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.

Right to Amend. You have the right to request an amendment of the information we maintain about you. To request an amendment, your request must state a reason why you believe the information is incomplete or inaccurate, and you must provide evidence to support your request. You will be charged a reasonable copying fee for preparing the accounting.

Right to Inspect and Copy. You have the right to inspect and 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.

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.

Medical Staff. The medical staff and Mercy Philadelphia participate together in an organized health care arrangement to deliver health care to you. Both Mercy Philadelphia and medical staff 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. 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 Philadelphia and other hospitals, nursing homes, and health care providers in Trinity Health share your PHI for utilization review and quality assessment activities. We have agreed to abide by the terms of this Notice with respect to PHI for treatment, payment or healthcare operations permitted by HIPAA with respect to our mutual patients.

If you have any questions about this notice, please contact the hospital's Privacy Officer at: 610-567-6702.

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 Philadelphia compliance hotline at 866-477-4661.

You will not be retaliated against for filing a complaint.

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: November 5, 2014
Mercy Philadelphia 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”) to protect personally identifiable health information (information is “protected health information” and is referred to herein as “PHI”) that we create, receive, use, or disclose in connection with 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 your PHI in our possession including the medical records database and any other record in which we may maintain protected health information. Mercy Philadelphia understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly to describe how we will use and disclose your PHI.

I. WHO WILL FOLLOW THIS NOTICE

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

• Any pharmaceutical 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 other Mercy Philadelphia personnel.

Mercy Philadelphia and Trinity Health, a catholic healthcare system with facilities located in multiple states throughout the United States, follow the terms of this notice. This notice applies to all locations, entities, services, and facilities that disclose PHI about you. Mercy Philadelphia uses and discloses PHI as described in this notice.

A. Collection

PHI is personally identifiable health information. As used in this notice, protected health information (PHI) includes medical information, including health information in electronic health records.

B. Use or Disclosure of PHI

We may use and disclose your PHI so that we may:

1. Treat you.
2. Bill for services and/or collect payment for services.
3. Apprise you of treatment alternatives or other health-related benefits or services that may be of interest to you.
4. 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 your insurance company, or a third party.
5. For Research: We may use and disclose PHI without your written authorization for research, for example, to develop new treatments are effective. We may also disclose PHI for research purposes as described in this notice.
6. 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 Mercy Philadelphia to solicit gifts that the hospital may receive as a result of your giving.
7. Health Information Exchange: If a statewide or regional health information exchange (“HIE”) operates electronically with the exchange for the purposes of improving the overall quality of health care services provided to you. We may use and disclose PHI to participating electronic health records will include sensitive diagnosis such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse records. The HIE is our business associate and, in acting on our behalf, the HIE will transmit, maintain and store your PHI for treatment, payment and health care operations purposes. The HIE has a duty to implement administrative, physical and technical safeguards that protect the confidentiality of your medical information.
8. Organ and Tissue Donation: We will disclose PHI about deceased patients to funeral directors, coroners, medical examiners, organ procurement organizations, and tissue banks.
9. Law Enforcement

In certain cases, we may disclose PHI without your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.

IV. 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. We may not use or disclose a product or service or for a disclosure to a third party who wants to market your products or services to you.

Research. We will obtain your written authorization to use and disclose your PHI for research purposes as 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 human subjects.

Sustainable. 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 and treatment or other sexually transmitted diseases. 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 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 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 or safety of a person or class of persons or to public health agencies. Examples include disclosures of PHI to state investigators regarding quality of care or to public health agencies regarding immunizations, communicable disease, or health department inspections.

Law Enforcement Purposes. We will disclose PHI to law enforcement officers or other law enforcement officials if required by law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

Required by Law. We will disclose PHI about you when required by federal, state or local laws. Examples include disclosures in response to a court order / subpoena, mandatory state reporting (e.g. gunshot wounds, victims of child abuse or neglect), or information necessary to comply with other laws such as workers’ compensation or Medicare/Medicaid requirements.

Coroners, Medical Examiners, and Funeral Directors. We may disclose PHI to coroners, medical examiners or funeral directors for example, to identify a deceased person or determine the cause of death. We may also disclose PHI about deceased patients to funeral directors, consistent with applicable law and as necessary to carry out their duties.

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