Effective Date: ___08-15-2012_____

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR RESPONSIBILITIES

St Vincent Frankfort Hospital takes the privacy of your health information seriously. We understand the importance and sensitivity of your health information. We are required by law to maintain your privacy and to provide you with this Notice of Privacy Practices. We are required to abide by the terms of this Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We protect the privacy of your health information because it is the right thing to do. We use your health information (and allow others to have it) only as permitted by federal and state laws. When we care for you, we gather and create some of your health information. This Notice include examples in each category below of how we will use and share your information. Not every use or disclosure is listed below, however all permissible uses and disclosures will fall within one of the categories.

- **For Treatment**. We use information about you to understand your health condition and to treat you when you are sick. We may share your health information with doctors, nurses, aids, technicians or other employees who are involved in taking care of you. We might use your health information to manage or coordinate your treatment, health care or other related services. We might share your medical information with your physician or other health care provider who is providing treatment to you, whether or not we are involved with your treatment at that time. For example, a doctor treating you for a broken leg may need to know if you have diabetes because if you do, this may impact your recovery. We may receive and share prescription information to help you avoid harmful drug interactions. Different departments of the facility may also share health information about you in order to coordinate different things you might need, such as medications, x-rays, laboratory work etc…
- **For Payment**. To receive payment for our services, we may send your health information to an insurance company or other third party. We may also disclose your medical information to another health care provider or payor of health care for their own payment activities. For example, your insurance company may request information about your surgery and we must provide that information to obtain payment. The physician who reads your x-ray may need to bill you or your insurance company for reading of your x-ray therefore your billing information may be shared with the physician who read your x-ray.
- **For Health Care Operations**. We may use and disclose your health information to enable St Vincent Frankfort Hospital, to make sure you receive competent, quality health care, and to maintain and improve the quality of health care we provide. We

may assess the care and outcomes in your case and others like it and the then use the results to continually improve the quality of care for all patients we serve. We may also provide your health information to various governmental or accreditation entities such as the Joint Commission on Accreditation of Healthcare Organizations to maintain our license and accreditation. For example, we may combine health information about many patients to evaluate the need for new services or treatment. We may combine health information we have with that of other facilities to see where we can make improvements.

The law sometimes requires us to share information for specific purposes, including reporting to:

- The Department of Health to report communicable diseases, traumatic injuries, or birth defects, or for vital statistics, such as a baby's birth.
- A funeral director or an organ-donation agency when a patient dies, or to a medical examiner when appropriate to investigate a suspicious death.
- The appropriate governmental agency if an injury or unexpected death occurs at our facility.
- Public health authorities to report child or elderly abuse, or suspected child or elderly abuse, if authorized or otherwise required to report by law.
- Law enforcement official if required to do so by law, for example, to identify or locate a suspect, fugitive, material witness, or missing person or to report a crime or criminal conduct at the facility.
- Governmental inspectors who, for example, make sure our facilities are safe
- Under certain conditions, to military command authorities or the Department of Veterans Affairs, for patients who are in the military or veterans.
- A correctional institution or law enforcement official if you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain requests to us.
- The Secret Service or NSA to protect, for example, the country or the President
- A medical device's manufacturer, as required by the FDA, to monitor the safety of a medical device.
- Court officers, as required by law, in response to a court order or a valid subpoena.
- Governmental authorities to prevent serious threats to the public's health or safety.
- Governmental agencies and other affected parties, to report a breach of health-information privacy or in the case of a compliance review to determine whether we are complying with privacy laws.
- To a worker's compensation program if a person is injured at work and claims benefits under that program.
- To business associates or third parties that we have contracted with to perform agreed upon services.
- To tell or remind you about appointments.
- To tell you about possible treatment alternatives or health-related benefits or service.
- To contact you as a part of fundraising efforts, unless you elect not to receive this type of information.

ADDITIONAL INFORMATION:

- **Facility Directory**. We may include certain limited information about you in our directory. This information may include your name, location in the Hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or minister, even if they do not ask for you by name. If you do not wish to be included in the facility directory, you will be given an opportunity to object at the time of admission.
- **Individuals Involved in Your Care or Payment for Your Care**. We may release health information about you to a family member, or any other person identified by you who is involved in your health care or helps pay for your care. We may also disclose health information about you to notify your family or an emergency contact that you are at the Hospital or to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Disclosures to You***. Upon a request by you, we may use or disclose your medical* information in accordance with your request.
- **Incidental Uses and Disclosures.** We may occasionally inadvertently use or disclose your medical information. For example, while we have safeguards in place to protect *against others overhearing our conversations that take place between doctors, nurses or* other St Vincent Frankfort Hospital personnel, there may be times that conversations are in fact overheard. Please be assured, however, that we have appropriate safeguards in place to avoid these types of situations, and others, as much as possible.
- **Disclosures by Members of Our Workforce.** Members of our workforce, including employees, volunteers, trainees or independent contractors, may disclose your medical information to a health oversight agency, public health authority, health care accreditation organization or attorney hired by the workforce member, to report the workforce member's belief that we have engaged in unlawful conduct or that our care or services could endanger a patient, worker or the public. In addition, if a workforce member is a crime victim, the member may disclose your medical information to a law enforcement official.
- **Research**. Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects are subject to a special approval process and information released is only done so with your consent or with appropriate authority as permitted by law.
- **Disclosures of Records Containing Drug or Alcohol Abuse Information.** Because of federal law, we will not release your medical information if it contains information about drug or alcohol abuse without your written permission except in very limited situations.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your health information, 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 covered by your written authorization. You understand that we are unable to take back any disclosures we have already made under the authorization, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

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

- **Right to Request Restrictions**. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care. You have the right to restrict disclosures of your health information to your health plan for payment and health care operations purposes (and not for treatment) if the disclosure pertains to a health care item or service for which you paid out-of-pocket in full.

  Any request for restrictions must be sent in writing to the Privacy Official.

  ***We are not required to agree to your request*.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- **Right to Request Confidential Communications**. You have the right to request that we communicate with you or your responsible party about your health care in an alternative way or at a certain location. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Inspect and Copy, Right to Access**. You have the right to inspect and obtain a paper or electronic copy of your medical information that we use to make decisions about your care, when you submit a written request. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- **Right to Amend**. You have the right to ask us to amend your health and/or billing information for as long as the information is kept by us. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial and provided an opportunity to appeal the denial.
- **Right to an Accounting of Disclosures**. You have the right to request a list of certain disclosures that we have made of your health information that were for purposes other than treatment, payment or health care operations or were authorized by you.
- **Right to a 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 web site at http://www.stvincent.org/St-Vincent-Frankfort/Default or contact the Privacy Official.

WHO THIS NOTICE APPLIES TO

This Notice describes St Vincent Frankfort Hospital practices and those of:

- Any health care professional authorized to enter information into or consult your medical record or who provides treatment to you while you are at or in the hospital including but not limited to, attending physicians; radiologists; pathologists; anesthesiologists; surgeons; internal medicine physicians; emergency department physicians; staff members of such physicians and any other physician or health care provider that is involved in your care at the hospital.

- All locations, departments and units of St Vincent Frankfort Hospital.

- Any member of a volunteer group we allow to help you.

- All employees, staff and other St Vincent Frankfort Hospital personnel, and any resident, student or trainee that we have allowed to train at the hospital.

- St Vincent Frankfort Hospital's Medical Staff and its members; and

All of these entities, sites and locations follow the terms of this Notice. In addition, these entities, sites and locations may share health information with each other for treatment, payment or operations purposes described in this Notice.

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. The Notice will be posted in our facility and on our website and include the effective date. The Notice is also available to you upon request. In addition, if we revise the Notice, you may request a copy of the current Notice in effect.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with St Vincent Frankfort Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact the Privacy Official. All complaints must be submitted in writing.

You will not be penalized, discriminated against, retaliated against, or intimidated for filing a complaint.

If you have any questions about this Notice, please contact:
Privacy Official Barbara Matricia
Phone number 765-656-3103