Aversion of a Serious Threat to Health or Safety.

We may, consistent with applicable law and the 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 as 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 request, in writing, copies of 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 Nazareth.

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 lawsuit or legal action.

We will make the accounting in writing and will provide it to you for a period of 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 (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, Nazareth 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 Nazareth’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 Nazareth Hospital participate together in an organized health care arrangement to deliver health care to you. Both Nazareth and medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivering health care to you by Nazareth. Physicians and allied health care professionals who are members of Nazareth’s medical staff will have access to and use your PHI for purposes related to your care within Nazareth. We will disclose your PHI to the medical staff and allied health professionals for treatment, payment and health care operations.

Membership in Trinity Health. Nazareth Hospital 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, Nazareth 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 Nazareth 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 Officer to request the same.

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

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 Nazareth 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: November 5, 2014

If you have any questions about this notice, please contact the hospital’s Privacy Officer at: 610-567-6702.
Nazareth Hospital 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) to effectively inform you of our Privacy Practices. We are required to abide by the Privacy Practices that Nazareth understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly as we will use and disclose your PHI.

I. WHO WILL FOLLOW THIS NOTICE

This Notice applies to your PHI in our possession including the information we create or receive, maintain, or disclose in connection with your care while you are hospitalized, we also may disclose your PHI 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.

II. USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU

The categories describe different ways that we use and disclose medical information. For example, a doctor may use this information to plan your treatment or to tell 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 an insurance company, or a third party. 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 to whom we have referred you and who receives payment for services provided to you.

For Healthcare Operations. We use and disclose your PHI for our healthcare operations, which at Nazareth Hospital includes internal administration and planning and various activities that improve the quality and cost of the care we deliver to you. 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 we should or should not do. However, we will not use or disclose services that are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, students, and other personnel involved in your care and learning activities. 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 information, including facility information, 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, shredding, typing and insurance assistance).

Funding 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 the foundation can develop and fundraise. 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 a hospital directory that is available to the public. The directory may contain your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to organizations (e.g., clergy) that perform various activities that improve the quality and cost of the care we deliver to you. 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 and know how you are doing. You have the right to request that your name not be included in the directory by indicating your preference on the Patient Consent Form or notifying the Privacy Officer in writing. If you opt-out of the facility directory, we cannot inform visitors of your presence, location or general condition. We may also disclose facility directory information to the media (excluding religious affiliation) if the media requests information about you using your name and after we have given you an opportunity to agree or object.

Individuals Involved in Your Care or Payment for Your Care. We may 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 durable power of attorney or HIPAA authorization for release of information that you sign. We may also disclose your PHI to a person that you (or someone authorized to act on your behalf) designates in a patient authorization, or to a person at your request who is involved in your care or payment for your care. We may also disclose your PHI to your health plan so that we can arrange for appropriate meals. If you are hospitalized, we also may disclose your PHI to the dietitian if you have diabetes or need to tell the dietitian if you have diabetes or need to tell the dietitian if you have diabetes.

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. Nazareth 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 federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

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 is more restrictive when the records are more protected from disclosure by state law than under HIPAA.

Health Information Exchange. If a statewide or regional health information exchange (“HIE”) 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. You may ask us to limit disclosures to the HIE. We may also disclose your electronic health records will include sensitive diagnoses such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse information.

Sale of PHI. PHI is the protected health information stored or maintained by Nazareth Hospital and Nazareth Hospital subsidiaries. It applies to:

• All Nazareth Hospital subsidiaries.
• Nazareth Hospital and Trinity Health, a catholic institution.
• Nazareth Hospital includes internal administration and planning and various activities that improve the quality and cost of the care we deliver to you. 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 we should or should not do. However, we will not use or disclose services that are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, students, and other personnel involved in your care and learning activities. 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 information, including facility information, 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, shredding, typing and insurance assistance).

Funding 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 the foundation can develop and fundraise. 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 a hospital directory that is available to the public. The directory may contain your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to organizations (e.g., clergy) that perform various activities that improve the quality and cost of the care we deliver to you. 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 and know how you are doing. You have the right to request that your name not be included in the directory by indicating your preference on the Patient Consent Form or notifying the Privacy Officer in writing. If you opt-out of the facility directory, we cannot inform visitors of your presence, location or general condition. We may also disclose facility directory information to the media (excluding religious affiliation) if the media requests information about you using your name and after we have given you an opportunity to agree or object.

Individuals Involved in Your Care or Payment for Your Care. We may 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 durable power of attorney or HIPAA authorization for release of information that you sign. We may also disclose your PHI to a person that you (or someone authorized to act on your behalf) designates in a patient authorization, or to a person at your request who is involved in your care or payment for your care.

III. 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 the communication to you of commercial health insurance or other products or services or for a disclosure to a third party who wants to market products or services to you.

Research. We will obtain your written authorization to use and 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 disease testing.

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. Examples include disclosures of PHI to state investigators regarding quality of care or to public health agencies regarding immunizations, communicable disease prevention or disease control.

Public Health Oversight or Safety. We may use or disclose PHI so that we can identify, trace, prevent or control disease or even threats to health or safety. We may disclose PHI to state authorities for the purpose of preventing or controlling disease or health dangers in the public interest.

Law Enforcement Purposes. We will disclose PHI to the police or other law enforcement officials or agencies as required by applicable 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 law. 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 regulations and reporting of communicable diseases.

Coroners, Medical Examiners, and Funeral Directors. We may disclose PHI to a coroner, medical examiner, funeral director or other person for the purpose of identifying you or determining the cause of death. We may disclose PHI to an individual who is appointed as a personal representative for the purpose of obtaining payment for funeral expenses or other financial measures.

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.

We will disclose PHI to the police or other law enforcement officials or agencies as required by applicable 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 law. 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 regulations and reporting of communicable diseases.

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