You have the following rights regarding the medical information about you. We may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if we, in good faith, believe the 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 will disclose your PHI regarding government functions such as military, national security and intelligence activities, if authorized by law. We will use and disclose PHI to the Department of Veterans Affairs to determine whether you are eligible for certain benefits.

**Immunizations.** We will disclose proof of immunization to a school where the state or other similar law requires it prior to admitting a student.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official.

**V. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

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

**Right to Inspect and Copy.** You have the right to access, to inspect and to copy your PHI as long as we maintain the data. Usually, this includes medical and billing records, but does not include psychotherapy notes and other mental health records under certain circumstances. To inspect and copy your PHI, you must submit your request in writing to the Health Information Management Department of the hospital or other entity. You will be charged a reasonable copying fee in accordance with applicable federal or state law.

You also have the right to request access to your PHI in electronic format in cases where we utilize electronic health records. You may also access information via patient portal if made available by Mercy Home Health.

We may deny your request to inspect and copy your PHI in certain very limited circumstances such as when your physician determines that for medical reasons this is not advisable. If you are denied access to your PHI, you may request that the denial be reviewed.

**Right to Amend.** If you feel that the PHI 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 we maintain the data.

To request an amendment, your request must be in writing and submitted to the Health Information Management Department. We will comply with your request unless we believe that the information to be amended is accurate and complete or other special circumstances apply.

**Right to an Accounting of Disclosures.** You have a right to receive an accounting of the disclosures of your PHI that we have made, except for the following disclosures:

- To carry out treatment, payment or health care operations;
- To you;
- To persons involved in your care;
- For national security or intelligence purposes; or
- Involved in a legal action or law enforcement official.

You must submit your request for an accounting of disclosures in writing to the Health Information Management Department. Your request must state a time period which may not be longer than six years. In any given 12-month period, we will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

**Right to Request Restrictions.** You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

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 Privacy Officer. 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 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 healthcare operations in cases where you paid out of pocket, in full, for the items received or services rendered.

**Right to Confidential Communications.** You may request and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations. Contact the Privacy Officer if you require such confidential information.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices upon request.

**VI. BREACH OF UNSECURED PHI**

If a breach of unsecured PHI affecting you occurs, Mercy Home Health is required to notify you of the breach.

**VII. SHARING AND JOINT USE OF YOUR HEALTH INFORMATION**

In the course of providing care to you and in furtherance of Mercy Home Health’s mission to improve the health of the community, we will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

**Medical Staff.** The medical staff and Mercy Home Health participate together in an organized health care arrangement to deliver health care to you. Both Mercy Home Health and medical staff have agreed to abide by the terms of the Notice with respect to PHI created or obtained as part of the delivery of health care to you by Mercy Home Health. Physicians and allied health care professionals who are members of Mercy Home Health’s medical staff will have access to and use your PHI for treatment, payment and healthcare operations purposes related to your care within Mercy Home Health. We will disclose your PHI to the medical staff and allied health professionals for treatment, payment and health care operations.

**Membership in Trinity Health.** Mercy Home Health and members of Trinity Health participate together in an organized health care arrangement for utilization review and quality assessment activities. We have agreed to abide by the terms of this Notice with respect to PHI created or received as part of utilization review and quality assessment activities of Trinity Health and its members. Members of Trinity Health will abide by the terms of their own Notice of Privacy Practices in using your PHI for treatment, payment or healthcare operations. As a part of Trinity Health, a national Catholic health care system, Mercy Home Health and other hospitals, nursing homes, and health care providers in Trinity Health share your PHI for utilization review and quality assessment activities of Trinity Health, the parent company, and its members. Members of Trinity Health also use your PHI for your treatment, payment to Mercy Home Health and/or for the health care operations permitted by HIPAA with respect to our mutual patients.

Please go to Trinity Health’s websites for a listing of member organizations at trinity-health.org. Or, alternatively, you can call your Privacy Official to request the same.

**Business Associates.** We will share your PHI with business associates and their Subcontractors contracted to perform business functions on Mercy Home Health’s behalf, including Trinity Health which performs certain business functions for Mercy Home Health.

**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 the PHI 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 and other subsidiaries and on our web site at mercyhealth.org.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Liaison.

You may also report a complaint on the Mercy Home Health compliance hotline at 866-477-4861.

You will not be retaliated against for filing a complaint.

**NOTICE OF PRIVACY PRACTICES**

This notice describes how the medical information about you may be used and disclosed and how you can get access to this information. Please read carefully.

Effective Date: April 14, 2003
Revised: May 24, 2019

If you have any questions about this notice, please contact the hospital’s Privacy Officer at: 610-567-6702.
Mercy Home Health is required by the Health Insurance Portability and Accountability Act of 1996, and the Health Information Technology for Economic and Clinical Health Act (found in Title XIII of the American Recovery and Reinvestment Act of 2009) (collectively “HIPAA”) to provide this Notice as to how we will use and disclose medical information about you. We also disclose PHI in connection with our treatment and care for you. We use and disclose PHI as required or permitted by applicable state law. This Notice applies to your PHI in our possession including the following categories:

We may disclose your PHI (also referred to as “PHI”) to persons or organizations that deliver health care to you. For example, we may need to provide your health plan information about treatment you received or will receive so your health plan will pay for services for which you are responsible. We may also disclose your PHI to another provider to whom we transfer your care. For example, we may need to give your health plan information about your treatment so that you can be notified about your condition, status, and location.

For Healthcare Operations. We use and disclose your PHI for our health care operations, which include activities such as preparing patient lists and providing summaries of patient health care information. For example, we may need to provide your health plan information about your general condition (e.g., fair, stable, etc.) in order for our medical staff to stay informed regarding the general condition of patients who are hospitalized. We may also disclose your PHI to other providers that have a relationship with you for purposes of quality improvement, peer review and medical education. We may also call you by name in a waiting room. We may use or disclose 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) as needed to carry out our business functions. We may disclose your PHI to animal owners and handlers, 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 your PHI to other providers that have a relationship with you for purposes of quality improvement, peer review and medical education. We may also disclose your PHI to the police or other law enforcement officials if a crime has occurred.

For Fundraising Activities. We may use information about you to contact you in an effort to raise money for the hospital and other subsidiaries. We may disclose information to a foundation related to the hospital so that they can contact you in an effort to raise money. We may also disclose your PHI to third parties that will contact you in an effort to receive additional information about you. We may disclose your demographic information, the dates you received treatment or services, your treating physician, department of service and outcome information. Any fundraising communication sent to you will let you know how you can exercise your right to opt-out of receiving similar communications in the future.

Hospital Directory. Unless you tell us otherwise, we will include certain limited information about you in the hospital directory while you are an inpatient at the hospital. This information may include your name and the hospital location where you are being admitted. We may disclose your name and the hospital location to a person who is visiting or calling you at the hospital who needs to know your name and hospital location to provide you with the services you have requested. We may disclose your name and hospital location to a person who needs to know your name and hospital location to provide you with the services you have requested.

We will disclose PHI about you to the police or other law enforcement officials if a crime has occurred.

For Public Health Oversight or Safety. We may use and disclose PHI for public health activities or to avert a serious threat to health and safety of a person or the public. We may also disclose PHI to an authorized person for research purposes when appropriate safeguards are in place and the authorization provided to us.

For Organ and Tissue Donation. We may disclose PHI to an organ procurement organization or entity for organ, eye or tissue donation purposes.

For Research. We may obtain your authorization to use or disclose your PHI for research purposes when required or permitted by law. We will only use or disclose PHI for research purposes when (1) an institutional review board (IRB) or other similar independent dispute resolution mechanism approves research involving 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 a payment of a cash deposit or other financial arrangements; (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 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 require your written authorization.

Other Uses and Disclosures. Any other uses and disclosures not covered above are permitted by law. If state or federal 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.

IV. SPECIAL SITUATIONS

Organ and Tissue Donation. We will disclose PHI to an organ procurement organization or entity for organ, eye or tissue donation purposes.

Public Health Oversight or Safety. We may use and disclose PHI for public health activities or to avert a serious threat to health and safety of a person or the public. We may also disclose PHI to an authorized person for research purposes when appropriate safeguards are in place and the authorization provided to us.

Law Enforcement Purposes. We will disclose your PHI to the police or other law enforcement officials as required by law, such as identifying a criminal suspect or criminal.

Required by Law. We will disclose PHI about you when required by federal, state or local law. Examples include disclosures in response to a court order or subpoena, mandatory state reporting (e.g. gunshot wounds, violation of probation, criminal abuse or neglect, information necessary to comply with other laws such as workers’ compensation or similar laws. We will report drug diversion to the appropriate state agency and will forward information concerning violations of or non-compliance with applicable laws, rules and regulations, to law enforcement and regulatory agencies.

Coroners, Medical Examiners, and Funeral Directors. We may disclose PHI to a coroner, medical examiner or funeral director for the purpose of determining the cause of death. We may also disclose PHI to a coroner or funeral director for the purpose of determining the cause of death. We may disclose PHI to the police or other law enforcement officials if a crime has occurred.

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 without your authorization to purchase a product or service for or as 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 or permitted by law.

Payment. We may use and disclose your PHI so that the treatment and services you receive from the agency may be billed to and payment may be collected from your health plan. For example, we may need to provide your health plan information about your treatment so that you can be notified about your condition, status, and location.

More Stringent State and Federal Laws. The Commonwealth of Pennsylvania law is more stringent than HIPAA in several areas. Certain federal laws also are more stringent than HIPAA. Mercy Home Health will continue to abide by these more stringent state and federal laws.

A. More Stringent Federal Laws. The federal laws include applicable internet privacy laws, such as the Children’s Online Privacy Protection Act and the Family Educational Rights and Privacy Act. State law is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also requires more stringent data record protection rules and regulations.

B. More Stringent State Laws. State law is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also requires more stringent data record protection rules and regulations.

I. WHO WILL FOLLOW THIS NOTICE

This Notice applies to the delivery of health care by all Mercy Home Health subsidiaries. It applies to:

- Any healthcare professional authorized to enter information into your medical record.
- All departments and units of the hospitals and other subsidiaries.
- Any member of a volunteer group we allow to help you.
- All employees, staff, students and others Mercy Home Health personnel.

Mercy Home Health and Trinity Health, a cathedrals healthcare system with facilities located in multiple states throughout the United States, follow the terms of this notice. Mercy Home Health subsidiaries are subject to the Clinical Health Act (found in Title XIII of the American Recovery and Reinvestment Act of 2009) and federal laws.

Mercy Home Health is required by the Health Insurance Portability and Accountability Act of 1996, and the Health Information Technology for Economic and Clinical Health Act (found in Title XIII of the American Recovery and Reinvestment Act of 2009) (collectively “HIPAA”) to provide this Notice as to how we will use and disclose medical information about you.

We use and disclose PHI as required or permitted by applicable state law. This Notice applies to your PHI in our possession including the following categories:

We may disclose your PHI to doctors, nurses, technicians, students, and other personnel for review and learning purposes. We may also disclose your PHI to other providers that have a relationship with you for purposes of quality improvement, peer review and medical education. We may also disclose your PHI to the police or other law enforcement officials if a crime has occurred.

For Public Health Oversight or Safety. We may use and disclose PHI for public health activities or to avert a serious threat to health and safety of a person or the public. We may also disclose PHI to an authorized person for research purposes when appropriate safeguards are in place and the authorization provided to us.

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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 not covered above are permitted by law. If state or federal 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.

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