



NOTICE OF PRIVACY PRACTICES

Effective: February 17, 2010

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.

If you have any questions about this notice, please contact our Privacy Officer at 812-276-1301.

WHO WILL FOLLOW THIS NOTICE:

This notice describes our health care system's practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of the hospital, including Community Health and Wellness Clinic, contracted healthcare staff or services, and St. Vincent Health system entities. In addition, these entities may share medical information with each other for treatment, payment or hospital operations purposes described in this notice.
- Any member of a volunteer group that we allow to help you while you are in the hospital.

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 with 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. 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. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. Federal law requires us to keep medical information about you private, to give you this notice, and to follow the terms of the notice.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

Listed below are ways, with examples, that we may use or disclose your health information under the following circumstances with/without obtaining your prior written authorization:

- **For Treatment.** The health care professionals, including doctors, nurses and technicians at St. Vincent Dunn Hospital (SVDH) may access your information for purposes of providing you with quality care. 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 dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the orders received 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 family members or others providing services that are part of your care. This may also include an electronic health information exchange network.
- **For Payment.** Our Business Office may access your information and send relevant parts to your insurance company, collection agency or third party to allow SVDH to receive payment for the services we rendered to you. For example, we may need to disclose information to your insurance company in order to obtain a pre-certification for a surgical procedure. We may also disclose patient information to another provider involved in your care for the other provider's payment activities, such as pathologists or radiologists.
- **For Health Care Operations.** We may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may access or send your information to our attorneys in the event we need the information in order to address one of our own business functions. This includes activities such as quality assessment and improvement activities, or training programs including accreditation, certification, licensing or credentialing activities, review and auditing—including compliance reviews, medical reviews, and general administrative activities.
- **To Provide it to You.**
- **To Include You in our Hospital Directory.** Unless you tell us you wish to be excluded, we will list your name, where you are located in our hospital and your religious affiliation in our directory. 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 even if they don't ask for you by name. Exclusion from the directory means no information will be disclosed to any

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persons who contact the Hospital and ask for you by name including disclosures for floral deliveries and mail. The Hospital is unable to accommodate request(s) to disclose information to certain individuals (i.e. mom) and not others (i.e. ex-husband).

- **To Individuals Involved in Your Care or Payment for Your Care.** We may use or disclose your medical information in order to notify your family or assist in notifying your family, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort (such as the American Red Cross) so your family can be notified about your condition, status and location. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
- **For Fundraising Activities.** We may contact you to participate in our fundraising activities. If you do not want the hospital to contact you for fundraising efforts, you must notify the Director of the Foundation in writing.
- **To Provide 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. Examples of this type of contact include but are not limited to: postcards, telephone contact, answering machine message, etc.
- **To Provide Information about 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.
- **To Provide Information about Health-Related Services.** We may use and disclose medical information to tell you about health-related services that may be of interest to you.
- **For Research.** Under certain circumstances, we may use and disclose medical information about you in order to conduct research that has been approved by St. Vincent Dunn Hospital. 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.
- **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **For Public Health Purposes.** We may use or disclose your medical information for public health activities. These 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 of 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 if you agree or when required or authorized by law.
- **For Public Safety.** We may use or disclose your medical information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- **For Health Oversight Activities.** We may use or disclose your medical information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **In Response to Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **To Law Enforcement Personnel.** We may use or disclose your medical information as requested by a law enforcement official for any one of 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;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the hospital; and
 - In 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.

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- **To Coroners, Medical Examiners and Funeral Directors.** We may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **For Purposes of Organ, Eye and Tissue Donation.** We may use or disclose your medical information for purposes of communicating to organizations involved in procuring, banking or transplanting organs and tissues.
- **For Worker's Compensation.** We may use or disclose your medical information as necessary to comply with worker's compensation laws.
- **For National Security and Intelligence Activities.** We may use or disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **For Military Activities.** If you are a member of the armed forces, we may use or disclose medical information about you as required by appropriate military command authorities. In addition, we may use and disclose medical information about foreign military personnel to the appropriate foreign military authority.
- **To Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **To Correctional Institutions or Law Enforcement Officials.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Change of Ownership.** In the event that our facility is sold or merged with another organization, your medical information will become the property of the new owner.
- **Incidental Uses and Disclosures.** We may occasionally inadvertently use or disclose your medical information when such use of disclosure leads to another use or disclosure that is permitted or required by law. For example, while we have safeguards in place to protect against others overhearing our conversations that take place between doctors, nurses or other personnel, there may be time that such conversations are in fact overheard. Please be assured, however, that we have appropriate safeguards in place to avoid such situations, as much as possible.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

The following includes your rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to review and receive a copy your medical information. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To review and receive copies of your medical information, you must submit your request in writing to the Medical Information Services department. Should you request a copy of your medical information, you may be charged a fee for the costs of copying, postage, supplies and/or preparation of a summary.

Under very limited circumstances, we may deny your request to review and copy your medical information. If you are denied access, you may request a review of the denial by a licensed health care professional, chosen by the hospital.

- **Right to Amend.** You have the right to request that we amend your medical information that you feel is incorrect or incomplete. To request an amendment, you must submit a written request that includes the reason for the amendment to the Medical Information Services department. Your request may be denied if it is not in writing or does not include the reason for your request. In addition, we may deny your request with the approval of your physician 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 which you would be permitted to inspect and copy; or
 - Is accurate and complete.

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- **Right to Request Restrictions.** You have the right to request restrictions on the uses and disclosures of your medical information. For any services for which you paid out-of-pocket in full, we will honor any request you make to restrict information about these services from your health plan, provided that such release is not necessary for your treatment. In all other circumstances, we are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must forward a written request, outlining the restrictions, to the Medical Information Services department.
- **Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your medical information made by us, excluding an account of disclosures for treatment, payment, health care operations, to provide it to you, to include you in our Hospital Directory, to notify or communicate with your family, for national security or intelligence activities, to correctional institutions or law enforcement officials.

To request this list of disclosures, you must submit your request in writing to the Medical Information Services department. Your request must state a time period, which may not be longer than six (6) years. The first list you request within a 12-month period will be free. There will be a fee for any additional lists requested during the same 12-month period. We will notify you of the fee in advance so that you may modify or withdraw your request.

- **Right to Request Confidential Communications.** You have the right to receive your medical information through confidential alternative means or location. For example, you can request that we only contact you at work or by mail. If we maintain medical information about you in electronic format, you also have the right to obtain a copy of such information in electronic format and to direct us to transmit such information directly to an entity or person clearly, conspicuously and specifically designated to you. We will make a good faith effort to honor your request, but we are not legally required to do so if the request is unreasonable or infeasible. We will inform you of our decision on your request.
- **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. In addition, you may view this notice on our web site at www.dunn.stvincent.org and print a copy.

CHANGES TO THIS NOTICE

We reserve the right to amend this notice at any time in the future. We reserve the right to make the amended notice effective for medical information we already have about you as well as any information we receive in the future. If such an amendment is made, we will immediately display the revised notice in the hospital. In addition, when you come to the hospital for services, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the hospital or the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact our Privacy Officer at (812)276-1301 or the Compliance Hotline at (800)808-3198. To file with HHS, write to: Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601 Phone (312)886-2359, FAX (312)886-1807, TDD (312)353-5693. We promise not to retaliate against you for filing a complaint about our privacy practices.

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 authorize us to use or disclose your medical information for another purpose, you may revoke your authorization in writing at any time. However, the revocation of your authorization would not apply to medical information previously disclosed when your authorization was in effect.

Revised:
8/23/06 Version 1.2
2/17/10 Version 2.0
8/20/10 Version 2.1