

# Holy Redeemer Hospital

## NOTICE OF PRIVACY PRACTICES

Revision Date: January 1, 2017

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 (215) 856-1148.

At Holy Redeemer Hospital ("HRH"), a division of Holy Redeemer Health System, we respect the privacy of your health information and are committed to maintaining our patients' confidentiality. This Notice describes your rights and our obligations as required by the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act (collectively referred to as 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 HRH 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 HRH. 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.

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

**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 HRH and its medical staff as necessary to carry out treatment, payment and the operation of HRH. Physicians and caregivers may have access to health information in their offices, which is protected under the HIPAA Rules in order to assist such physicians and caregivers in reviewing past treatment as necessary to determine treatment options and recommendations.

**Uses and Disclosures Without Authorization:** HRH may use and disclose your health information for purposes of treatment, payment, and health care operations as described below.

- **For Treatment:** Health care professional, such as physicians and other health care practitioners within our Health System may access your information for the purpose of providing care to you. We may also share information with providers who will care for you after discharge such as skilled nursing facilities and home care providers.
- **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 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 HRH.

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

- **Patient Directory:** Unless you request to opt out we will include your name and location in the hospital. This information may be provided to members of the clergy and 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:** Unless you object 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 or other means regarding treatment options, disease-management programs, wellness programs, or other community based initiatives our facility is participating in. If you do not wish to be contacted please let us know by calling 1-800-818-4747.
- **Fundraising Activities:** We may use certain health information to contact you in an effort to raise funds for HRH. If you do not wish to be contacted please let us know by calling 1-800-818-4747.
- **Reminders** We may use or disclose health information to remind you about appointments.
- **Business Associates:** There are some services provided in our organization through contracts with independent contractors who, for the purposes of HIPAA, are considered HRH's "Business Associates".
- **Health Information Exchange -** We participate in a Health Information Exchange (HIE) that allows us to electronically share protected health information with local health care providers that are participating in the HIE to coordinate your care. HIEs are being developed at the hospital, regional, state and national levels so that providers will have prompt access to your records for your care. In the future we may participate in additional HIEs. You have the right and opportunity to decline to participate in a networked HIE.
- **Other Uses and Disclosures That May Be Made Without Written Authorization:** HRH 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 HRH may use and disclose your health information without written authorization. If you have further questions about these instances please contact the Privacy Officer at (215) 856-1148.

As required by law

- Food and Drug Administration if necessary to report product defects or participate in product recalls

- 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 if you are an inmate
- Workers Compensation Agents for care provided for work-related injuries or illness
- Military Command Authorities if required for government functions
- Health Oversight Agencies as required to comply with government health care programs
- 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
- Immunizations to schools required to obtain proof of immunization prior to admitting the student, as long as we have the student's parent or legal representative's agreement

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

**Your Authorization is Required For All Other Uses of Health Information**, unless otherwise now or hereafter permitted by the HIPAA or other applicable Federal, State or Local law, rule or regulation. 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.

Most uses and disclosures of psychotherapy notes, uses and disclosures of Protected Health Information for marketing purposes, and disclosures that constitute a sale of Protected Health Information require an 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:

- **Inspect and Copy:** You have the right to inspect and obtain a paper or electronic (if record is maintained in an electronic format) copy of certain health information. We may charge you a reasonable cost-based fee.
- **Amend:** You have the right to request we amend your health information that is incorrect or incomplete. We are not required to comply with your request. We will include in your record a document you prepare indicating you disagree with or are clarifying your health record.
- **Confidential Communication** You have the right to request we communicate with you through confidential means, on paper or electronically, or at an alternate location or phone number.
- **An Accounting of Disclosures:** You have the right to request a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why. We do not have to account for disclosures for treatment, payment, health care operations, and certain other disclosures (such as those you asked us to make).
- **Right to Receive Notice of a Breach.** You have the right to be notified promptly if a breach occurs that may have compromised the privacy and security of your information.
- **Right to Request Restrictions to a Health Plan.** If you paid out-of-pocket, in full, for a specific item or service received you have the right to request a restriction on disclosure to your health plan with respect to that item or service.
- **Request Restrictions:** You have the right to request a restriction on the uses and disclosure of your health information. We are not required to comply with your request.
- **A Copy of This Notice:** You have the right to a paper or electronic copy of this notice.
- **Complaints** – If you feel we have violated your privacy rights you may contact our Privacy Officer at Holy Redeemer Health System, 521 Moredon Rd. Huntingdon Valley, PA 19006, or by email to [sglogowski@holyredeemer.com](mailto:sglogowski@holyredeemer.com) or by calling 215-856-1148. You may also file a complaint in writing with the Secretary of the Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W. Washington, D.C. 20201, or by calling 1-877-696-6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).
- **We will not retaliate against you for filing a complaint**

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We are required to comply with this Notice.
- We are required to provide you a copy of this Notice.
- We reserve the right to change this notice at any time. The changes will apply to all information we have about you. The current notice will be posted in all HRH facilities and include the effective date. If the Notice has been materially revised since your last encounter we will offer you a copy of the updated Notice.

**Holy Redeemer Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.**

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-215-947-3000 (TTY: 1-800-654-5988).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-215-947-3000 (TTY : 1-800-654-5988)