

# JOINT NOTICE OF PRIVACY PRACTICES

1

**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.**

2

**We have a legal duty to help safeguard your Protected Health Information (PHI).**

We are legally required to protect the privacy of your health information. We call this information “protected health information” or “PHI” for short, and it includes information that can be used to identify you that we have created or received about your past, present, or future health or medical condition, the provision of health care to you, or the payment for this health care. We must provide you with this notice about our privacy practices to explain how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to satisfy the need. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in each St. Agnes HealthCare facility in a location where there is clear and easy access by all individuals who are in the facility for treatment or services. You can also request a copy of this notice from the St. Agnes HealthCare HIPAA Privacy Office listed in Section 5 at any time and can view a copy of the notice on our website at [www.stagnes.org](http://www.stagnes.org).

3

**How we may use and disclose your Protected Health Information (PHI).**

We use and disclose PHI for many different reasons. For some of these uses or disclosures, we need your prior specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each.

## **3.1 Uses and Disclosures Relating to Treatment, Payment or Healthcare Operations.**

**3.1.1 For treatment.** We may disclose your PHI to physicians, nurses, medical students and other healthcare personnel who provide you with healthcare services or who are involved in your care. For example, if you are being treated for a knee injury, we may disclose your PHI to the physical therapy department in order to coordinate your care.

**3.1.2 To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the healthcare services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our healthcare claims.

**3.1.3 For healthcare operations.** We may disclose your PHI in order to operate our hospital, clinics, home health and other healthcare service locations. For example, we may use your PHI in order to judge the quality of healthcare services that you received or to evaluate the performance of the healthcare professionals who provided healthcare services to you. We may also provide your PHI to our accountants, attorneys, consultants and others in order to make sure we are obeying the laws that affect us.

## 3.2

### Certain Other Uses and Disclosures That Do Not Require Your Consent

- 3.2.1 When disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement.** For example, we make your PHI available when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence, when dealing with gunshot and other wounds, or when ordered in a judicial or administrative proceeding.
- 3.2.2 For public health activities.** For example, we report information about births, deaths and various diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners and funeral directors necessary information relating to an individual's death.
- 3.2.3 For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a healthcare provider or organization.
- 3.2.4 For purposes of organ donation.** We may notify organ procurement organizations to assist them in organ, eye or tissue donation and transplants.
- 3.2.5 For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
- 3.2.6 To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- 3.2.7 For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
- 3.2.8 For workers' compensation purposes.** We may provide PHI in order to obey workers' compensation laws.
- 3.2.9 Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders, or to give you information about treatment alternatives or other healthcare services or benefits we offer.
- 3.2.10 Fundraising activities.** We may use PHI to raise funds for our organization. The money raised through these activities is used to expand and support the healthcare services and educational programs we provide to the community. If you do not wish to be contacted as part of our fundraising efforts, please contact the St. Agnes HealthCare HIPAA Privacy Office listed in Section 5.

## 3.3

### Uses and Disclosures to Which You Have an Opportunity to Object

- 3.3.1 Patient directories.** We may include your name, location in this facility, general condition and religious affiliation (if any) in our patient directory for use by clergy and visitors who ask for you by name, unless you object in whole or in part.
- 3.3.2 Disclosure to family, friends, or others.** We may provide your PHI to a family member, friend or other person whom you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

## 3.4

### All Other Uses and Disclosures Require Your Prior Written Authorization

In any other situation not described in this section, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action relying on the authorization).

## What Rights You Have Regarding Your PHI

You have the following rights with respect to your PHI:

- 4.1 The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI, *but you must make the request in writing*. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
- 4.2 The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you at an alternate address (for example, to your work address rather than your home address) or by alternate means, *but you must make the request in writing*. We must agree to your request so long as we can easily provide it as you requested.
- 4.3 The Right to See and Get Copies of Your PHI.** In most cases you have the right to look at or obtain copies of your PHI that we have, *but you must make the request in writing*. If we do not have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.  
*If you request copies of your PHI, some St. Agnes HealthCare service sites may charge a reasonable fee for providing requested information, as permitted under state and federal law. This may include requests to send PHI to another healthcare provider for treatment purposes.*
- 4.4 The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of instances in which we have disclosed your PHI, *but you must make the request in writing*. The list will not include any of the uses or disclosures listed in section 3.1, 3.3 and 3.4. We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time period. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. The list also will not include any uses or disclosures made before April 14, 2003. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you for the cost of providing each additional request.
- 4.5 The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. *You must make the request and provide your reason for the request in writing*. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (a) correct and complete, (b) not created by us, (c) not allowed to be disclosed, or (d) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file such a statement, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.
- 4.6 The Right to Get This Notice Electronically.** You have the right to get a copy of this notice electronically. Even if you have agreed to receive this notice electronically, you also have the right to request a paper copy of this notice.

**5****Person to contact for information about this notice or to complain about our privacy practices.**

If you have questions about this notice or think that we may have violated your privacy rights, or if you disagree with a decision we made about access to your PHI, please contact our Privacy Office at 410-368-2727 or at the following address:

St. Agnes HealthCare  
HIPAA Privacy Office  
Mailstop 020  
900 S. Caton Avenue  
Baltimore Maryland 21229

You also may send a written complaint to:

Secretary of the Department of Health and Human Services  
200 Independence Avenue SW  
Washington D.C. 20201

We will not take any actions against you if you file a complaint about our privacy practices.

**6****Who will follow this notice of privacy practices**

This notice describes the privacy practices of the employees, affiliates, staff, volunteers, departments and units of St. Agnes HealthCare, some contracted providers (as noted below), and the members of the Medical Staff of St. Agnes HealthCare.

St. Agnes HealthCare contracts with certain independent physicians and groups of healthcare providers (for example, radiologists, anesthesiologists, pathologists, emergency room physicians, etc.) who may provide services at some of our sites and locations even though St. Agnes HealthCare does not directly employ them. Unless one of these contracted groups provides you with its own Notice of Privacy Practices, this Notice applies to their uses and disclosures of PHI and they have agreed to abide by the terms of this Notice.

St. Agnes HealthCare may also share PHI with these contracted providers for purposes of treatment, payment or hospital operations, as described in this Notice. The legal relationship between St. Agnes HealthCare and these providers is one of independent contractors, and is established in written agreements between the parties. Nothing in this Notice is intended to modify that legal relationship.

All St. Agnes HealthCare entities, sites, and locations follow the terms of this Notice. In addition, these St. Agnes HealthCare entities, sites, and locations may share PHI with each other for purposes of treatment, payment, or hospital operations as described in this Notice.

**7****Effective Date of this Notice**

This notice went into effect on April 14, 2003.