HERITAGE VALLEY HEALTH SYSTEM

Notice of Privacy Practices for Protected Health Information

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

PLEASE REVIEW THIS CAREFULLY

Heritage Valley Health System (HVHS) CONTINUES TO BE COMMITTED TO PROTECTING THE PRIVACY OF YOUR MEDICAL AND BUSINESS INFORMATION. It has been our practice not to disclose your medical information for any purpose without your written authorization. We are now required by law to provide you with this statement to inform you in writing how your medical information will be used and disclosed.

Protected Health Information, or PHI, is defined by the federal government as, individually identifiable health information that is or has been electronically maintained, electronically transmitted by a covered entity, or information when it takes any other form. PHI is a part of health information, including demographic information, collected from the individual and is created or received by a healthcare provider, relates to past, present, or future health or condition of the individual or payment for the provision of care. PHI identifies the individual directly or allows that the individual can generally be identified. Covered entity is defined as a healthcare provider who transmits any health information in electronic form.

We are required by law to maintain the privacy of your protected health information and to provide you with this Notice of our legal duties and privacy practices. HVHS is required by law to follow the terms of this Notice. HVHS reserves the right to change the terms of the Notice and to make any revision or correction to this Notice as permitted by law. If we make a change to this Notice, we will provide you with a new Notice of Privacy Practices.

Following any revisions made to this Notice, these changes may be made available through distribution of the revised Notice by posting the revised Notice in HVHS facilities and on the HVHS website.

How your Medical Information May Be Used and Disclosed:

- HVHS will use and disclose your medical information as part of providing patient care. For example, your medical information will be used by the healthcare professionals providing your care, by the business office to bill for the services provided, and by selected care and quality employees who review medical information to assure quality and medical necessity of services provided.
- HVHS may use or disclose your health information without your authorization as required by law, such as certain health-related benefits and services that may be of interest to you.
- During inpatient treatment at an HVHS facility, the hospitals and consulting physicians are considered an Organized Health Care Arrangement (OHC). This means related health information can be shared for purposes of treatment, payment, or healthcare operations.
- Unless you object, while an inpatient or outpatient of HVHS, and with the exception of behavioral health patients, HVHS will:
  - Include general information, including your name, location in the hospital, your condition described in general terms, and your religious affiliation in a list or directory of individuals located in the facility where you are hospitalized. This information, except for the religious affiliation, will be released to family members or other close personal friends who are responsible for your care. Your religious affiliation may be given to members of the clergy, even if you request that your religious affiliation not be released.
  - Disclose to family members, other relatives or close personal friends who are responsible for your care the medical information directly relevant to that person’s involvement with your care.
- Use or disclose your medical information to notify a family member or personal representative of your location, general condition, or death.
- HVHS may also:
  - Disclose your medical information to a public or private entity for purposes of coordinating with that entity to assist in disaster relief efforts.
  - Use or disclose your medical information for public health activities, including the reporting of disease, injury, viral events, and the conduct of public health surveillance, investigation, and intervention.
  - Disclose medical information when required by a court order.
  - Disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits, inspections, investigations, licensure or disciplinary actions, administrative and /or legal proceedings.
  - Disclose your medical information in the course of certain judicial or administrative proceedings.
  - Disclose your medical information for law enforcement purposes or other specialized government functions.
  - Disclose your medical information to a coroner, medical examiner, or funeral director.
  - If you are an organ donor, disclose your medical information to an organ donation organization.
  - Disclose your medical information for certain research purposes.
  - Disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or the public.
- HVHS will use your medical information as authorized by laws relating to workers’ compensation or similar programs.
- You may contact us to raise funds for the hospital.

Your Rights Regarding Your Medical Information:

Your rights related to your medical information are as follows:

- You have the right to receive communications from HVHS in a confidential manner.
- You have the right to inspect and obtain a copy of your medical information. This right is subject to certain specific exceptions. You will be charged a fee for any copies of your medical information.
- You have the right to request an amendment to your medical information. HVHS may deny your request for certain specific reasons. If HVHS denies your request a written explanation for the denial and information on further rights will be provided to you.
- You have the right to receive an accounting of the discloses of your medical information made by HVHS for six years prior to your request, effective after April 14, 2003. By law, disclosures for treatment, payment, health care operations, and certain other specific purposes are exempt from accounting.
- If you do not wish to be contacted for fundraising efforts, you may notify us in one of three ways.
  - In writing: Heritage Valley Health Systems Foundations, 420 Rouser Road, Suite 162, Moon Township, PA, 15108
  - By calling: 412-749-7121
  - By e-mailing: foundation@hvhs.org
- You have the right to receive a paper copy of HVHS Notice of Privacy Practices for Protected Health Information. You have the right to submit a complaint to HVHS and/or to the United States Department of Health and Human Services if you believe HVHS has violated your privacy rights. To complaint to HVHS, please contact HVHS Privacy Officer by calling (724) 773-8344 or by writing to HVHS Privacy Officer, The Medical Center, Beaver, 1600 Dutch Ridge Road, Beaver, PA, 15009.

How your Medical Information May Be Used and Disclosed:

- HVHS participates in Health Information Exchanges (HIE). Generally, an HIE is an organization that regional hospitals, physicians, and other healthcare providers participate in to exchange patient information in order to facilitate health care, avoid duplication of services (such as tests), and prevent medical errors. Participating in an HIE will reduce the likelihood that medical error will occur. By participating in the HIE, HVHS may share your health information with other providers or participants of other health information exchanges, by example FIM (Fenway/Inova Patient & Provider Network) and Healthway (a national network that allows providers to exchange information). This health information could include, but is not limited to:
  - Test Results. By example, the following tests and results: laboratory including microbiology, pathology, radiology/diagnostic imaging, GI, cardiac, neurological
  - Health Maintenance documentation
  - Problem list documentation
  - Allergy list documentation
  - Immunization profiles
  - Medication list
  - Progress notes
  - Consultation notes
  - Discharge instructions
  - Inpatient operative reports
  - Emergency Room visit discharge summary notes
  - Urgent Care visit progress notes
  - Clinical Claims Information
- Ancillary health-related services providers may include, but are not limited to:
  - Organ procurement
  - Diagnostic testing
  - Pathology
  - Pharmacy
  - Durable Medical Equipment Suppliers
  - Home Health Services
  - Telemedicine
  - Clinical Laboratory

All Participating Providers have agreed to a set of standards relating to its access, sharing, use and disclosure of health information available through the HIE. These standards are intended to comply with all applicable state and federal laws. As a result, you understand and agree that unless you notify your healthcare provider that you do not wish for your health information to be available through the HIE (“Opt-Out”):

- Health information that results from any Participating Provider providing services to you will be made available through the HIE. For clarity, if you Opt-Out, your health information will no longer be accessible through the HIE. However, your opt-out does not affect health information that exists prior to the time you opted-out.
- Regardless of whether you choose to opt-out of the HIE, your health information will still be provided to the HIE. However, if you choose to Opt-Out, the HIE will not exchange your health information with other providers. Additionally, you cannot choose to have certain providers access your health information.
- All Participating Providers who provide services to you will have the ability to access your information. However, Participating Providers that do not provide services to you will not have access to your information; Information available through the HIE may be provided to others as necessary for referral, consultation, treatment and/or the provision of other treatment-related healthcare services to you. This includes providers, pharmacies, laboratories, etc.
- Your information may be used to disclose protected related activities associated with your treatment by a Participating Provider, and your information may be used for healthcare operations-related activities by Participating Providers.
- You may Opt-Out at any time by calling an Opt-Out form from the registration staff at your point of service in one of two ways:
  - In setting: Heritage Valley Health System, Medical Records – Release of Information, 1600 Dutch Ridge Road, Beaver, PA, 15009
  - By writing: Opt-Out

By mailing: Please allow (2) business days for the processing of your Opt-Out request.

A list of HIE Participating Providers may be found at: www.heritagevalley.org/hie

This Notice is effective as of April 1, 2003.