make, when your agent may make those choices, and how you want your agent to make your choices.

You may make a combined directive that comprises both a living will and a healthcare power of attorney.

Advance directives.

Who can make an advance healthcare directive?

Any adult (18 years of age or older) of sound mind may make an advance healthcare directive. A minor (less than 18 years old) of sound mind also may make an advance healthcare directive if he or she has married, has graduated from high school, or is legally free from control of parents (emancipated).

Incompetent means that you cannot understand, make, and communicate a specific healthcare choice even when you are given help, such as an interpreter. You may be competent to make some healthcare choices but incompetent to make other ones. You also may become temporarily incompetent and later regain competence.

End-stage medical condition means an advanced illness or other medical condition that cannot be cured or reversed and will result in your death even if you receive medical treatment.

Permanently unconscious means that you are totally unconscious and this cannot be reversed or made better. When you are permanently unconscious, you cannot interact with or respond to people or things around you.

Can a family member or friend make healthcare choices for me if I become incompetent and I have not named a healthcare agent?

A healthcare representative may make healthcare choices for you if you become incompetent and you have:

- No living will with applicable instructions
- No available healthcare agent
- No legal guardian to make health choices for you

Pennsylvania law allows you to choose your healthcare representative while you are of sound mind. You just need to put your choice in writing or tell your healthcare providers in person.

If you do not name a healthcare representative, Pennsylvania healthcare providers generally must use someone from a list of family members and other persons close to you (in the order listed in box).

Why should I name a healthcare agent when a family member or friend can speak for me if I become incompetent?

It usually is better to name a healthcare agent in a healthcare power of attorney instead of relying on a healthcare representative to speak for you. One important reason is that by planning in advance, you increase the chance that the person who speaks for you will make the choices that you would have made.

Advance directives.

How can my doctor help me make my advance healthcare directive?

Talking to your doctor is an important first step. Your doctor can:

- Help you understand your medical conditions and the choices that you may have to make about medical treatment.
- Help you understand why there may be a time when you cannot make your own healthcare choices.
- Describe common medical treatments that people need when seriously ill, such as "life-support."
- Explain the benefits and burdens that you may experience from these treatments.

Whom should I name as my healthcare agent?

You generally may name any adult (18 years of age or older) as your healthcare agent. Choose someone who:

- Knows you well and can be trusted to honor your choices.
- Is able to make difficult choices under stressful circumstances.
- Is able to stand up for you to make sure that your choices are honored as much as possible.
- Is likely to be available, able, and willing to make healthcare decisions for you when you cannot speak for yourself.

It is a good idea to name one or more alternate healthcare agents. There may be times when your first choice for a healthcare agent is unavailable, unable, or unwilling to serve. For example, your first choice may be away on vacation and unreachable or may also become too sick to make your decisions.

Healthcare agent list:

1. **Spouse (unless one of you has filed for divorce)**
2. **Adult child**
3. **Parent**
4. **Adult brother or sister**
5. **Adult grandchild**
6. **Adult who is familiar with what you would want**

Advance directives.

What should I think about when I make my living will?

Think about how you would like to be cared for if you have an end-stage medical condition or are permanently unconscious. You may want to give specific instructions about:

Life-support and other treatments to keep you alive.

Do you want to receive highly technical treatments, tube feeding (artificial nutrition and hydration), or other care that your doctor believes will only delay the time of your death or keep you in a permanently unconscious state?

Pain control and other relief.

Do you want medicines and other treatments to relieve your pain or other severe symptoms, even if these will cause you to sleep more and perhaps make you less able to interact with loved ones?

Artificial nutrition and hydration means nutrition (food) and hydration (water) given to you by artificial or invasive means. It frequently is referred to as tube feeding because the solutions are given to you through a tube put in your nose, stomach, intestines, arteries, or veins.

It is important that you specifically state your wishes about tube feeding when you make your advance healthcare directive. Pennsylvania law has protections to ensure that tube feeding is given when necessary to preserve your life unless it is clear that you would not want it under the circumstances.

Is there a form that I must use when I make my advance healthcare directive?

Pennsylvania law does not require you to use a specific form when you make your advance healthcare directive. You may use a sample form included in the law or another form of your choosing, or you may write your own directive.

How do I sign my advance healthcare directive?

Be sure to sign and date your advance healthcare directive in the presence of two adult (18 years of age or older) witnesses.

If you cannot sign for yourself, you may have someone sign for you. However, your witnesses cannot sign for you. Also, your doctors, other healthcare providers who are giving you care, and people who work for them cannot sign for you.

Advance directives.

Must I have my advance healthcare directive notarized?

Pennsylvania does not require your advance healthcare directive to be notarized. However, some other states require notarization. Having your advance healthcare directive notarized will increase the chances of it being followed if you receive medical treatment in one of the states with this requirement.

What should I do with my advance healthcare directive once it's completed?

Keep your advance healthcare directive in a safe place. But make sure it is somewhere your family or healthcare agent can get it if you are ill.

Ask your doctors and other healthcare providers to put a copy of your advance healthcare directive in your medical record. Take a copy with you if you are admitted to a hospital, nursing home, or other healthcare facility.

Give a copy to your healthcare agent (including the people whom you name as alternate agents). Be sure to talk with them about your instructions, preferences, and goals for medical treatment, even if you have stated them in your advance healthcare directive.

Give a copy to close family members and other people who you expect would want to help make medical decisions for you if you are too sick to do so. You also may want to give a copy to your spiritual advisor (pastor, priest, or rabbi) and your attorney.

What if I change my mind?

You should read your advance healthcare directive from time to time to make sure it still expresses your wishes. You can amend (change) your directive or revoke (cancel) your directive.

Do my doctors have to follow my living will and the requests of my healthcare agent or healthcare representative?

Your doctor and other healthcare providers generally must treat instructions in your living will and the requests of your healthcare agent as if they were personally made by you.

Advance directives.

However, Pennsylvania law requires healthcare providers to give life-preserving treatment to incompetent pregnant women in some circumstances. Also, Pennsylvania law limits when doctors may honor the request of your healthcare representative to refuse or stop life-preserving care.

Pennsylvania law also permits doctors and other healthcare providers to choose not to follow your living will or the requests of your healthcare agent in some other situations, such as when they believe it would be morally wrong to do so. However, they must let you or your agent know that they will not follow the request and make a reasonable effort to transfer you to a healthcare provider who is willing to honor it.

Will my advance healthcare directive be followed in other states?

Most states have laws that allow advance healthcare directives. However, some states have stricter rules for making a directive. For example, as noted, some states require that an advance healthcare directive be notarized.

Some states also have stricter rules for when a living will may allow life-preserving treatment to be stopped or not used for a patient who has a terminal or end-stage medical condition. For example, Pennsylvania law does not require that the patient be expected to die within a specified time. However, some states have a maximum life-expectancy requirement, such as six months.

Will my healthcare agent or representative pay my healthcare bills?

The choices of your healthcare agent or representative may result in you being billed for health insurance premiums or healthcare costs that are not covered by your health insurance. You or your estate remains responsible for these costs. If you want to name someone to pay your bills from your money and handle your other financial arrangements, you need to make a financial power of attorney. This is something you may want to discuss with your attorney.

How do I get more information on advance healthcare directives?

For more information, including sample forms, additional questions and answers, and other resources, go to the Pennsylvania Medical Society's patient web site at www.myfamilywellness.org or The Hospital & Healthsystem Association of Pennsylvania web site at www.careforpa.org.

How your medical information may be used.

PLEASE REVIEW CAREFULLY.

Who Will Follow These Procedures.

This notice describes our Hospital's practices and those of:

- Any healthcare professional authorized to enter information into your Hospital chart.
- All departments and units of the Hospital.
- Any member of a volunteer group Evangelical allows to help you while you are in the Hospital.
- All employees, staff, and other Hospital personnel.
- Evangelical Community Hospital 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 medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the 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 medical information created in the doctor's office or clinic.

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

We are required by law:

- To make sure that medical information that identifies you is kept private.
- To give you this notice of our legal duties and privacy policies with respect to medical information about you.
- To follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, explanations as to meaning and examples are given. Not every use in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

For Treatment. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, healthcare students, clergy, or others who are involved in taking care of you at the Hospital. 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. In addition, the doctor may need to tell the dietician if you have diabetes so that arrangements can be made for appropriate meals. Different departments of the Hospital may also share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and X-rays. We may also disclose medical information about you to people outside the Hospital who may be involved in your medical care after you leave the Hospital, such as long-term care facilities or others the Hospital or your physician uses to provide services that are a part of your care. We will also provide your physician or a subsequent healthcare provider, copies of various reports

How your medical information may be used.

that should assist him/her in treating you once you have been discharged from the Hospital.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at the Hospital 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 at the Hospital 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 Healthcare Operations. We may use and disclose medical information about you for Hospital operations. These uses and disclosures are necessary to run the Hospital and ensure that all of our patients receive quality care. For example, we may use medical information to review our treatments and services and to evaluate the performance of our staff in caring for you. We may disclose medical information about you to doctors, nurses, technicians, healthcare students, and other Hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where the Hospital can make improvements in the care and services offered. We may remove information that identifies you from this set of information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Hospital.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose medical information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

Fund-raising 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 fund-raising efforts, you must notify the Director of Development in writing. Direct your request to: Director of Development, Evangelical Community Hospital, One Hospital Drive, Lewisburg, PA 17837.

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 priest or rabbi, even if they do not ask for you by name. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Individuals Involved in Your Care or in Payment for Your Care. We may disclose to a family member, other relative, close personal friend, or another person you identify medical information relevant to that person's involvement in your care or payment related to your care.

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

As Required by Law. We will disclose medical information about you when required to do so by federal, state, or local law.

How your medical information may be used.

Special Situations.

Organ and Tissue Donation. If you are an organ donor, we may release information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donations and transplantation.

Worker's Compensation. We may release medical information about you for compensation or similar programs. These programs provide benefits for work-related injuries and illnesses.

Public Health Risks. (Health and safety to you and/or others.) We may disclose medical information about you for public health activities. We may use and disclose medical information about you to agencies when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Those activities generally include the following:

- To prevent or control disease, injury, or disability.
- To report births and deaths.
- To report child abuse or neglect.
- To report reactions to medications or problems with products.
- To notify people of recalls on products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To 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 when required or authorized by law.

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

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court order. We may also disclose medical information about you in response to a subpoena, discover request, or other lawful process by someone else involved in the dispute.

Law Enforcement. We may disclose medical information about you for law enforcement purposes as required by law or in response to a valid subpoena, warrant, or court order.

Coroners, Medical Examiners, and Funeral Directors. We may release medical information related to an individual's death to a coroner or medical examiner. We may also release medical information about patients of the Hospital to funeral directors as necessary to carry out their duties.

Inmates. 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. This release would be necessary (1) for the institution to provide you healthcare; (2) to protect the health and safety of others; or (3) for the safety and security of the correctional institution.

Your Rights Regarding Medical Information.

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. This includes medical and billing records.

If your medical information is maintained in an electronic health record, you also have the right to request that an electronic copy of your record be sent to you or to another individual or entity. We may charge you a reasonable cost-based fee limited to the labor costs associated with transmitting the electronic health record.

How your medical information may be used.

To inspect and copy medical information that may be used to make decisions about you, submit your request in writing to the Director of Health Information Services department of the Hospital.

Right to Amend. If you feel the medical information we have about you is incorrect or incomplete, you may ask us to amend the information.

To request an amendment, your request must be submitted in writing and you must include a reason to support the request. 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.
- 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 an accounting of disclosures. This is a list of the disclosures we made of medical information about you to others except for purposes of treatment, payment, and Hospital operations identified above. However, if disclosures relating to treatment, payment, and Hospital operations were made through an electronic health record, you do have a right to request an accounting for such disclosures that were made during the previous three years.

To request this list of disclosures, you must submit your request in writing to the Director of the Health Information Services department of the Hospital. 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 that time before costs are incurred.

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 healthcare operations. You also have a right to request a limit on the medical information we disclose about you to someone who is involved in your care or in the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not generally required to agree to your request; however, if you paid out-of-pocket for a specific item or service, you have the right to request that medical information with respect to that item or service not be disclosed to a health plan for purposes of payment or healthcare operations, and we are required to honor that request. For other requests, if we do agree, we will comply with your request unless information is needed to provide your emergency treatment.

To request restrictions you must make your request in writing to the Director of the Health Information Services department of the Hospital. 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; for example, disclosures to your spouse.

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 contact you only at work or by mail.

To request confidential communications, you must make your request in writing to the Director of Health Information Services department of the Hospital. We will not ask you the reason for the request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

How your medical information may be used.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from any member of our Hospital staff.

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 in the Hospital. 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 to the Hospital for treatment or healthcare 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 submit your complaint in writing to the Chief Privacy Officer of this Hospital. You may also call the Chief Privacy Officer at 570-522-2000 (ext. 0 while in the Hospital). 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.

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 authorization. If you give us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you give 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.

If you have questions about this notice, please contact our Chief Privacy Officer at 570-522-2000 (ext. 0 while in the Hospital).

Telephone Directory.

If inside the Hospital, simply dial the last four numbers.

Main Number **570-522-2000**

Acute Rehabilitation Center 570-522-4500
Admissions 570-522-2000
Ambulatory Surgical Center 570-524-6700
Billing 570-522-2552
Cancer Care 570-523-9200
Cardiac Rehabilitation Center 570-522-2676
Care Management 570-522-2932
Center for Breast Health 570-522-4200
Central Susquehanna Healthcare Providers 570-522-2748
Community Health Education 570-522-2693
Development 570-522-2685
Emergency Department 570-522-2640
Family Place/Obstetrics 570-522-2612
Financial Counseling 570-522-4841
Fitness Center 570-524-2600
Gift Shop 570-522-2692
HomeCare Products 570-522-2585
Hospice 570-522-2550
Lifeline 570-522-2684

Laboratory Services
Lewisburg 570-522-2510
Middleburg 570-837-7901
Mifflinburg 570-966-1122
Milton 570-742-2300
Northumberland 570-473-0545
Selinsgrove 570-372-6119

Medical Records 570-522-2570
Medical Services Organization 570-522-2990
Occupational Medicine 570-522-2978
One-Day Surgery 570-522-2623
Outpatient Clinic Services 570-522-4411
Pastoral Care Services 570-522-4444
Physician Finder 570-522-2885
Public Relations 570-522-2685

Radiology Services
Lewisburg 570-522-4150
Selinsgrove 570-372-6130

Rehabilitation Services (PT/OT) 570-524-2600
Middleburg 570-837-5257
Mifflinburg 570-966-1122
Selinsgrove 570-372-6130

Respiratory Therapy 570-522-2546
Security 570-522-4778
Sleep Disorders Center 570-522-4275
Social Services 570-522-2586
Volunteer Services 570-522-2549

For more information about Evangelical Community Hospital and our many services, visit our web site at **www.evanhospital.com** or ask a member of the staff.

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EVANGELICAL™
COMMUNITY HOSPITAL

Excellence Every Day.

Evangelical Community Hospital
One Hospital Drive
Lewisburg, PA 17837 | (570) 522-2000

www.evanhospital.com