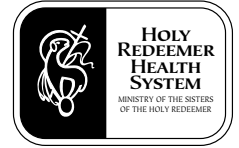


Notice of Privacy Practices



At Holy Redeemer Hospital and Medical Center ("HRHMC"), a division of Holy Redeemer Health System, we respect the privacy of your health information ...

Effective Date: April 14, 2003

This notice describes how health information about you may be used and disclosed, and how you can gain access to this information.

... and are committed to maintaining our patients' confidentiality. This Notice describes your rights and our obligations under regulations (collectively, as now or hereafter amended or supplemented, the "Privacy Rule") issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regarding your health information and informs you about the possible uses and disclosures of your health information. This Notice applies to all information and records related to your care that HRHMC has received or created, or will receive or create. It extends to information received or created by our employees, staff, and volunteers as well as by doctors and/or other health care practitioners practicing at HRHMC. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

This Notice applies to all HRHMC facilities, programs and affiliates that may share information as necessary to coordinate your care and for the purposes described in this Notice.

HRHMC takes the privacy of your medical records seriously, and will abide by the requirements under the law to maintain the privacy of your health information to provide you this detailed Notice of our legal duties and privacy practices relating to your health information, and to abide by the terms of the Notices that are currently in effect.

Organized Health Care Arrangement:

This facility and its medical staff members have organized and are presenting you this document as a joint notice, as permitted under the Privacy Rule. Information will be shared by HRHMC and its medical staff as necessary to carry out treatment, payment and the operation of HRHMC. Physicians and caregivers may have access to health information in their offices, which is protected under the Privacy Rule in

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order to assist such physicians and caregivers in reviewing past treatment as necessary to determine treatment options and recommendations.

Uses And Disclosure Without Authorization

HRHMC may use and disclosure your health information for purposes of treatment, payment, and health care operations as described below:

1) For Treatment: We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other HRHMC personnel who are involved in taking care of you on behalf of HRHMC. 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. Different departments of the hospital may also share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays.

We may also disclose health information to individuals or facilities that will be involved in your care after you leave HRHMC.

2) For Payment: We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to an insurance or managed care company, Medicare, Medicaid or another third party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service.

3) For Health Care Operations: We may use and disclose your health information as necessary for facility operations such as for management purposes, or the monitoring of the quality of care you receive from HRHMC. For example, health information of many patients may be combined and analyzed for purposes such as

evaluating and improving quality of care and planning for services. Health information is used in evaluating our employees, and in reviewing the qualifications and practices of doctors and other practitioners within HRHMC. We may also use and disclose health information for education and training purposes. We may also use and disclose health information to other health care entities, in compliance with the Privacy Rule, that have a treatment relationship with you.

There are some services provided in our organization through contracts with independent contractors who, for the purposes of the Privacy Rule, are considered HRHMC "business associates." Examples include an on-site document destruction company and a copy service we may use when making copies of your health record. When these services are utilized, HRHMC may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Other Uses And Disclosures That May Be Made Without Written Authorization

Under the Privacy Rule, HRHMC is permitted and may be required to use or disclose your health information without your written authorization in limited situations. The following lists the limited situations in which HRHMC may use and disclose your health information without written authorization:

- As required by law
- Food and Drug Administration
- Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- Reporting Victims of Abuse, Neglect or Domestic Violence
- Judicial and Administrative Proceedings
- Law Enforcement
- Correctional Institutions

- Workers Compensation Agents
- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners, Medical Examiners, and Organ and Tissue Procurement Organizations
- National Security and Intelligence Agencies; Protective Services for the President and Others
- Research
- To prevent a serious threat to health or safety

If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

Other Uses And Disclosures That May Be Made Without Written Authorization, Unless You Object

HRHMC may use or disclose your health information in the following ways, unless you object to the use or request that we limit the use:

Patient Directory: We may include certain limited information about you in the Patient Directory while you are a patient at HRHMC. The information may include your name, location in the hospital, your general condition (e.g., good, fair) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the Patient Directory please request the Opt Out Form from the admission staff.

Individuals Involved in Your Care or Payment for Your Care: We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose health 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.

Future Communications: We may communicate to you via newsletters, mailings or other means regarding treatment options, health-related information, disease management programs, wellness

programs, or other community-based initiatives or activities our facility is participating in. We may also contact you to assess your satisfaction with our services. If you do not wish to be contacted, please notify the Privacy Officer listed on the back page of this notice.

Fundraising Activities: We may use certain health information, limited to contact information such as your name, address and phone number and the dates you received treatment or services, to contact you in an effort to raise funds for HRHMC and other affiliated organizations. If you do not wish to be contacted, please notify the Privacy Officer listed on the back page of this notice.

Appointment Reminders: We may use or disclose health information to remind you about appointments.

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

Your authorization is required for all other uses of health information unless otherwise now or hereafter permitted by the privacy rule or other applicable federal, state, or local law, rule, or regulation.

Except as described in this Notice, we will use and disclose your health information only with your written authorization. Such an authorization must specify the particular uses or disclosures that you may allow, and it will be limited to a certain time or event. You may revoke an Authorization to use or disclose health information, in writing, at any time. If you revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, under the Privacy Rule you have the **right to:**

Notice of Privacy Practices, continued

Inspect and Copy: You have the right to inspect and obtain a copy of certain health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We are permitted, under the Privacy Rule, to deny your request to inspect and copy in certain circumstances. If you are denied access to health information, you may, depending on the reason for the denial, request that the denial be reviewed. If a review is permitted under the Privacy Rule, another licensed health care professional chosen by HRHMC will review your request and the denial. The person conducting the review will not be the person who denied your request. HRHMC will comply with the outcome of the review.

Amend: If you feel that health 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 HRHMC. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

An Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required. To request an accounting, please contact the Medical Records Department for a request form.

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, but HRHMC is not required to agree to the restriction. If HRHMC does agree to a restriction, we will honor your request unless the information is needed to provide you emergency treatment. To request a restriction, please contact our Medical Records Department for a request form.

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 may ask that we contact you at work instead of your home. We will accommodate your reasonable requests.

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.

Changes To This Notice

We reserve the right to change this notice at any time. Any revised or changed notice will be effective for information we already have about you, as well as any information we receive in the future. The current notice will be posted in all HRHMC facilities and includes the effective date. In addition, each time you register at, or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect, if the document has been materially revised since your acknowledgement of receipt.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with HRHMC or with the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, D.C. 20201. You may contact our Privacy Officer at (215) 856-1148 or at Holy Redeemer Finance Center, 12265 Townsend Road, Suite 100, Philadelphia, PA 19154, Attention Privacy Officer.

HRHMC will not retaliate against you if you file a complaint.