V YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Listed below are your rights regarding your PHI. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a written request to the Mercy LIFE Program. At your request, the Mercy LIFE Program will supply you with the appropriate form to complete. You have the right to:

**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 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 LIFE.

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.** You have the right to request amendment of your PHI maintained by the Mercy LIFE Program for as long as the information is kept by or for the Mercy LIFE Program. Your request must state the reason for the requested amendment.

We may deny your request for amendment if the information (a) was not created by the Mercy LIFE Program, unless the originator of the information is no longer available to act on your request; (b) is not part of the PHI maintained by or for the Mercy LIFE Program; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by the Mercy LIFE Program.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

**Right to Accounting of Disclosures.** You have a right to receive an accounting of the disclosures of your PHI that we have made. This is a listing of disclosures made by the Mercy LIFE Program or by others on our behalf, but does not include disclosures for treatment, payment and health care operations, disclosures made pursuant to your Authorization, and certain other exceptions.

Your written request must include a time period that is within six years from the date of your request. 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. We will limit disclosures outside the Mercy LIFE Program (except for disclosures to CMS and the PA Department of Public Welfare, the State licensing Agency and in accordance with your written request). We will grant requests to restrict use of protected PHI within the Mercy LIFE Program if they are reasonable and can be accommodated. 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 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.

**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, the Mercy LIFE 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 LIFE’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 LIFE participate together in an organized health care arrangement to deliver health care to you. Both Mercy LIFE and medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care to you by Mercy LIFE. Physicians and allied health care professionals who are members of Mercy LIFE’s medical staff will have access to and use your PHI for treatment, payment and health care operations purposes related to your care within Mercy LIFE. 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 LIFE 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 LIFE 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 LIFE and/or for the health care operations permitted by HIPAA with respect to our mutual patients.

Please go to Trinity Health’s website 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 LIFE’s behalf, including Trinity Health which performs certain business functions for Mercy LIFE.

**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.

**IX. FOR FURTHER INFORMATION OR TO FILE A COMPLAINT**

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Medical Records Department at your site.

If you believe that your privacy rights have been violated, you may file a complaint in writing with the Mercy LIFE Program or with the Office of Civil Rights in the U.S. Department of Health and Human Services.

You may also report a complaint on the Mercy LIFE compliance hotline at 866-477-4661.

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
Mercy LIFE is required by the Health Insurance Portability and Accountability Act of 1996, and the PHI Technology for Economic and Clinical Health Act (found in Title XIII of the American Recovery and Reinvestment Act of 2009) (collectively referred to as “HIPAA”), as amended from time to time, to maintain the privacy of individually identifiable patient PHI (this information is “protected PHI”) and is referred to herein as “PHI”). We are required to provide patients with a Notice of Privacy Practices regarding PHI. We will only use or disclose your PHI as permitted or required by applicable state law.

This Notice applies to our use and disclosure of your PHI for purposes of enrollment, eligibility and payment under the Mercy LIFE program as well as our use and disclosure of your PHI for purposes of providing you with treatment under the Mercy LIFE program.

Mercy LIFE and Trinity Health, a Catholic health-care system with facilities located in multiple states throughout the United States, follow the terms of this Notice to protect PHI that we may disclose to other persons involved in your care, including doctors, other health professionals, and insurance companies. This Notice applies with respect to all of our facilities located in this state and within the state of Pennsylvania.

I. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. 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 the categories below.

A. More Stringent Federal Laws. The federal laws include the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act and the Patient Protection and Affordable Care Act, which require us to create this Notice of Privacy Practices. These laws provide for standards for certain federal health information exchanges. The HIE is functioning as our business associate. We have entered into a contract with the HIE requiring it to comply with these laws.

B. More Stringent State Laws. State law also is more restrictive when the health information being disclosed is PHI regarding government oversight of the health care system. As a condition of enrollment, we will require you to sign a release permitting the disclosure of health care services provided to you (e.g., avoids unnecessary duplicate testing). The electronic health information exchange ("EHI") operates in this state we will share your health records electronically with the exchange for the purposes of improving the overall quality of health care services provided to you (e.g., avoids unnecessary duplicate testing). The electronic health information exchange includes the following types of information: (1) clinical health information, such as information provided to us by your treating physician, department of public health, state or local governmental agencies, or contracts for services to you.

C. A. More Stringent Federal Laws. The federal laws also are more stringent than HIPAA. Mercy LIFE will continue to abide by these more stringent state and federal laws.

D. A. More Stringent Federal Laws. The federal laws also are more stringent than HIPAA. Mercy LIFE will continue to abide by these more stringent state and federal laws.

II. USE OR DISCLOSURE REQUIRING YOUR AUTHORIZATION

A. More Stringent Federal Laws. The federal laws also are more stringent than HIPAA. Mercy LIFE will continue to abide by these more stringent state and federal laws.

B. More Stringent State Laws. State law also is more restrictive when the health information being disclosed is PHI regarding government oversight of the health care system. As a condition of enrollment, we will require you to sign a release permitting the disclosure of health care services provided to you (e.g., avoids unnecessary duplicate testing). The electronic health information exchange ("EHI") operates in this state we will share your health records electronically with the exchange for the purposes of improving the overall quality of health care services provided to you (e.g., avoids unnecessary duplicate testing). The electronic health information exchange includes the following types of information: (1) clinical health information, such as information provided to us by your treating physician, department of public health, state or local governmental agencies, or contracts for services to you.

C. A. More Stringent Federal Laws. The federal laws also are more stringent than HIPAA. Mercy LIFE will continue to abide by these more stringent state and federal laws.

D. A. More Stringent Federal Laws. The federal laws also are more stringent than HIPAA. Mercy LIFE will continue to abide by these more stringent state and federal laws.

III. USE OR DISCLOSURE REQUIRING YOUR AUTHORIZATION

A. More Stringent Federal Laws. The federal laws also are more stringent than HIPAA. Mercy LIFE will continue to abide by these more stringent state and federal laws.

B. More Stringent State Laws. State law also is more restrictive when the health information being disclosed is PHI regarding government oversight of the health care system. As a condition of enrollment, we will require you to sign a release permitting the disclosure of health care services provided to you (e.g., avoids unnecessary duplicate testing). The electronic health information exchange ("EHI") operates in this state we will share your health records electronically with the exchange for the purposes of improving the overall quality of health care services provided to you (e.g., avoids unnecessary duplicate testing). The electronic health information exchange includes the following types of information: (1) clinical health information, such as information provided to us by your treating physician, department of public health, state or local governmental agencies, or contracts for services to you.