



Health Information Portability and Accountability Act (HIPAA) 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. If you have any questions about this notice, please contact the St. Mary's Hospital Privacy Officer through the Administration Office at 841-7101.

**This information is available in booklet form in English and Spanish. Please ask for a copy from any St. Mary's associate.
En ingles y espanol libretas de esta informacion estan disponible. Por favor pida una copia de cualquier socio de St. Mary's.**

OUR PLEDGE REGARDING MEDICAL INFORMATION

We are committed to protecting medical information about you. We create a record of the care and services you receive at St. Mary's Hospital. This notice applies to all of the records of your care generated by St. Mary's Hospital. Your personal doctor may have different policies regarding the use and disclosure of medical information created in the doctor's office. This notice will tell you about the ways in which we may use and disclose medical information about you.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you a notice of our legal duties and privacy practices concerning medical information about you; and
- follow the terms of the notice that is currently in effect.

FOR BEHAVIORAL HEALTH SERVICES, WHICH INCLUDES ALL PROGRAMS OF MENTAL HEALTH AND ADDICTION SERVICES, IT IS THE POLICY OF ST. MARY'S HOSPITAL TO ONLY DISCLOSE YOUR PROTECTED HEALTH INFORMATION IF AND WHEN YOU AUTHORIZE US TO DO SO, UNLESS OTHERWISE REQUIRED BY LAW.

This notice describes the practices of St. Mary's Hospital and the practices of:

- Any health care professional authorized to enter information into your medical record.
- All associates of St. Mary's Hospital including those entities that we contract with for the provision of clinical services.
- All members of the medical staff of St. Mary's Hospital and all entities that we contract with who share medical information with each other for treatment, payment or hospital operation purposes described in this notice.
- Any member of a volunteer group we allow to help you while you are in the hospital.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Generally, we will only disclose your Protected Health Information to a family member, other relative, close personal friend, or any other person identified by you or involved with your care and treatment.

The following categories describe different ways that we use and disclose medical information. 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, or other hospital personnel who are involved in taking care of you at St. Mary's 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 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 different things you need, such as prescriptions, lab work and x-rays.

We may disclose medical information about you to people outside St. Mary's Hospital who may be involved in your medical care after you leave the hospital, such as family members, home care agencies, clergy or others we use to provide services that are part of your care.

• **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at St. Mary's Hospital may be billed to and payment may be collected from your insurance company. For example, we may need to give your health plan information about surgery you received at St. Mary's Hospital so your health plan will pay us or reimburse you for the surgery. We may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your insurance plan will cover the treatment.

• **For Health Care Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

We combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so that those who use it to study health care and health care delivery are not able to identify specific patients.

• **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 St. Mary's Hospital or at any St. Mary's Hospital service site.

• **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 or services that may be of interest to you.

• **Fundraising Activities.** The only information we will release to the St. Mary's Hospital Foundation, so that the Foundation may contact you in raising money for the hospital, will be demographic information such as your name, address, phone number, and your date of service. If you do not want the hospital to contact you for fundraising efforts, you must notify the Privacy Officer in writing. The Administration Office can assist you with your request.

• **For the Measurement of Patient Satisfaction.** We may use some information from your visit to send you a survey regarding your satisfaction with our services.

• **Hospital Directory.** We may include certain limited information about you in the Hospital Directory while you are a patient at St. Mary's Hospital. This information may include your name, location in the hospital, your general condition (e.g. fair, stable, etc.) and your religious affiliation. The 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 a rabbi, even if they don't ask for you by name. This information can assist your family, friends, and clergy to know generally how you are doing.

• **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in the hospital. 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.

• **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 medication for the same condition. All research projects, however, are subject to a special approval process in accordance with federal policies. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. We will ask your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

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

• **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

• **Organ and Tissue Donation.** If you are an organ donor, we may release medical 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 donation and transplantation.

• **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

• **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

• **Public Health Risks.** We may disclose medical information about you 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 when required or authorized by law.

• **Health Oversight Activities.** We may disclose medical 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 health care system, government programs, and compliance with civil rights laws.

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

• **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official.

- 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.

• **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or to determine the cause of death. We may release medical information about patients of the hospital to funeral directors as needed to carry out their duties.

• **National Security and Intelligence Activities.** We may release medical 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 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 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.

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 permission. **If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.** If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you.

• **Right to Inspect and Copy.** You have the right to inspect and have copied medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and have copies of medical information that may be used to make decisions about you, you must submit a written request to the Record Custodian in the Medical Records Department. We may charge a fee for the costs of copying, mailing and other supplies associated with your request.

In certain very limited circumstances, we may deny your request to inspect and copy medical information. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

• **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, a written request must be submitted to the Correspondence Clerk in the Medical Records Department. Your request must provide specific reasons for your request to amend the record. We may deny your request if the request is not in writing or the requested information is lacking or if you ask us to amend information that:

- Was not created by us;
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information that you would be permitted to inspect and copy;
- Is accurate and complete.

• **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures."

This accounting is a list of the disclosures of your medical information and to whom we made those disclosures. A written request must be submitted to the St. Mary's Hospital Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. You may be charged the cost of producing additional lists. We will notify you of any cost involved with your request prior to any costs being incurred so that you may choose to withdraw or modify your request.

• **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 health care operations. You have the 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 you had.

We are not required to agree to your request. However, when possible, we will comply with your request unless the information is needed to provide you emergency treatment. **To request restrictions, you must submit a written request to the St. Mary's Hospital Privacy Officer.** In your request, you must tell us what information you want to limit and whether you want to limit our use, disclosure or both.

• **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must submit a written request to the St. Mary's Hospital Privacy Officer. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

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 the effective date.

COMPLAINTS

• If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. **To file a complaint with the hospital, contact Administration at 841-7101; they will forward your concern to the St. Mary's Hospital Privacy Officer. You may also file a complaint by calling the St. Mary's Hospital Compliance Hotline at 841-7182. You will not be penalized for filing a complaint.**

This document is St. Mary's Hospital Notice of Privacy Practices. If you have any questions about these practices, please feel free to contact the Privacy Officer through the Administration Office at St. Mary's Hospital. The Administration Office can be reached by calling 841-7101 or by visiting the office in the main hospital, Monday through Friday.

HOW CAN I REACH THE STAFF DESCRIBED IN THIS INFORMATION?

SMH Privacy Officer	Administration, Main Hospital	Phone 841-7101
Record Custodian	Medical Records Department	Phone 841-7110
Correspondence Clerk	Medical Records Department	Phone 841-7110
Questions & Concerns	Administration, Main Hospital	Phone 841-7101