



**Your Information.  
Your Rights.  
Our Responsibilities.**

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

*Please review carefully.*

A close-up, grayscale photograph of a file folder tab. The tab is light-colored and has a dark rectangular label with the word "CONFIDENTIAL" printed in bold, uppercase letters. The background shows other similar folder tabs, slightly out of focus.

**CONFIDENTIAL**

# Your Rights

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

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- Get an electronic or paper copy of your medical record
- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
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- Ask us to correct your medical record
- You can ask us to correct health information about you that you think is incorrect or incomplete. Your request must be in writing to the Director of Health Information Services.
  - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
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- Request confidential communications
- You can ask us to contact you in a specific way (for example, home, or office phone) or to send mail to a different address. Your request must be in writing to the Director of Health Information Services.
  - We will say “yes” to all reasonable requests.
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- Ask us to limit what we use or share
- You can ask us not to use or share certain health information for treatment, payment, or our operations.
    - We are not required to agree to your request, and we may say “no” if it would affect your care.
  - If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
    - We will say “yes” unless a law requires us to share that information.
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- Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.
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Get a list of those with whom we've shared information

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

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File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information listed under Contact Information.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

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Receive notice of a breach

- You have the right to be notified upon a breach of any of your unsecured health information. A breach of protected health information is the unauthorized access, use, or disclosure that compromises the security of privacy or of that information.

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Get a copy of this privacy notice

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

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## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

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Individuals involved in your care or payment of your care

- Unless you object, we can share 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 healthcare or payment of your care. If you are unable to agree or object to such a disclosure, we can disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

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Hospital directory

- We can include certain limited information about you in the Hospital directory while you are a patient in the Hospital. This may include your name, location/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.
- You may opt out of having your name listed in the Hospital directory at the time of admission.

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Disaster relief

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

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Written permission required

- In these cases, we never share your information unless you give us written permission:
  - Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes

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In the case of fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
- You may opt out of fundraising communications by calling the Hospital at 570-522-2000 and asking for the Development Office.

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## Our Uses and Disclosures

We typically use or share your health information in the following ways.

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Treat you

- We can use your health information and share it with other professionals who are treating you.
  - Example: a doctor treating you for an injury asks another doctor about your overall health condition.

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Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
  - Example: we give information about you to your health insurance plan so it will pay for your services.

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Run our organization

- We can use and share your health information to run our organization, improve your care, and contact you when necessary.
  - Example: we use health information about you to manage your treatment and services.
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## Special Situations

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

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

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Appointment reminders

- We can use and share your health information to contact you to remind you that you have an appointment with us. We also may use and share 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.
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Health information networks, organizations, and exchanges

- We can use and share your health information with 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 to you.
  - You may request us not to share your health information with RHIOs.
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Public health and safety issues

- We can share health information for certain situations such as: preventing disease; helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; preventing or reducing a serious threat to anyone's health or safety. We will only make this disclosure when required or authorized by the law.
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Workers' compensation

- We can share health information for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.
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Health oversight activities	<ul style="list-style-type: none"> <li>We can share 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 healthcare system, government programs, and compliance with civil rights laws.</li> </ul>
Comply with the law	<ul style="list-style-type: none"> <li>We will share information about you when required by federal, state, or local laws including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li> </ul>
Correctional institutions and law enforcement	<ul style="list-style-type: none"> <li>If you are an inmate of a correctional institutions or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official if necessary.</li> </ul>
Government requests	<ul style="list-style-type: none"> <li>We can use or share health information about you for special government functions such as military, national security, and presidential protective services.</li> </ul>
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> <li>We can share health information about you in response to a court or administrative order, subpoena, warrant, summons, or similar process.</li> </ul>
Do research	<ul style="list-style-type: none"> <li>We can use or share your information for health research.</li> </ul>
Organ and tissue donation requests	<ul style="list-style-type: none"> <li>We can share health information about you 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 transportation.</li> </ul>
Coroners, medical examiners or funeral directors	<ul style="list-style-type: none"> <li>We can share health information with a coroner or medical examiner, for example, to identify a deceased person or determine the cause of death. We also can share health information with a funeral director as necessary for their duties.</li> </ul>

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
  - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
  - We must follow the duties and privacy practices described in this notice and give you a copy of it.
  - We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
  - For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).
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## Changes to This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

**This Notice of Privacy Practices applies to Evangelical Community Hospital and Evangelical Medical Services Organization and entities.**

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## Contact Information

### **Evangelical Compliance/Privacy Officer**

Compliance Department  
Evangelical Community Hospital  
One Hospital Drive  
Lewisburg, PA 17837  
570-522-4270

### **Health Information Services**

Contact in writing at:  
Health Information Services  
Evangelical Community Hospital  
One Hospital Drive  
Lewisburg, PA 17837

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# Language Assistance and Taglines

- Evangelical Community Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
  - Evangelical Community Hospital cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
  - Evangelical Community Hospital соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.
  - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-570-522-2000.
  - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-570-522-2000.
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570-522-2000

[www.evanhospital.com](http://www.evanhospital.com)

One Hospital Drive, Lewisburg, PA 17837