

WHO WILL FOLLOW THIS NOTICE

This notice describes Washington Hospital's (the "Hospital", also referred to as "we") practices and that of:

- Any health care professional authorized to enter information into your Hospital chart.
- 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, students, contracted personnel and other approved Hospital personnel.
- The following entities, sites and locations follow the terms of this notice and may share medical information with each other for treatment, payment or hospital operations purposes as described in this notice: The Washington Hospital, the Washington Hospital Foundation, and Washington Healthcare Services, Inc.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. In order to provide you with quality care and to comply with legal requirements, we create a record of the care and services you receive at the Hospital. This notice applies to all of the records of your care generated by the Hospital, whether made by Hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created and maintained in the doctor's own office or clinic.

This notice provides the ways in which the Hospital may use and disclose your medical information. It also describes your rights and certain Hospital obligations regarding use and disclosure of your private medical information.

The Hospital is required by law to:

- safeguard your medical information;
- give you this notice of our legal duties and privacy practices with respect to your medical information;
- follow the terms of this notice that is currently in effect; and
- provide an updated notice, upon request, and post the most current notice in admissions/registrations areas.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways which we "use" and "disclose" your medical information. Each category is followed by an explanation and in some instances an example. For purposes of this notice, the term "use" refers to medical information that is used within The Washington Hospital, or one of the Hospital's related entities listed above for your treatment, hospital operations, or the payment of your care. The term "disclose" refers to medical information that is given to outside entities for one of the purposes described in this notice. Whether your medical information is used or disclosed, the use or disclosure will fall within one of the categories listed below and will only be used in the minimal amount necessary to carry out the stated purpose.

The term "may" means that the Hospital is permitted under federal law to use or disclose this information without obtaining an additional or specific authorization from you to do so. Even though the Hospital may be permitted to use or disclose information in a given instance, it does not mean that we will disclose the information. We will still try to assure that any use or disclosure is in your interest or is consistent with practices in the health care field.

➤ **For Treatment** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Hospital-approved personnel who are involved in taking care of you at the Hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the Hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the Hospital who may be involved in your medical care after you leave the Hospital, such as family members, clergy or others we use to provide services that are part of your care.

➤ **For Payment** We may use and disclose medical information about you so that the treatment and services you receive at the Hospital or related services (for example, ambulance and physician services) may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the Hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

➤ **For Health Care Operations** We may use and disclose medical information about you for Hospital operations. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you, including disclosures to third parties for patient satisfaction surveys and other quality management measures. We may also combine medical information about many Hospital patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Hospital-approved personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care

delivery without learning who the specific patients are.

- **Appointment Reminders** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Hospital.
- **Treatment Alternatives** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services** We may use and disclose medical information to tell you about health-related benefits or services that may be related to your treatment.
- **Fundraising Activities** We may use contact information such as your name, address, phone number, and the dates you received treatment or services at the Hospital to contact you in an effort to raise money for the hospital. We may disclose this contact information to The Washington Hospital Foundation so that the Foundation may contact you in raising money for the Hospital. If you do not want the Hospital or the Foundation to contact you for fundraising efforts, you must notify the Privacy Officer in writing.
- **Marketing Activities** We may use protected health information for the purpose of describing entities or providers participating in a health care network, for your treatment, for case management or care coordination, to recommend alternative therapies for an individual, or to inform you of the hospital's health-related products and services or general health promotions. We will not use or disclose protected health information for the purpose of marketing non-hospital products or services without your authorization. We will not sell or distribute your private health information to third parties who do not have a relationship with the Hospital. For instance, unless we obtained an authorization from you, we would not release information about pregnant women to baby formula manufacturers or magazines, or provide patient lists to pharmaceutical companies for those companies' drug promotions.
- **Hospital Directory** We may include certain limited information about you in the Hospital directory while you are a patient at the Hospital. This information may include 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 people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the Hospital and generally know how you are doing. You may request to be excluded from the Patient Directory or Clergy List upon registration or admission.
- **Individuals Involved in Your Care or Payment for Your Care** We may disclose medical information about you to one of your family members, to other relatives or close personal friends or to any other person identified by you, but we will only disclose information which we feel is relevant to that person's involvement in your care

or the payment of your care. If you are feeling well enough to make decisions about your care, we will follow your directions as to who is sufficiently involved in your care to receive information. If you are not present or cannot make these decisions, we will make a decision based on our experience as to whether it is in your best interest for a family member or friend to receive private health information or how much information they should receive. Obviously, we are more inclined to provide more information to close family members than to friends.

We may also disclose information to disaster relief agencies or to family, friends or others in an effort to locate or identify family members or personal representatives.

- **Research** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Hospital. In certain situations, we are required to ask your specific permission, such as when the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Hospital.
- **As Required By Law** We will disclose medical information about you when required to do so by federal, state or local law. For instance, the Hospital is obligated to report to public health officials the occurrence of certain communicable diseases, suspected child abuse, or acts of violence such as gunshot wounds.
- **To Avert a Serious Threat to Health or Safety** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose information to law enforcement in order to avert a serious health or safety risk.

SPECIAL SITUATIONS

- **Organ and Tissue Donation** If you are an organ or tissue donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans** If you are a member of the armed forces, we may release medical information

about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- **Workers' Compensation** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks** We may disclose medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government 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.
- **Health Oversight Activities** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The federal government has determined that it must have access to this information to adequately monitor beneficiary eligibility for government programs (for example, Medicare or Medicaid), compliance with program standards, and/or civil rights laws.
- **Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the Hospital; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **Coroners, Medical Examiners and Funeral Directors** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Hospital to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we customarily charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Append and Amend** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to append or amend the information. You have the right to request an amendment for as long as the information is kept by or for the Hospital. If we do not agree to amend your information, you may add a supplemental statement to your records indicating why you believe the information should be changed. We will append or otherwise link your statement to your records. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures** You have the right to request an "accounting of disclosures" for the release of your private health information. This list will account for only those disclosures of information about you that are required by law. Disclosures for treatment, payment, operations and any individual authorizations signed by you do not require tracking.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

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 with 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 Alternative Communications** 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 alternative communications, you must make your request in writing to the Privacy Officer. 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.

- **Right to a Paper Copy of This Notice** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our Web site, www.washingtonhospital.org. To obtain a paper copy of this notice, call 724-223-3006.

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 medical information 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. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the Hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the Hospital, contact the Privacy Officer. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Summary of The Washington Hospital Notice of Privacy Practices

You have the right to:

1. **Obtain a copy of the Notice of Privacy Practices upon request.** This document explains your privacy rights and how your information may be used by the hospital.
2. **Request a restriction on certain uses and disclosures of your information.** We are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
3. **Inspect and request a copy of your health record.** We may deny your request under very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another health care professional chosen by someone on our health care team. We will abide by the outcome of that review. There is a fee for this service.
4. **Request an amendment to your health record.** We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the information was not created by our health care team, is not part of the information kept by our facility, is not part of the information which you would be permitted to inspect and copy, and if the information is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your health record.
5. **Obtain an accounting of disclosures of your health information.** The accounting will only provide information about disclosures made for purposes other than treatment, payment or health care operations.
6. **Request communication of your health information by alternative means or locations.** Your request must be in writing, and the hospital may deny your request if it is not practical.
7. **Provide the hospital with a signed authorization.** This document will be used to disclose your health information for other reasons besides treatment, payment, and operations.
8. **Revoke your authorization.** You may request in writing to revoke your authorization to use or disclose health information except to the extent that action has already been taken.
9. **Complain about any aspect of our health information practices to us or to the Department of Health and Human Services of the United States.** You can file a complaint with us and expect an investigation and explanation by calling or writing: The Washington Hospital Privacy Officer, 155 Wilson Avenue, Washington, PA 15301. You can file a complaint to the Dept. of Health and Human Services by addressing your written complaint to: Secretary, Dept. of Health and Human Services.

The hospital's obligations to you are:

1. **To provide written notice of how The Washington Hospital uses and discloses your health information.** This notice of Privacy Practices will explain your privacy rights.
2. **That your health information will not be used for marketing activities.**
3. **That only the minimum necessary information will be used and disclosed except for treatment activities.**
4. **To protect your health information with Business Associates.** The hospital will have written agreements with vendors and suppliers who require your health information.
5. **To use and disclose your protected health information for treatment, payment, hospital operations, and to satisfy all state, federal, law enforcement and oversight reporting requirements.**

NOTICE OF PRIVACY PRACTICES AT THE WASHINGTON HOSPITAL

Effective Date: April 14, 2003

Revised Date: July 1, 2004

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.

If you have any questions about this notice, please contact the Hospital's Privacy Officer at (724) 223-3006 or write to The Washington Hospital, Attn: Privacy Officer, 155 Wilson Avenue, Washington, PA, 15301.



**The Washington Hospital
155 Wilson Avenue
Washington, PA 15301
(724) 225-7000**