

ST. JOHN MEDICAL CENTER

A CATHOLIC HOSPITAL



University Hospitals



SISTERS of CHARITY
HEALTH SYSTEM

Notice of Privacy Practices

Effective Date: September 23, 2013

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 Notice Carefully

If you have any questions about this Notice, or would like to file a privacy-related complaint, please contact our Privacy Officer:

SJMC Privacy Officer

29000 Center Ridge Road • Westlake, Ohio 44145

Phone: 440-827-5896

**You may also call the Compliance Hotline
at 1-800-227-6934**

About this Notice

St. John Medical Center (“SJMC,” “we,” “our,” or “us”) is committed to protecting your medical information (“Medical Information”). This Notice tells you how we may use and disclose your Medical Information. It also describes your rights regarding your Medical Information. We are required by law to maintain the privacy of your Medical Information; give you this Notice of our legal duties and privacy practices regarding your Medical Information; notify you following a breach of your unsecured Medical Information; and follow the terms of our current Notice. The privacy practices described in this Notice will be followed by all health care professionals, employees, medical staff, trainees, students, and volunteers of the St. John Medical Center and its wholly-owned subsidiaries.

You may also view this Notice on our Web site at www.stjohnmedicalcenter.net.

SJMC may use and disclose your Medical Information in the following ways:

The following categories describe different ways that we use and disclose Medical Information without your written permission. A “use” of your Medical Information means sharing, accessing or analyzing Medical Information within SJMC. A “disclosure” of your Medical Information means sharing, releasing or giving access to your Medical Information to a person or company outside SJMC. Not every use or disclosure in a category will be listed. However, all of the ways that we are allowed to use or disclose your Medical Information should fall within one of the categories.

Treatment We may use and disclose your Medical Information to give you medical care. For example, we may use your Medical Information to write a prescription or treat an injury. We may also share Medical Information about you for treatment purposes with other people or entities in SJMC. To coordinate the different things you need, such as x-rays, lab work, or prescriptions, we may also disclose Medical Information to non-SJMC health care providers.

Payment We may use and disclose your Medical Information to bill and be paid for your treatment. For example, we may give your health insurer information about your treatment so your insurer can pay for it. If a bill is overdue, we may give Medical Information to a collection agency to help collect payment. We may also provide Medical Information to other health care providers, such as ambulance companies, to assist in their billing efforts.

Health Care Operations We may use and disclose Medical Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for management purposes. For example, we may use Medical Information to check how well our staff cared for you. We also may disclose information to students for educational purposes. The entities and individuals covered by this Notice also may share information with each other for their joint health care operations.

Appointment Reminders/Treatment Options/Health-Related Benefits and Services We may use and disclose Medical Information to contact you with appointment or medication reminders. You may request that we provide such reminders in a certain

way or at a certain place. We will try to honor all reasonable requests. We may also communicate to you by newsletters, mailings, e-mail, or other means about treatment options, health-related information, disease-management programs, wellness programs, or other community-based activities in which SJMC participates.

Patient Directory We may compile the following directory information about patients receiving inpatient or outpatient services at our hospital: name; location; general condition; and religious affiliation. This information may be disclosed to clergy or, except for religious affiliation, to any person who asks for a patient by name. You may request that any or all of this information not be disclosed by informing the Admitting or Registration Department at the time you register.

Individuals Involved in Your Care or Payment for Your Care We may disclose Medical Information to a person who is involved in your medical care or helps pay for your care, such as a family member or friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Business Associates We may disclose Medical Information to third parties so that they can perform a job we have asked them to do. For example, we may use another company to perform billing services on our behalf. All of these third parties are required to protect the privacy and security of your Medical Information.

Fundraising We may contact you to provide information about SJMC-sponsored activities, including fundraising. To do so, we may use your contact information, demographic information, dates of service, department of service, treating physician, health insurance status, and outcome information. You have the right to opt-out of future fundraising communications. We will process your request promptly but may not be able to stop contacts that were initiated prior to receiving your opt-out request.

Lawsuits and Disputes If you are involved in a lawsuit or a dispute, we may disclose Medical Information in response to a court or administrative order. Under certain circumstances, we also may disclose Medical Information in response to a subpoena or discovery request by someone else involved in the dispute.

Personal Representative If you have a personal representative, such as a legal guardian, we will treat that person the same as you with respect to disclosures of your Medical Information. If you die, we may disclose Medical Information to an executor or administrator of your estate to the extent that person is acting as your personal representative.

Research Under certain circumstances, we may use and disclose Medical Information for research purposes. All SJMC research is approved through a special review process to protect patient safety, welfare and confidentiality. This process evaluates a proposed research project and its use of Medical Information to balance the benefits of research with the need for privacy of Medical Information. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for similar purposes, so long as they do not remove or take a copy of any Medical Information.

As Required by Law We will disclose your Medical Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose Medical Information when necessary, in our professional judgment, to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Public Health Purposes We may disclose Medical Information for public health purposes. Some examples of these purposes are:

- Reporting births and deaths;
- Reporting adverse reactions to medication or safety problems with FDA-regulated products to the federal government;
- Notifying patients of product recalls;
- Reporting communicable diseases to health officials;
- Reporting child abuse or neglect; or
- Reporting elder abuse, neglect or exploitation

Organ and Tissue Donation If you are an organ or tissue donor, we may release Medical Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

Workers' Compensation We may disclose Medical Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Health Oversight Activities We may disclose Medical Information to a health oversight agency for authorized government review of the health care system, civil rights and privacy laws, and compliance with government programs.

Law Enforcement We may disclose Medical Information to law enforcement officials. Some examples of these types of disclosures are:

- In response to a valid court order, subpoena or search warrant;
- To identify or locate a suspect, fugitive or missing person;
- To report a victim of a crime under certain limited circumstances;
- To report a death believed to be the result of criminal conduct; or
- To report a crime committed on SJMC premises.

National Security and Intelligence Activities and Protective Services We may disclose Medical Information to authorized federal officials for intelligence and other national security activities permitted by law. We also may disclose Medical Information to authorized federal officials so they may conduct special investigations and provide protection to the President and other persons.

Coroners, Medical Examiners and Funeral Directors We may disclose Medical Information to coroners, medical examiners or funeral directors so they can do their jobs.

Special Protections for HIV, Alcohol and Substance Abuse, Mental Health and Genetic Information

Special privacy protections apply to HIV-related information, alcohol and substance abuse and treatment information, mental health information, and genetic information. This means that parts of this Notice may not apply to these types of information because stricter privacy requirements may apply. SJMC will only disclose that information as permitted by applicable state and federal laws.

If your treatment involves this information, you may contact our Privacy Officer to ask about the special protections.

Other Uses of Medical Information Other uses and disclosures of Medical Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. For example, most uses and disclosures of psychotherapy notes, uses and disclosures of Medical Information for marketing purposes, and disclosures that constitute a sale of Medical Information require your written authorization. You may cancel that authorization at any time by sending a written request to our Privacy Officer. We are unable to take back any disclosures we have already made with your authorization.

SJMC Participates in the Ohio Health Information Partnership

SJMC participates in CliniSync, a Health Information Exchange operated by the Ohio Health Information Partnership. Through CliniSync, participating SJMC providers may exchange the Medical Information of patients with other health care providers throughout the State of Ohio that also participate in CliniSync. For example, if you regularly see a SJMC physician that participates in CliniSync, and then visit the emergency room of a Cincinnati hospital that also participates in CliniSync, the physicians in Cincinnati would be able to access your SJMC Medical Information. With certain exceptions, patients must initially consent for their Medical Information to be exchanged via CliniSync, and may withdraw this consent by providing written notice to a treating health care provider that participates in CliniSync. SJMC participates in CliniSync voluntarily, and does not warrant or guarantee that any particular Medical Information will be accessible via CliniSync.

Your Medical Information Rights

The records we maintain about your health care are the property of SJMC. To protect your privacy, we may check your identity when you have questions about treatment or billing issues. We will also confirm the identity and authority of anyone who asks to review, copy or amend Medical Information or to obtain a list of disclosures of Medical Information as described below. These are your specific rights, subject to certain limitations, regarding Medical Information we maintain about you.

Right to Obtain a Paper Copy of This Notice

You have the right to a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy.

Right to Inspect and Copy In general, you have the right to inspect and copy your Medical Information. If you request a copy of your Medical Information, we may charge a reasonable fee for the costs of labor, postage, and supplies associated with your request. If the Medical Information you request is maintained electronically, we will provide you access to the Medical Information in an agreed-upon electronic format.

We may deny your request to inspect, copy or send Medical Information in certain limited circumstances. If you are denied access to Medical Information, you may request that the denial be reviewed.

Right to Request Amendments If you feel that the Medical Information we have about you is incorrect or incomplete, you may ask us to amend the information or to make an addition to your record. You have the right to request this for as long as we maintain the information. To request an amendment, please submit your written request, along with a reason that supports it, to the SJMC Privacy Officer. If we accept your request, we will tell you and will amend your records. We cannot take out what is in the record, but we will supplement the information. If we deny your request for amendment, you may submit a statement of disagreement, to which SJMC may choose to respond in writing. In addition, you have the right to request that SJMC send a copy of your amendment request and your statement of disagreement (if any) with any future disclosures of your Medical Information.

Right to an Accounting of Disclosures You have the right to request a list of certain of our disclosures of your Medical Information. The first list you request in a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. To request an accounting of disclosures, please submit your request in writing to our Privacy Officer at the address listed above.

Right to Request Restrictions You have the right to request a restriction or limitation on the Medical Information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request that we disclose a limited amount of health information to someone involved in your care or in payment for your care. We are not required to agree to your restriction request. If we do agree, we will notify you in writing and will honor our agreement unless we need to use or disclose the information to provide emergency treatment to you or if the law requires us to disclose it.

We will agree to your request to restrict disclosure of your Medical Information to a health plan if the disclosure is for the purpose of payment or health care operations; is not otherwise required by law; and the Medical Information you wish to restrict pertains solely to a health care item or service for which you, or someone other than your health plan, has paid in full.

Right to Request Confidential Communications

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by e-mail. We will honor all reasonable requests. However, if we are unable to contact you using your requested methods or locations, we may contact you using any information we have.

Right to Notice of a Breach of Certain Health

Information We are required to notify you by first class mail or e-mail (if you have told us you prefer to receive information by e-mail) of a breach of your Medical Information. A breach is any unauthorized acquisition, access, use, or disclosure of certain categories of Medical Information that compromises the security or privacy of this Medical Information.

Changes to this Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for Medical Information we already have as well as any information we receive in the future. A copy of the current Notice will be posted at the hospital as well as at physician offices, outpatient locations, and on the hospital's Web site. The beginning of our Notice will contain the Notice's effective date.

Complaints

You may file a written or verbal complaint with us if you believe your privacy rights have been violated. If you have any privacy-related questions or complaints, please contact our Privacy Officer using one of the methods listed above. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We support your right to privacy of your Medical Information and you will not be penalized for filing a complaint.