



**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

Each time you visit a hospital, a physician, or another health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your medical record, serves as the following:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care that you received.
- Means by which you or a third-party payer can verify that you actually received the services for which you were billed.
- Tool in medical education.
- Source of information for public health officials charged with improving the health of the regions they serve.
- Tool to assess the appropriateness and quality of care that you received.
- Tool to improve the quality of health care and achieve better patient outcomes.

Understanding what is in your medical records and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about authorizing disclosure to others.
- Better understand the health information rights detailed below.

As a health care provider, St. Francis Hospital, Inc. uses confidential personal health information about patients, referred to below as protected health information (“PHI”). We protect the privacy of this information, and it is also protected from disclosure by state and federal law. In certain specific circumstances, pursuant to patient consent, authorization or applicable laws and regulations, PHI can be disclosed to other parties. Below are categories describing these uses and disclosures, along with some examples to help you better understand each category.

Although your health records are the physical property of the health care provider who completed it, you have rights with regard to the information contained therein.

#### **Who Will Follow This Notice:**

This notice describes our hospital’s practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of the hospital.

- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff, and other hospital personnel.
- All St. Francis Hospital, Inc. affiliates, i.e. The Bradley Center, The Heart Institute, Home Medical Equipment, Health Dynamics, The Women’s Center, The Outpatient Center, Franciscan Woods, St. Francis Foundation, and Health Matters Resource Center will follow the terms of this notice. In addition, these entities may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

#### **How St. Francis Hospital, Inc. May Use and Disclose Your PHI:**

**For treatment.** We may use and disclose PHI in the course of providing, coordinating, or managing your medical treatment. These types of uses and disclosures occur between physicians, nurses, medical students, and other health care professionals who provide you health care services or are otherwise involved in your care. For instance, if you are being treated by a primary care physician, that physician may need to use/disclose PHI to a specialist physician whom he or she consults regarding your condition or to a nurse who is assisting in your care. We may also provide your physician or subsequent health care provider with copies of medical information to assist with continuation of care after discharge.

**For payment.** We may use and disclose PHI in order to bill and collect payment for the health care services provided to you. This may include providing PHI to your health plan to determine whether your plan will cover services you have received. For example, we may need to give PHI to your health plan, third party payer, and/or Center for Medicare and Medicaid Services (CMS) or its intermediaries and carriers in order to be reimbursed for the services provided to you. We may also disclose PHI to its business associates or those of other health care professionals who provide you health care services or are otherwise involved in your care under an organized healthcare arrangement, such as billing companies, claims processing companies, and others that assist in processing health claims.

**For health care operations.** We may use and disclose PHI as part of our operations, including for quality assessment and improvement, such as evaluating the treatment and services you receive and the performance of our staff in caring for you, provider training, underwriting activities, compliance activities, planning and development, and management and administration. We may disclose PHI to doctors, nurses, technicians, medical students, attorneys, consultants, accountants, and others for review and learning purposes, to help make sure we are complying with all applicable laws, and to help us continue to provide health care to our patients at a high level of quality. Uses and disclosures may occur for the maintenance and reporting of disease registry to include reporting to state and national agencies, as well as providing follow-up information to the same agencies.

**As required by law and law enforcement.** We may use or disclose PHI when required to do so by applicable federal, state, or local law. We also may disclose PHI when ordered to do so in a judicial or administrative proceeding.

**For public health activities and public health risks.** We may disclose PHI for public health activities. These activities generally include the following, but are not limited to, prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; provide notification of recalls of products you may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notify the appropriate authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**For health oversight activities.** We may disclose PHI to the government for oversight activities authorized by law, such as audits, investigations, inspections, licensure, or disciplinary actions, and other proceedings, actions or activities necessary for monitoring the health care system, government programs, and compliance with civil rights laws.

**Coroners, medical examiners, and funeral directors.** We may disclose PHI to coroners, medical examiners, and funeral directors for the purpose of identifying a decedent, determining a cause of death, or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.

**Organ, eye, and tissue donation.** We may release PHI to organ procurement organizations to facilitate organ, eye, and tissue donation and transplantation.

**To avoid a serious threat to health or safety.** We may use and disclose PHI to law enforcement personnel or other appropriate persons to prevent or lessen a serious threat to the health or safety of a person or the public.

**Specialized government functions.** We may use and disclose PHI of military personnel and veterans under certain circumstances. We may also disclose PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities, and for the provision of protective services to the President or other authorized persons or foreign heads of state or to conduct special investigations.

**Workers' compensation.** We may disclose PHI to comply with workers' compensation or other similar laws.

**Fundraising activities.** Your PHI may be used to raise money for St. Francis Hospital, Inc. The money raised in connection with these activities would be used to expand and support our provision of health care and related services to the community. If you do not want to be contacted as part of these fundraising activities, please notify the St. Francis Hospital, Inc. Foundation in writing.

**Appointment reminders; Health-related benefits and services.** We may use and disclose your PHI to contact you and remind you of an appointment or to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you.

**Uses and Disclosures To Which You Have An Opportunity to Object:** You will have the opportunity to object to these categories of uses and disclosures of PHI that we may make:

**Patient directories.** Unless you object, the main campus will use some of your PHI to maintain a directory of individuals in its facility. This information will include your name, your location in the facility, your general condition, and your religious affiliation, and the information may be disclosed to members of the clergy or (except for your religious affiliation) to other persons who ask for you by name (including the media).

Occasionally a member of the hospital staff may visit you while you are a patient at St. Francis Hospital, Inc.

**Condolences.** Unless you object, SFH may use some of your PHI to send condolences to your family.

**Disclosures to individuals involved in your health care or payment for your health care.** Unless you object, we may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care. We may also notify those people about your location or condition.

**Other authorized uses and disclosures.** Other types of uses and disclosures of your PHI not described above will be made only with your written authorization, which, with some limitations, you have the right to revoke in writing.

**Changes to this Notice.** We are required by law to maintain the privacy of your PHI, to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to abide by the terms described in this notice. We reserve the right to change the terms of this notice and of our privacy policies, and to make the new terms applicable to all of the PHI we maintain. Before we make an important change to the privacy policies, the notice will promptly be revised and a new notice will be posted in all Registration Departments.

#### **Your Health Information Rights:**

- You may request that we restrict the use and disclosure of your PHI. We are not required to agree to any restrictions you request, but if we do so we will be bound by the restrictions to which we agree except in emergency situations. Any such request should be submitted in writing to the Compliance Manager.
- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Compliance Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- Generally, you have the right to inspect and copy your PHI that we maintain, provided that you make your request in writing to the Compliance Manager. Within thirty (30) days of receiving your request, we will inform

you of the extent to which your request has or has not been granted. In some cases, we may provide you a summary of the PHI you request if you agree in advance to such a summary and any associated fees. If you request copies of your PHI or agree to a summary of your PHI, we may impose a reasonable fee to cover copying, postage, and related costs. If we deny access to your PHI, we will explain the basis for denial and your opportunity to have your request and the denial reviewed by a licensed health care professional designated as a reviewing official. If we do not maintain the PHI you request, we will tell you how to redirect your request to the proper entity.

- If you believe that your PHI we maintain contains an error or needs to be updated, you have the right to request that it be amended or supplement your PHI. Your request must be made in writing to the Compliance Manager, and it must explain why you are requesting an amendment to your PHI. Within sixty (60) days of receiving your request, we will inform you of the extent to which your request has or has not been granted. We generally can deny your request if your request relates to PHI: (i) not created by St. Francis Hospital, Inc. such as an ambulance report; (ii) that is not part of the records St. Francis Hospital, Inc. maintains; (iii) that is not subject to being inspected by you; or (iv) that is accurate and complete. If your request is denied, we will provide you a written denial that explains the reason for the denial and your rights to: (i) file a statement disagreeing with the denial; (ii) if you don't file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and our denial attached; and (iii) complain about the denial.
- You generally have the right to request and receive a list of the disclosures of your PHI made at any time during the six (6) years prior to the date of your request (provided that such a list would not include disclosures made prior to **April 14, 2003**). The list will not include those uses and disclosures to which you have already agreed, such as those: (i) for treatment, payment, and health care operations; (ii) authorized by you; (iii) for the patient directory or to persons involved in your health care; (iv) for national security or intelligence purposes; or (v) to correctional institutions or law enforcement officials. You should submit any such request to the Compliance Manager, and within sixty (60) days of receiving your request, we will respond to you regarding the status of your request. We will provide the list to you at no charge however, subsequent requests received within a 12-month period will be charged a fee of \$20 per year(s) requested, up to a maximum of six (6) years.
- You have the right to receive a paper copy of this notice upon request, even if you have agreed to receive this notice electronically. You can receive a copy of this notice at our Web site [www.wecareforlife.com](http://www.wecareforlife.com). A paper copy of this notice can be obtained at any Registration area.

**Complaints.** You may complain to us if you believe your privacy rights with respect to your PHI have been violated by contacting the Compliance Manager and submitting a written complaint to the address below. We will in no manner penalize you or retaliate against you for filing a complaint regarding our privacy practices. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services.

If you have any questions about this notice, please contact the Compliance Manager by mailing your request to the Release of Information Office, Attn: Compliance Manager, P. O. Box 7000, Columbus, GA. 31908 or you may call (706) 596-4000, extension 5657.

**Effective Date: February 2003**