



## **JOINT NOTICE OF PRIVACY PRACTICES**

### **CLARION HOSPITAL**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

When this Notice refers to "we" or "us," it is referring to Clarion Hospital, the members of its Medical Staff (including your physician(s)), and other health care providers affiliated with the Hospital. This Notice applies only to protected health information created or obtained in connection with medical care provided to you in the Hospital. It does not apply to care provided to you in your physician's office or in the office of any other health care provider. If you have not previously visited your physician's office, upon your next visit you should receive that physician's Notice of Privacy Practices as it relates to his or her own office practice.

This Notice describes how we will use and disclose your health information in the Hospital. The policies outlined in this Notice apply to all of your health information generated by us in the Hospital, whether recorded in your medical record, invoices, payment forms, videotapes or other ways. Similarly, these policies apply to the health information gathered from other organizations by any health care professional, employee or volunteer who participates in your care.

#### **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

1. Neither state nor federal law requires you to provide your written authorization before we may internally use your protected health information, except for certain limited situations, such as marketing and research. In those situations, we will ask you to provide your written authorization. We will obtain your written authorization before disclosing your protected health information outside of the Hospital, unless such disclosures are otherwise required by law.

For illustrative purposes, the following list identifies the purposes for which we may use your protected health information without your authorization. This list also provides examples of the purposes for which we may need or wish to disclose your protected health information outside of the Hospital (with written authorization to be obtained from you in appropriate situations):

- a. Uses or disclosures for purposes relating to treatment, payment and health care operations:



i. Treatment. We may use or disclose your health information for the purpose of providing, or allowing others to provide, treatment to you or any other individual. An example would be if your physician discloses your health information to another doctor for the purposes of a consultation. Also, we may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

ii. Payment. We may use and/or disclose your health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for payment for health care services provided to you.

iii. Health Care Operations. We may use and/or disclose your information for the purposes of our day-to-day operations and functions. We may also disclose your information to another covered entity to allow it to perform its day-to-day functions, but only to the extent that we both have a relationship with you or if we are part of an "organized health care arrangement" with the other entity, such as the hospitals where our physicians practice. For example, we may compile your health information, along with that of other patients, in order to allow us to review that information and make suggestions concerning how to improve the quality of care.

We have agreed, to the extent permitted by law, to share your protected health information among ourselves for purposes of treatment, payment or health care operations. This enables us to better address your health care needs.

- b. To create material(s) that originally had any identifying information concerning you deleted from the final material(s);
- c. When required by law, such as the reporting of gunshot wounds;
- d. For public health purposes;
- e. To disclose information about victims of abuse, neglect, or domestic violence;



- f. For health oversight activities, such as audits or civil, administrative or criminal investigations;
- g. For judicial or administrative proceedings;
- h. For law enforcement purposes;
- i. To assist coroners, medical examiners or funeral directors with their official duties;
- j. To facilitate organ, eye or tissue donation;
- k. For certain research projects that have been evaluated and approved through a research approval process that takes into account patients' need for privacy;
- l. To avert a serious threat to health or safety;
- m. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes; and
- n. For workers' compensation purposes, as permitted by law.

2. We may also use or disclose health information created or obtained in connection with your care in the Hospital in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

- a. Directories. In the Hospital, we may maintain a directory of patients that includes your name and location within the facility, your religious designation, and information about your condition in general terms that will not communicate specific medical information about you. Except for your religion, we may disclose this information to any person who asks for you by name. We may disclose all directory information to members of the clergy.
- b. Notifications. We may disclose to your relatives or close personal friends health information that is directly related to that person's involvement in the provision of, or payment for, your care. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location and general condition or death, and to Organizations that are involved in those tasks during disaster situations.



3. The following categories of information receive special protection under state law, and will be used and disclosed only as allowed by state law:

- a. HIV-related Information;
- b. Records of mental health treatment;
- c. Substance abuse records;

4. If you are under 18 years of age, your parent or guardian will control access to, and disclosure of, your health information, subject to the provisions of this Notice, with the following exceptions:

- a. **Communicable Diseases.** If you are being diagnosed or treated for a sexually transmitted disease or any other disease or condition that we are required by law to report to the government or health authorities, you (the minor) will control access to, and disclosure of, your health information that is related to that diagnosis or treatment.
- b. **Mental Health.** If you are over 14 years of age, and you are able to understand the nature of your mental health records and the purpose of releasing them, you will control access to, and disclosure of, the health information related to your mental health treatment.

You may revoke your authorization to use or disclose your protected health information at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

## **YOUR RIGHTS**

1. To Request Restrictions. You have the right to request restrictions on the use and disclosure of your health information for treatment, payment or health care operations purposes or notification purposes. We are not required to agree to your request. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Contact Person listed on the final page of this Notice.

2. To Limit Communications. You have the right to receive confidential communications about your own health information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only via e-mail, or at work rather than home. To request communications via alternative means or at alternative



locations, you must submit a written request to the Contact Person listed on the final page of this Notice. All reasonable requests will be granted.

3. To Access and Copy Health Information. You have the right to inspect and copy all information contained in your medical record, unless access is specifically restricted by your attending physician for medical reasons. If access is denied for medical reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing. Access may also be denied if the federal Privacy Act applies, with such denials not subject to appeal. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to the Contact Person listed on the last page of this Notice. If you request copies, you will be charged our regular fee for copying and mailing the requested information.

4. To Request Amendment. You may request that your health information be amended. Your request may be denied if the information in question: was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), is not part of our records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is inaccurate and complete. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates. Requests to amend health information must be submitted in writing to the Contact Person listed on the final page of this Notice.

5. To an Accounting of Disclosures. You have the right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request. However, the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to April 14, 2003, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time



covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Contact Person listed on the final page of this Notice.

6. To a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice upon request.

## **OUR DUTIES**

1. We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices.
2. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted at our offices, and will be available from us upon request.

## **COMPLAINTS**

You can complain to us and to the Secretary of the federal Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with us, please file a written complaint with the Contact Person set forth below. This Contact Person will also provide you with further information about our privacy policies upon request. No action will be taken against you for filing a complaint.

## **DESIGNATED CONTACT PERSON:**

CHRISTINE FITZSIMMONS

814-226-1284

One Hospital Drive  
Clarion, PA 16214

**Effective: April 14, 2003**