



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. Please review it carefully. If you have any questions about this notice, contact the Sisters of Providence Health System’s Privacy Officer.

WHO WILL FOLLOW THIS NOTICE

This notice describes the Sisters of Providence Health System’s practices and those of:

- Any health care professional authorized to enter information into your hospital medical record.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other hospital personnel.
- All affiliates and subsidiaries such as Mercy Medical Center, Providence Behavioral Health Hospital, Brightside for Families and Children, Weldon Rehabilitation Hospital, Sisters of Providence Care Centers, Inc., Mercy Home Care, Life Laboratories and the Sisters of Providence Health System’s Departments.
- All these persons, entities, sites, and locations follow the terms of this notice. In addition, these persons, entities, sites, and locations may share medical information with each other for treatment, payment, or hospital operations purposes as described in this notice.

OUR PLEDGE REGARDING MEDICALINFORMATION

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.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, 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, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken hip 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. We also may 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, clergy, or others we use to provide services that are part of your care, such as therapists or physicians.

For Payment

We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received at the hospital so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We also may disclose information about you to another health care provider, such as another hospital, for their payment activities concerning you.

For Health Care Operations

We use and disclose medical information for our health care operations, which at Sisters of Providence Health System includes internal administration and planning and various activities that improve the quality and cost effectiveness for the care that we deliver to you. 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 may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, students, and other personnel for review and learning purposes. We may also disclose medical information to other providers that have a relationship with you for purposes of quality improvement, peer review and other activities. We may also call you by name in a waiting room. We may use or disclose your information, as necessary, to contact you to remind you of an appointment. We will share your information with third party “business associates” that perform various activities (e.g. billing, transcription, software assistance) for the health system. Whenever an arrangement between our office and a business associate involves use or disclosure of your medical information, we will have a written agreement that contains terms that will protect the privacy of your information.

Treatment Alternatives

We may use and disclose medical information to tell you about or recommend different ways to treat 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

We may use medical information about you to contact you in an effort to raise money for the Sisters of Providence Health System and its operations. We may disclose medical information to a business partner or a foundation related to the hospital so that the business partner or the foundation may contact you in raising money for the hospital. We only would release contact information, such as your name, address and phone number, and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fundraising efforts, you must notify the hospital’s Privacy Officer in writing.

Hospital Directory

Unless you tell us otherwise, we may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition and your religious affiliation. 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, such as a priest or rabbi, even if they don’t ask for you by name. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing.

If you do not want anyone to know this information about you, if you want to limit the amount of information that is disclosed, or if you want to limit who gets this information, you must notify the hospital’s Privacy Officer in writing or indicate your preference on the Sisters of Providence Health System’s Patient Directory Instructions Form that you will receive when you are registered.

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. This would include persons named in any durable health care power of attorney or similar document provided to us. 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 so that your family can be notified about your condition, status, and location. You can object to these releases by telling us that you do not wish any or all individuals involved in your care to receive this information. If you are not present or cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.

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.

USE OR DISCLOSURE REQUIRING YOUR AUTHORIZATION

Marketing

Subject to certain limited exceptions, your written authorization is required in cases where we receive any direct or indirect financial remuneration in exchange for making the communication to you which encourages you to purchase a product or service or for a disclosure to a third party who wants to market their products or services to you.

Research

We will obtain your written authorization to use or disclose your PHI for research purposes when required by HIPAA. However, we may use or disclose your PHI without your specific authorization if the research approval process of our Institutional Review Board (“IRB”) has waived the authorization requirement. The IRB is a committee that oversees and approves research involving living humans.

Sensitive PHI

Federal and state laws require special privacy protections for certain highly confidential information about you. This includes PHI: (1) maintained in psychotherapy notes; (2) documenting mental health and developmental disabilities services; (3) regarding drug and alcohol abuse, prevention, treatment and referral; (4) relating to HIV/AIDS testing, diagnosis or treatment and other sexually transmitted diseases; and (5) genetic testing. Generally, we must obtain your written authorization to release this type of information. However, there are limited circumstances under the law when this information may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.

Sale of PHI

Subject to certain limited exceptions, disclosures that constitute a sale of PHI requires your written authorization.

Other Uses and Disclosures

Any other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You may revoke that authorization in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your authorization.

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. We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

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 Activities

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 to cancer registries or other similar registries;
- To report deaths;
- 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; and
- 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.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, 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 lawful 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.**

Law Enforcement

We may release medical information if asked to do so by a law enforcement official:

- As required, or as restricted by law for the particular care given by the facility;
- 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, for example, to identify a deceased person or determine the cause of death. We may also release medical information about deceased patients of the hospital to funeral directors as necessary to carry out their duties upon the request of the patient’s family.

Aversion of a Serious Threat to Health or Safety

We may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if we, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of anyone, or is necessary for law enforcement authorities to identify or apprehend an individual who was involved in a violent crime or who has escaped from a correctional institution or from lawful custody.

Specialized Government Functions

We may disclose medical information to units of the government with special functions, such as U.S. military or the U. S. Department of State for intelligence.

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; (3) for the safety and security of the correctional institution; or (4) to obtain payment for services 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 copy 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 and other mental health records under certain circumstances, or any records which are restricted, and may not be released as a matter of law and/or without your physician’s permission (please see the **Right to Deny** section).

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Hospital’s Privacy Officer or his/her designate. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. If you agree, we may provide you with a summary of the discharge information instead of a copy of the complete record. Before providing you with such a summary, we first will obtain your agreement to pay the fees, if any, for preparing the summary.

Right to Deny

We may deny your request to inspect and copy your medical information in certain very limited circumstances, such as when your physician determines that for medical reasons this is not advisable or by law as noted above. 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 do what this person decides.

Right to an Electronic Copy of Electronic Medical Records

If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Security Breach

We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breach of your Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days after we discover the breach. “Unsecured Protected Health Information” is Protected Health Information that has not been made unusable, unreadable, and undecipherable to unauthorized users. The notice will give you the following information:

- A short description of what happened, the date of the breach and the date it was discovered;
- The steps you should take to protect yourself from potential harm from the breach;
- The steps we are taking to investigate the breach, mitigate losses, and protect against further breaches; and
- Contact information where you can ask questions and get additional information.

If the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach in a major print or broadcast media.

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, your request must be made in writing and submitted to the Hospital’s Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request 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.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of some of the disclosures we made of medical information about you that were not specifically authorized by you in advance.

To request this list or accounting of disclosures, you must submit your request in writing to the Sisters of Providence Health System’s Privacy Officer or his or her designate. 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, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

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 also have the right to request a limitation on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

Right to Request Restrictions to a Health Plan

You have the right to request a restriction on disclosure of your PHI to a health plan (for purposes of payment or health care operations) in cases where you paid out of pocket, in full, for the items received or services rendered.

We are not required to agree to 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 make your request in writing to the Sisters of Providence Health System’s Privacy Officer or his or her designate. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Confidential Communications

You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at alternative locations. For example, you can ask that we only contact you at work or by mail, or at another mailing address, besides your home address. We must accommodate your request, if it is reasonable. You are not required to provide us with an explanation as to the reason for your request. Contact the Privacy Officer if you require such confidential communications.

Right to 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.

To obtain a paper copy of this notice, request a copy from the Sisters of Providence Health System’s Privacy Officer in writing.

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 on the first page, in the top right-hand corner, 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.)

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 Corporate Compliance/Privacy Officer, 413-748-9708. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

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. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

Sisters of Providence Health System

Corporate Compliance/Privacy Officer
271 Carew Street, P.O. Box 9012
Springfield, MA 01102-9012

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