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 three 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; (2) listing of the patient in the MMC directories; and (3) disclosures to a Health Information Exchange (HIE) that may share your health information with participants having health information exchanges. 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 to opt out of 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, Community Health Services, the Hospice of Crawford County, Primary Care Services, Meadville Physicians Services, and all of the outpatient 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 your 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.

B. PERMITTED ONLY IF WE ASK YOU FIRST
We may 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 person(s) 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.
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. If MMC agrees to your request, it will put the restriction in writing. However, MMC can deny your request if the restriction would be likely to harm you or another person, if the information makes reference to another person and access by you would be likely to harm that person, or if you request a restriction on information that is not part of our records.

B. OPT OUT

You have the right to opt-out of receiving information about MMC’s health plan or health plan services. If you opt-out, MMC will not use or disclose your health information for the purpose of a health plan or health plan services without your written authorization.

C. CONTACT OPTIONS

You have the right to contact us about our policies and practices, to participate in our quality improvement activities, or to receive health education. MMC will also provide you with information about patient information exchanges.

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, you may request a copy of your medical record at the Medical Records Department or to the subsidiary office manager.

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. If you have a disagreement 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 should be submitted to the Director 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 healthcare 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 friend 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.

G. NOTICE OF PRIVACY PRACTICES

You have the right to 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.

Effective September 23, 2013
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