

MEADVILLE MEDICAL CENTER AND SUBSIDIARIES

Notice of Privacy Practices

PURPOSE: HIPAA Legal Compliance

Meadville Medical Center (MMC) will provide all patients with a Notice of Privacy Practices and offer them an opportunity to object to certain disclosures, as required by the HIPAA privacy regulations.

Upon being offered or receiving the Privacy Notice, the patient or designee will be asked to provide a signature indicating that they have been offered and/or have received the Notice of Privacy Practices. This signed statement will be a part of the medical record. If the patient refuses to sign, that fact will be recorded.

In emergency situations, or when a patient is otherwise unable to provide a signature, the Notice of Privacy Practices will be given to the patient's representative (for example, an accompanying family member) or will be presented to the patient as soon as possible.

There are two situations in which MMC may disclose PHI only if the patient is first given an opportunity to object: (1) disclosure to family members, friends or others who will be involved in the care of the patient; and (2) listing of the patient in the MMC directories. These options will be explained to patients in the Notice of Privacy Practices. If a patient notifies an MMC staff member that he or she would like opt out these disclosures, the staff member shall notify the patient's nurse, who shall cause the Opt Out Form to be printed (from FormFast Downtime - Nursing Misc - Opt Out) and presented to the patient for signature. The form will then be forwarded to the Nursing Supervisor or Admission/Registration Department staff member for appropriate action.

NOTICE OF PRIVACY PRACTICES

This Notice describes how Meadville Medical Center (MMC) and the professionals who care for patients at MMC may use and disclose information about you. It also describes how you can access your health information, **PLEASE READ IT CAREFULLY.**

When we refer to "Meadville Medical Center" or "MMC" in this Notice, we mean Meadville Medical Center, the Mind-Body Wellness Center, the Yolanda G. Barco Oncology Institute, Vernon Place, Community Health Services, the Hospice of Crawford County and all of the offices of physicians employed by Meadville Medical Center. These organizations are affiliated with one another, abide by the same confidentiality policies, and may share information about their patients with each other while performing their day to day business and health care functions.

MMC and the practitioners who have been appointed to its Medical Staff or granted clinical privileges share information about you to help us jointly offer health care services to you. The professionals who care for you at MMC agree to abide by this Notice while caring for you at MMC facilities. This Notice does not, however, apply to those practitioners when they are practicing in their own offices or in any non-MMC facility.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

A. PERMITTED WITHOUT ASKING YOU FIRST

Sometimes, we are permitted or required to use or disclose information about you without asking you first. These situations include:

Treatment. We may use or disclose your protected health information for the purpose of providing, or allowing others to provide, treatment to you or any other individual.

Examples. Your primary care physician may disclose your health information to another doctor for the purposes of a consultation.

MMC contacts you with appointment reminders or information about treatment alternatives or other health-related benefits and Services that may be of interest to you.

Payment. We may use and/or disclose your protected health information to help us and other providers get paid for health care Services that were provided to you.

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.

Health Care Operations. We may use and disclose your information for the purposes of our day-to-day operations and functions. We may also disclose your information to another organization that also has a relationship with you and which is bound by the same federal laws that regulate patient privacy, to allow that organization to perform its day-to-day functions related to quality assessment.

Example. We may compile your protected health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at this facility.

We may contact you as part of our effort, to raise funds for MMC. All such communications will include information about how you may opt out of future fundraising communications.

Other. We may use and disclose your information for a variety of other purposes:

1. To create material(s) that originally had any identifying information concerning you deleted from the final material(s);
2. To create materials that have most of the identifying information about you deleted from the final materials, to allow other entities to conduct research, public health, or health care operation activities;
3. When required by law;
4. For public health purposes;
5. To help victims of abuse, neglect, or domestic violence;
6. For health oversight activities, such as audits or civil, administrative or criminal investigations;
7. For judicial or administrative proceedings;
8. For law enforcement purposes;
9. To assist coroners, medical examiners and funeral directors with their official duties;
10. To facilitate organ, eye or tissue donation;
11. For certain research projects that have been evaluated and approved through a research approval process that takes into account patients' need for privacy;
12. To avert a serious threat to health or safety;
13. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes; and
14. For workers' compensation purposes, as permitted by law.

B. PERMITTED ONLY IF WE ASK YOU FIRST

We may also use or disclose your protected health information in the situations described below. Except as noted below, unless you are having an emergency, we will first offer you the opportunity to object.

Directories. We may maintain a directory of patients that includes your name and location within the facility (for example, "Room 202"), your religious designation, and information about your condition in general terms that will not communicate specific Medical information about you (for example, "Stable" or "Critical"). Except for your religion, we may disclose this information to any person who asks for you by name. All information from the directory can be given to members of the clergy.

Notifications. We may 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 help organizations that are involved in those tasks during disasters (for example, the Red Cross).

To Those Involved in Your Care. We may disclose to your relatives, friends, or anyone else you designate as being involved in your care any protected health information that is directly related to that persons involvement in providing your care or paying for it. Note that if you bring someone with you into the treatment room, we may presume that individual is involved in your care unless you tell us otherwise.

If you are not present to voice your objection to us sharing information with these individuals (for example, a family member presents to pick up your prescription), we will use our professional judgment to decide whether it is in your best interest for us to disclose your health information.

C. PERMITTED ONLY WITH YOUR WRITTEN AUTHORIZATION

Except as listed in (A) and (B) above, any use or disclosure of your information will be made only if you give us your written authorization. Even if you have provided written authorization, you can revoke that permission, unless we have already acted in reliance on it, or if you signed the authorization as a condition of obtaining insurance coverage. Please be aware of the following:

Psychotherapy Notes. Most uses and disclosures of psychotherapy notes require your written authorization. "Psychotherapy notes" are the personal notes of a mental health professional that analyze the contents of conversations during a counseling session. They are treated differently under federal law than other mental health records.

Marketing. Uses and disclosures for marketing require your written authorization. "Marketing" is a communication that encourages you to purchase a product or service. However, it is not marketing if we communicate with you about health-related products or services we offer, as long as we are not paid by a third party for making that communication.

Sales. A disclosure that qualifies as a sale of your health information under federal law may not occur without your written authorization.

D. INFORMATION SUBJECT TO SPECIAL RULES

HIV-related information, records of mental health treatment, substance abuse records, and reportable communicable disease information will be used and disclosed only as allowed by federal and/or state law.

YOUR RIGHTS

A. REQUEST RESTRICTIONS

You have the right to request restrictions on the use/disclosure of your health information for treatment, payment or healthcare operations purposes or notification. MMC is not required to agree to your request, with one exception: If you have paid out of pocket and in full for a health care item or service, you may request that we not disclose your health information related to that item or service to a health plan for purposes of payment or health care operations. If you make such a request, we will not disclose your information to the health plan unless the disclosure is otherwise required by law. If we do agree to a restriction, MMC will abide by that restriction unless the information is needed to provide emergency treatment.

B. OPT OUT

You have the right to opt-out of being included in MMC's patient directory or from having your health information disclosed to a family member, friend, or another family member involved in your care. You can receive a copy of the opt-out disclosure form from the MMC Registration Staff Member or your MMC Nursing professional.

C. CONTACT OPTIONS

You have the right to request that we contact you about your health information by alternative means or at alternative locations. For example, you may designate that we contact you only via email, or at work rather than at home. We will comply with all reasonable requests. To request alternative communications, you must submit a written request to the Guest Services Department.

D. ACCESS TO YOUR HEALTH RECORDS

You have the right to look at and copy any health information that we use to make decisions about you, other than psychotherapy notes, information compiled in anticipation of or for use in civil, criminal, or administrative proceedings, or certain information governed by the Clinical Laboratory Improvement Act. To arrange for access to your records or to receive a copy of your records, you must sign a medical record release form in the Medical Records Department of the Medical Center or the affiliated organization at which you received Services. If you request copies you will be charged our regular fee for copying and mailing the requested information.

Even though you can usually access your record, there are some situations where we can deny access. Access may be denied if you are an inmate at a correctional institution or a participant in an ongoing research program or if the federal Privacy Act applies.

We can also deny access if access is likely to endanger the life or physical safety of you or any other person, if the information makes reference to another person and access by you would be likely to harm that person, or if you are the personal representative of a patient and a health care professional determines that access by you would harm the patient or another person. If access is denied for any of the reasons described in this paragraph, the specific reason for the denial will be provided to you in writing and you may have the decision reviewed by a healthcare professional who did not participate in the original decision.

E. AMEND YOUR HEALTH RECORDS

You may request that your health information be amended. Your request may be denied if the information in question was not created by us, is not part of our records, is not the type of information available to you for copying as delineated above or if the information is accurate and complete. If your request is denied, you may submit a written record stating that you disagree with the denial, which will be kept on file and distributed with all future disclosures of the information to which it relates. A written request to amend health information not to be submitted to the Manager of the Medical Records department.

F. ACCOUNTING OF DISCLOSURES

You have the right to an accounting of any disclosures of your health information made during the six-year period before you made 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 made pursuant to an authorization signed by you, (vii) disclosures that are part of a limited data set, (viii) disclosures that are incidental to another permissible use or disclosure, or (ix) 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 Manager of the Medical Records department or to the subsidiary office manager.

G. NOTICE OF PRIVACY PRACTICES

You have the right to have a paper copy of this notice. You may obtain the most current copy of this Notice by calling Guest Services at 814-333-5580, on MMC website at www.mmchs.org, or by requesting one at the Registration Office, or at any Subsidiary site.

DUTIES OF MMC

A. MMC is required by law to maintain the privacy of your health information and to provide to you this Notice of our legal duties and privacy practices.

B. MMC is required to abide by the terms of this Notice. We reserve the right to change this Notice and to make these changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website, at our subsidiary facilities, and will be available upon request.

C. MMC is required to notify you in writing if we improperly use or disclose your health information in a manner that meets the definition of a "breach" under federal law. Although there are some exceptions, a breach generally occurs when health information about you is not encrypted and is accessed by, or disclosed to, an unauthorized person.

QUESTIONS OR COMPLAINTS

If you believe your privacy rights have been violated, any complaints should be addressed to the Guest Services Department at 814-333-5580. If not resolved to your satisfaction, complaints may be made to the Secretary of the federal Department of Health and Human Services, Civil Rights Division at 1-866-627-7748.



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Effective September 23, 2013
Rev. (11/16)