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 will disclose your PHI regarding government functions such as military, national security and intelligence activities, to an entity 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 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 and copy 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 Fitzgerald.

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 made 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 violent crime or who has escaped from a correctional institution or from lawful custody.

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 more 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 ask us 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 the purposes of payment or health care 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 Fitzgerald 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 Fitzgerald’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 Fitzgerald participate together in an organized health care arrangement to deliver health care to you. Both Mercy Fitzgerald and medical staff have agreed to abide by the terms of this Notice with respect to PHI concerning the health care to be provided to you by Mercy Fitzgerald. Physicians and allied health care professionals who are members of Mercy Fitzgerald’s medical staff will have access to and use your PHI to participate in your care to the extent permitted by law and as necessary to provide medical services to you. Members of Mercy Fitzgerald and medical staff have agreed to abide by the terms of the 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 and medical staff have agreed to 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 Fitzgerald 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 and its members. Members of Trinity Health also use your PHI for their treatment, payment to Mercy Fitzgerald and/or for healthcare operations. As a part of Trinity Health, a national Catholic health care system, Mercy Fitzgerald 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 and its members. Members of Trinity Health also use your PHI for their treatment, payment to Mercy Fitzgerald and/or for healthcare operations.

Changes to This Notice. We reserve the right to change this Notice. We will post a copy of the current notice in the hospital and other subsidiaries and on our website at mercyhealth.org.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with the hospital, contact the Privacy Liaison.

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

You will not be retaliated against for filing a complaint.

If you have any questions about this notice, please contact the hospital’s Privacy Officer at: 610-567-6702.
Mercy Fitzgerald 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 referred to as “PHI” by law) to maintain the privacy of individually identifiable patient health information (this information is “protected health information”) and is referred to here as “PHI Provider” or “Mercy Fitzgerald.” If you are hospitalized, we also may disclose your PHI to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy and pastime care, nursing homes, home health agencies or others we use to provide services that are part of your care, such as therapists or physicians. We may also use and disclose your PHI to you about treatment alternatives or other health-related benefits or services that may be of interest to you.

For Payment, we may use and disclose your PHI so that the treatment and services you receive from the hospital may be billed to and payment may be collected from insurance companies or other third parties. For example, we may need to give your health plan information about treatment you received or will receive so your health plan will pay us or reimburse you for the treatment. We may also disclose your PHI to another provider or organization so our provider, such as a physician, for payment purposes. For example, we may need to give your health plan information about treatment you received or will receive so your health plan will pay us or reimburse you for the treatment. We may also disclose your PHI to another provider or organization so our provider, such as a physician, to help you.

For Treatment. We may use and disclose your PHI for our health care operations, which at Mercy Fitzgerald includes internal administration and planning and various activities that improve the quality and cost effectiveness of the care we provide. For example, we may use your PHI 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 or supplies the hospital or one of its facilities should purchase, 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 other activities. We may also call you by name in a waiting room. We may use or disclose your information without your consent or authorization if we believe that disclosure of the information is needed to prevent or lessen a serious or imminent threat to the health or safety of an individual or the public, to notify a family member or friend about your condition, status, location or death, for research purposes and to a coroner or medical examiner.

We may disclose PHI to a coroner, or medical examiner, for example, a doctor treating you for a broken hip may ask for you by name. This is so your family, friends, or other personnel who are involved in your care. For example, we may need to give your health plan information about your condition, status, location or death, for research purposes and to a coroner or medical examiner.

We may use and disclose your PHI to a friend or family member who is involved in or paying for your medical care. This would include persons named in any directive you may have signed. In these situations, we may only disclose PHI that is directly related to the person or the situation. We may disclose PHI to your employer or insurance company, if you are a patient who is self-employed and have signed a HIPAA authorization for this purpose.

We may disclose your PHI to your family, friends, or other personnel who are involved in your care. For example, we may use your PHI 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 or supplies the hospital or one of its facilities should purchase, 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 other activities. We may also call you by name in a waiting room. We may use or disclose your information without your consent or authorization if we believe that disclosure of the information is needed to prevent or lessen a serious or imminent threat to the health or safety of an individual or the public, to notify a family member or friend about your condition, status, location or death, for research purposes and to a coroner or medical examiner.

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