



HAMOT HEALTH FOUNDATION

## NOTICE OF PRIVACY PRACTICES

**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 YOU TRUST YOUR HEALTHCARE TO THE EMPLOYEES AND STAFF AT OUR HAMOT HEALTH FOUNDATION FACILITIES AND OFFICES, WE WANT YOU TO KNOW THAT WE UNDERSTAND THE IMPORTANCE OF YOUR PRIVACY. WE FEEL THAT IT IS NOT ONLY OUR LEGAL DUTY, BUT ALSO A MORAL OBLIGATION, TO SAFEGUARD AND PROTECT YOUR HEALTH INFORMATION.** We will protect the privacy of the health information that we maintain that identifies you, whether it deals with the provision of healthcare to you or the payment for health care. By law, we must provide you with this written Notice about our privacy practices. It explains when, how and why we are permitted to use and disclose your health information. With some exceptions allowed by law, we will avoid using or disclosing any more of your health information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice. This Notice covers the workforce members and Medical Staff members of any and all of the facilities and medical offices within the Hamot Health Foundation system, including:

HAMOT MEDICAL CENTER	HAMOT SPORTS MEDICINE CENTER
HAMOT PRIMARY CARE NETWORK	GREAT LAKES HOME HEALTHCARE
HAMOT DIABETES CARE CENTER	GREAT LAKES HOME HEALTH SERVICES
REGIONAL HEALTH SERVICES	GREAT LAKES HOSPICE
THE IMAGING CENTER	GREAT LAKES HOME MEDICAL
HAMOT HEALTH CONNECTION	HAMOT SECOND CENTURY FUND
HAMOT BREAST HEALTH CENTER	HAMOT HEALTH HOTLINE
BAYSIDE PHARMACY	TRAC

Please note that the physicians of Hamot Medical Center's Medical Staff will follow the privacy practices set forth in this Notice when providing treatment or other services to Hamot Medical Center's patients at our facilities and offices.

We reserve the right to change the terms of this Notice and our privacy practices at any time. Any changes will apply to any of your health information that we already have. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice in public areas of each of our facilities and medical offices. If, at any time, you would like a new copy of the Notice of Privacy Practices that is in effect, you may obtain one at the Information Desk of Hamot Medical Center, at the front desk at any of our offices or facilities, or through your home healthcare provider; or you may contact our Patient Satisfaction Department at (814) 877-3767. You may view and obtain an electronic copy of this Notice on our web site at [www.hamot.org](http://www.hamot.org).

At this time, we would like to answer some questions that you may have about our privacy practices:

### **QUESTION: HOW WILL HAMOT USE AND DISCLOSE MY PROTECTED HEALTH INFORMATION?**

**Answer:** We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different types of permitted uses and disclosures and give you some examples of each.

#### **A. Uses and Disclosures for Treatment, Payment or Healthcare Operations.**

By federal law, we may use and disclose your health information, without having you sign an authorization form, for the following reasons:

##### **1. For Treatment:**

With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may disclose your health information to other healthcare providers who are involved in your care. For example, we may provide certain reports to

your primary care physician so that he/she may oversee your care, or we may need to provide information to a medical equipment supplier to order appropriate equipment for your use. Generally, whenever a doctor speaks with a nurse or pharmacist about a medication that you are taking, it is an example of a use or disclosure of your information for treatment purposes.

## **2. To Obtain Payment for Treatment:**

With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may use and disclose necessary health information in order to bill and collect payment for the treatment that we have provided to you. For example, we may provide certain portions of your health information to your health insurance company, Medicare or Medicaid, in order to be paid for taking care of you. To do this, we will need to provide your health information to the billing company that handles our health insurance claims.

## **3. For Health Care Operations:**

We may, at times, need to use or disclose your health information to run our organization. For example, we may use your health information to evaluate the quality of the treatment that our staff has provided to you. We may also need to provide some of your health information to our accountants, attorneys and consultants in order to make sure that we're complying with law; if this information concerns mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and/or HIV status, we may be further limited in what we provide and may be required to first obtain from you specific authorization.

## **B. Certain Other Uses and Disclosures are Permitted by Federal Law.**

We may use and disclose your health information, without having you sign an authorization form, for the following reasons:

### **1. When a Disclosure is Required by Law, in Judicial or Administrative Proceedings, or by Law Enforcement.**

For example, we may disclose your protected health information if we are ordered to do so by the Court, under a warrant or subpoena, or if a law requires that we report that sort of information to a government agency or law enforcement authorities, such as in the case of a dog bite, suspected child abuse or neglect, or a gunshot wound.

### **2. For Public Health Activities.**

Under the law, we need to report information about certain diseases, about problems with certain medications, and about any births and deaths, to government agencies that collect that information. We may also need to provide some health information to the coroner or a funeral director, if necessary, after a patient's death.

### **3. For Health Oversight Activities.**

For example, we will need to provide your health information if requested to do so by a government agency that oversees a healthcare benefits program like Medicare or Medicaid, when you receive benefits from such a program. We will also need to provide information to government agencies that have the right to inspect our facilities or to investigate healthcare practices.

### **4. For Organ Donation.**

If one of our patients wished to make an eye, organ or tissue donation after their death, we may disclose certain necessary health information to assist the appropriate organ procurement organization.

### **5. For Research Purposes.**

In certain limited circumstances (for example, where it has been approved by an appropriate Privacy Board or an Institutional Review Board under federal law), we may be permitted to use or provide protected health information for a research study.

### **6. To Avoid Harm.**

If one of our physicians or nurses believes that it is necessary to protect you, or to protect another person or the public as a whole, we may provide protected health information to the police or others who may be able to prevent or lessen the possible harm.

### **7. For Specific Government Functions.**

With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may disclose the health information of military personnel or veterans where required by U.S. military authorities. Similarly, we may also be required to disclose a patient's health information when it is required for national security purposes, such as assisting in the investigation of suspected terrorists who may be a threat to our nation.

## **8. For Workers' Compensation.**

We may provide your health information as described under the workers' compensation law, if your condition was the result of a workplace injury for which you are seeking workers' compensation.

## **9. When Requested by a Correctional Facility.**

If you are in the custody of a correctional institution or law enforcement officer, we are permitted to provide your health information at the request of the correctional institution or officer.

## **10. For Appointment Reminders.**

Unless you tell us that you would prefer not to receive them, we may use or disclose your information to provide you with appointment reminders. The appointment reminders may be in the form of a mailing to your home or a telephone call to your home. We will not leave any detailed health information or instructions on any answering machine or with a family member, but will leave a person's name, the name of the office or facility, and a telephone number for you to return the call. If you have any questions or concerns about the type of appointment reminder that you may receive, please feel free to discuss this with your healthcare provider or the staff member assisting you at Registration.

## **11. For Fundraising Activities.**

Hamot Second Century Fund is Hamot's development department whose purpose is to promote the continued advancement of the healthcare services that Hamot is able to offer to our community, through the raising of funds. We may use the demographic information, and the dates of service, that we have about you to contact you for these purposes. If you do not wish to be contacted as part of any fundraising activities, please contact the Hamot Second Century Fund at (814) 877-7020.

## **C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

### **1. Disclosures to Family, Friends or Others Involved in Your Care.**

We may provide a limited amount of your health information to a family member, friend or other person known by our staff to be involved in your care or in the payment for your care, unless you tell us not to. For example, if a family member comes to a doctor's appointment or an outpatient test and you allow them to come into the room with you, we may disclose otherwise protected health information to them during the appointment, unless you tell us not to. If your family is with you in your room when your treatment needs to be discussed with you, we may discuss the information in front of them unless you tell us not to. (This information may not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific written authorization.)

### **2. Disclosures to Notify a Family Member, Friend or Other Selected Person.**

When you first became a patient of ours, we asked that you provide us with an emergency contact person in case something should happen to you while you are in our care. Unless you tell us otherwise, we will disclose certain limited health information about you (your general condition, location, etc.) to your emergency contact person or another available family member, if you need to be admitted to the Medical Center from one of our outpatient or home health service areas, for example. If you first arrived at Hamot through our Emergency Department, we would have used any such information available to us, to notify your family that you were in the Emergency Department. (This information would not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific written authorization.)

### **3. Disclosures from our Facility Directory.**

If you are admitted to Hamot Medical Center, we will maintain your name and room number in a directory at the Information Desk for our staff to be able to direct visitors or callers to you, so long as they ask for you by name. Any such caller or visitor who asks about your condition will only be given a very general description of your condition (for example, "fair" or "critical"). We may also note your religion and provide this information to a member of the clergy that would like to visit our patients that are members of the same religion. Your religious affiliation will never be provided to anyone other than clergy. Please tell the staff member assisting you at Registration or your nurse, if you do not want this information to be given to these visitors or callers.

## **D. Other Uses and Disclosures Require Your Prior Written Authorization.**

In situations other than those categories of uses and disclosures mentioned above, or those disclosures permitted under federal law, we will ask for your written authorization before using or disclosing any of your protected health information. In addition, with certain exceptions provided for by law, we must ask for your specific written authorization to disclose information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, or HIV status.

If you choose to sign an authorization to disclose any of your health information, you can later revoke it to stop further uses and disclosures to the extent that we have not already taken action relying on the authorization. Your authorization must be revoked in writing.

## **QUESTION: WHAT RIGHTS DO I HAVE CONCERNING MY PROTECTED HEALTH INFORMATION?**

**Answer:** You have the following rights with respect to your protected health information:

### **A. The Right to See or to Get a Copy of Your Protected Health Information.**

In most cases, you have the right to look at or to get a copy of your health information that we maintain, but you must make the request in writing. Request forms are available at the Hamot Medical Center Information Desk, at Hamot Medical Center's Medical Records Office, at the front desk of any of our facilities or offices, or through your home healthcare provider. You may request information maintained by any of the Hamot Health Foundation facilities and/or offices at which you are a patient by making your request through Hamot Medical Center's Medical Records Office. Please note, however, that when a request is received at any of the other Hamot offices or facilities, the staff will only be able to provide access to the information maintained at that particular office or facility.

We will respond to you within 30 days from the date that we receive your written request. If we do not have the health information that you are requesting, but we know who does, we will tell you how to get it. In certain situations, we may be permitted under law to deny your request. If we do, we will tell you, in writing, our reasons for the denial. In certain circumstances, you may have a right to appeal the decision. If you request a copy of any portion of your protected health information, we will charge you for the copy on a per page basis, only as allowed under Pennsylvania state law, and for any postage required to mail the copy to you. We need to require that payment be made in full before we will provide the copy to you.

### **B. The Right to Ask to Correct or Update Your Health Information.**

If you believe that there is a mistake in your health information or that a piece of important information is missing, you have a right to ask that we make an appropriate change to your information. With the exception of basic demographic or insurance information, we will require that you make your request in writing on a request form that is available at the Hamot Medical Center Information Desk, at Hamot Medical Center's Medical Records Office, at the front desk of any of our facilities or offices, or through your home healthcare provider. We will respond within 60 days of receiving your request. If we approve your request, we will make the change to your health information, tell you when we have done so, and will tell others that need to know about the change.

We may deny your request if the protected health information: (1) is correct and complete; (2) was not created by us; (3) is not allowed to be disclosed to you; or (4) is not part of our records. Our written denial will state the reasons that your request was denied and explain your right to file a written statement of disagreement with the denial. If you do not wish to do so, you may ask that we include a copy of your request form, and our denial form, with all future disclosures of that health information.

### **C. The Right to Choose How We Send Health Information to You or How We Contact You.**

You have the right to ask that we contact you at an alternate address or telephone number (for example, sending information to your work address instead of your home address) or by an alternate means (for example, by mail instead of telephone). We must agree to your request so long as we can easily do so. You may request this from the staff member who assists you at Registration, or you may ask your healthcare provider or nurse to mark your request in your chart. Please note that Hamot Health Foundation currently maintains separate medical records systems for Hamot Medical Center, Hamot Primary Care Network, Great Lakes Home Healthcare, Great Lakes Home Health Services, and Bayside Pharmacy; as such, you may need to make separate requests if you receive services from various facilities or offices within the Hamot system. Please call Hamot's Privacy Coordinator at (814) 877-2414, if you have any questions about where such requests will need to be made.

### **D. The Right to Request Limits on Uses and Disclosures of Your Health Information.**

You have the right to ask us to limit how we use and disclose your health information. We will certainly consider your request, but you should know that we are not required to agree to it. If we do agree to your request, we will put the limits in writing and will abide by them, except in the case of an emergency. Please note that you are not permitted to limit the uses and disclosures that we are required or allowed by law to make. You may make such a request through the staff member who assists you at Registration, or through your healthcare provider or nurse. Please note that Hamot Health Foundation currently maintains separate medical records systems for Hamot Medical Center, Hamot Primary Care Network, Great Lakes Home Healthcare, Great Lakes Home Health Services, and Bayside Pharmacy; as such, you may need to make separate requests if you receive services from various facilities or offices within the Hamot system. Please call Hamot's Privacy Coordinator at (814) 877-2414, if you have any questions about where such requests will need to be made.

**E. The Right to Receive a List of Certain Disclosures of Your Health Information That We Have Made.**

You have the right to get a list of certain types of disclosures that we have made of your health information, called an "Accounting". This list would not include uses or disclosures for treatment, payment or healthcare operations, disclosures to you or with your written authorization, disclosures through the Hamot Medical Center facility directory, or disclosures to your family for notification purposes or due to their involvement in your care or payment for care. This list also would not include any disclosures made for national security purposes, disclosures to corrections or law enforcement authorities if you were in custody at the time, or disclosures made prior to April 14, 2003. You may not request an accounting for more than a six (6) year period.

To make such a request, we require that you do so in writing; a request form is available at the Hamot Medical Center Information Desk, at Hamot Medical Center's Medical Records Office, at the front desk of any of our facilities or offices, or through your home healthcare provider. We will respond to you within 60 days of receiving your request. The list that you may receive will include the date of the disclosure, the person or organization that received the information (with their address, if available), a brief description of the information disclosed, and a brief reason for the disclosure. We will provide such a list to you at no charge; but, if you make more than one request in the same calendar year, you will be charged \$30 for each additional request that year.

**F. The Right to Ask Questions About Our Privacy Practices or to Complain.**

If you have any questions about anything discussed in this Notice or about any of our privacy practices, or if you have any concerns, complaints or suggestions, please contact the Patient Satisfaction Department at (814) 877-3767. You also have the right to file a written complaint with the Secretary of the United States Department of Health and Human Services. We may not take any retaliatory action against you if you lodge any type of complaint.

This Notice takes effect on April 14, 2003.