

THE ELLWOOD CITY HOSPITAL'S JOINT NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) – Effective Date: April 14, 2003

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

Our Commitment to Your Privacy

The Ellwood City Hospital (“TECH”) is dedicated to maintaining the privacy of your identifiable health information. TECH will create records regarding you and the treatment and services provided to you. TECH will strive to maintain the confidentiality of health information that identifies you, and in that regard is providing you with this notice of our duties and practices concerning your identifiable health information.

This notice provides you with the following important information: How TECH may use and disclose your identifiable health information; Your privacy rights regarding your identifiable health information; TECH’s obligations concerning the use and disclosure of your identifiable health information.

The terms of this notice apply to all records containing your identifiable health information that are created or retained by The Ellwood City Hospital, which includes: The Ellwood City Hospital Home Health Agency, The Ellwood City Hospital Behavioral Health Unit, Ellwood City Health Organization, Inc., Ellwood City Hospital Foundation, Outreach Care Group, Inc., Apple Occupational Health Services, Inc., and AHN Emergency Group of Lawrence County, Ltd. TECH reserves the right to revise or amend this notice of privacy practices. Any revision or amendment to this notice will be effective for all of the records TECH has created or maintained in the past, and for any records TECH may create or maintain in the future. TECH will post a copy of its current notice in a prominent location, throughout our various entities, and you may request a copy of the most current notice at any time.

Understanding Your Health Record/Information

Each time you visit our hospital or subsidiaries, a record of your visit is typically made. This record may contain your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a: basis for planning your care and treatment; means of communication among the many health professionals who contribute to your care; legal document describing the care you received; means by which you or a third-party payer can verify that services billed were actually provided; a tool in educating health professionals; a source of data for medical research; a source of information for public health officials charged with improving the health of the nation; a source of data for facility planning; a tool with which TECH can assess and continually work to improve the care TECH renders and the outcomes achieved.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may access your health information; make more informed decisions when authorizing disclosure to others.

How We May Use and Disclose Medical Information About You

To “Use” information means to share, discuss, or transmit that information within the hospital. Thus, when one department of the hospital communicates protected health information to another department within the hospital, we are “using” protected health information. To “Disclose” information means to share, discuss, or transmit that information to persons outside the hospital. Thus, when the hospital transmits information to a payor source (like Medicare), an ancillary provider, or to family or friends of a resident, we are “disclosing” protected health information. To the extent practicable, TECH shall limit the amount of such information provided to the

minimum necessary (limited data set) to accomplish the intended purpose of such use, disclosure or request. TECH must determine the minimum amount of information necessary. If a use or disclosure for any purpose as described in this notice is prohibited or materially limited by another applicable law, the description of such use or disclosure shall reflect the more stringent law. The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

1. **For Treatment.** TECH may use medical information about you to provide you with medical treatment or services. TECH may use and disclose your protected health information for treatment without obtaining your written consent. TECH may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the services you need, such as prescriptions, lab work and x-rays. TECH might disclose your identifiable health information to a pharmacy when calling or ordering a prescription for you. TECH may also disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy, or others we use to provide services that are part of your care.
2. **For Payment.** TECH may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to, and payment may be collected from, you, an insurance company or a third party. TECH may use and disclose your protected health information for payment without obtaining your written consent. For example, TECH may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for surgery. TECH may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
3. **For Health Care Operations.** TECH may use and disclose medical information about you for health care operations without obtaining your written consent. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, TECH may use medical information to review our treatment and services, and to evaluate the performance of our staff in caring for you. TECH may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. TECH may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. TECH may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. TECH may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the identity of specific patients.
4. **Appointment Reminders.** TECH may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.
5. **Treatment Alternatives.** TECH may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
6. **Health-Related Benefits and Services.** TECH may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
7. **Fundraising Activities.** Unless you object, TECH may use certain personal health information to contact you in an effort to raise money for the hospital and its operations. TECH may disclose medical information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. TECH may use or disclose your demographic information, dates of health care, department of service, treating physician, outcome information and health insurance status without an authorization. All other uses and disclosures of personal health information for fundraising requires the patient's authorization. If you do not

want the hospital to contact you for fundraising efforts, you must notify us in writing at the following address: The Ellwood City Hospital, 724 Pershing Street, Ellwood City, PA 16117, ATTN: Privacy Officer.

8. **Hospital Directory.** TECH will include certain limited information about you in the hospital directory when you are admitted as an inpatient to our hospital (excluding the behavioral health unit). You may object to the inclusion of such information except to the extent that action has already been taken. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the hospital and generally know how you are doing. If you object to the inclusion of such information, you must notify our admissions office or contact a nursing supervisor each time you are admitted as an inpatient to our hospital.
9. **Individuals Involved in Your Care or Payment For Your Care.** Healthcare professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. In addition, TECH may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You may object to such disclosures except to the extent that action has already been taken. If you object to these disclosures, you must contact a nursing supervisor while visiting our hospital or make your request in writing to: The Ellwood City Hospital, 724 Pershing Street, Ellwood City, PA 16117, ATTN: Privacy Officer. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit TECH's use, disclosure or both; and (c) to whom you want the limits to apply. TECH is not required to agree to your request, however if TECH does agree, we are bound by our agreement accept when otherwise required by law, in emergencies, or when the information is necessary to treat you.
10. **Research.** TECH will obtain your authorization for any research projects in which your medical information would be used outside normal health care operations as defined in this notice.
11. **As Required By Law.** TECH will disclose medical information about you when required to do so by federal, state or local law.
12. **To Avert a Serious Threat to Health or Safety.** TECH may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety, or the health and safety of another individual or the public. Under these circumstances, TECH will only make disclosures to a person or organization able to help prevent the threat.
13. **Education.** TECH will disclose your information in the course of training people to become nurses, technicians, and other kinds of healthcare providers.
14. **Business Associates.** There are some services provided at TECH through contracts with others. Examples include consultants, attorneys, and equipment service providers. When services are contracted, TECH may disclose your health information to those others, so that they can perform their job on behalf of TECH. To protect your health information, however, TECH requires them to appropriately safeguard your information.
15. **Organ and Tissue Donation.** TECH may release identifiable health information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary, to facilitate organ or tissue donation and transplantation if you are an organ donor or potential recipient.
16. **Military and Veterans.** If you are a member of the armed forces, TECH may release medical information about you as required by the military command authorities. TECH may also release medical information about foreign military personnel to the appropriate foreign military authority.
17. **Workers' Compensation.** TECH may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
18. **Public Health Risks.** TECH may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and

deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease, or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. TECH will only make this disclosure if you agree, or when required or authorized by law.

19. **Health Oversight Activities.** TECH may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example: audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil right laws.
20. **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, TECH may disclose medical information about you in response to a court or administrative order. TECH may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
21. **Law Enforcement.** TECH may release medical information if asked to do so by a law enforcement official: as required by law or in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the hospital; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
22. **Coroners, Medical Examiners and Funeral Directors.** TECH may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, or determine the cause of death. TECH may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
23. **Correctional Institutions.** If you are an inmate of a correctional institution, or under the custody of a law enforcement official, TECH may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
24. **Group Health Plan.** A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the plan supervisor.
25. **Marketing.** Typically, communications made within the definition of treatment, payment and healthcare operations are not considered marketing and do not require your authorization. In general, written communications that are intended to promote the purchase or use of a third party's products or services constitute "marketing" and therefore requires your authorization. Use and disclosure of your identifiable health information for marketing purposes and disclosures that constitute the sale of such information requires your authorization. A good example of an exemption to marketing is for conversations that involve a drug or biologic that you are currently receiving, and so long as any payment received by TECH from the outside supplier in exchange for this communication is reasonable in amount.

If our proposed use or disclosure of your protected health information does not fit into one of the categories discussed above, then we cannot use or disclose your information unless we receive a written Authorization from you allowing us to do so.

Your Health Information Rights

Although your health record is the property of TECH, the information in it belongs to you. You have the right to: request a restriction on certain uses and disclosures of your information; obtain a paper copy of the notice of privacy practices upon request; inspect and copy your health record; request amendment of your health record; obtain an accounting of disclosures of your health information; request communications of your health information by alternate means or at alternative locations; revoke your authorization to use or disclose health information except to the extent action has already been taken.

Your Rights Regarding Your Identifiable Health Information

You have the following rights regarding the identifiable health information that we maintain about you:

1. **Confidential Communications.** You have the right to request that TECH communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that TECH contact you at home, rather than at work. In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or the location where you wish to be contacted. All requests must be made to: The Ellwood City Hospital, 724 Pershing Street, Ellwood City, PA 16117, ATTN: Privacy Officer. TECH will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in TECH's use or disclosure of your identifiable health information for treatment, payment or health care operations. Additionally, you have the right to request that TECH limit disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and friends. TECH is not required to agree to your request; however, if TECH does agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. TECH must agree to the restriction if the disclosure is to a health plan for purposes of carrying out payment or health care operations and the information pertains solely to a health care item or service for which you have paid in full out of pocket. In order to request a restriction in TECH's use or disclosure of your identifiable health information, you must contact a nursing supervisor while visiting our hospital or make your request in writing to: The Ellwood City Hospital, 724 Pershing Street, Ellwood City, PA 16117, ATTN: Privacy Officer. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit TECH's use, disclosure or both; and (c) to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including medical records and billing records, but not including psychotherapy notes, social service notes and risk management litigation records. TECH will provide you with copies of your records in the requested format (including electronic), provided the records are readily producible in that format. You may also direct us to transmit a copy directly to an entity or person designated by you. You must submit your request in writing in order to inspect and/or obtain a copy of your identifiable health information. All requests must be made to The Ellwood City Hospital, 724 Pershing Street, Ellwood City, PA 16117, ATTN: Medical Records Director. TECH may charge a fee for your request which may include only the cost of labor for copying the requested records, supplies for creating the paper copy or electronic media, and preparing an explanation or summary of the information if you agree. TECH may deny your request to inspect and/or copy information in certain limited circumstances; however, you may request a review of the denial. Reviews will be conducted by another licensed health care professional chosen by TECH.
4. **Amendment.** You may ask TECH to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for TECH. To request an amendment, your request must be made in writing and submitted to: The Ellwood City Hospital, 724 Pershing Street, Ellwood City, PA 16117, ATTN: Medical Records Director. You must provide TECH with a reason that supports your request for amendment. TECH will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, TECH may deny your request if you ask us to amend information that is (a) accurate and complete; (b) not part of the identifiable health

information kept by TECH; (c) not part of the identifiable health information which you would be permitted to inspect and copy; or (d) not created by TECH.

5. **Accounting of Disclosure.** You have the right to request an “accounting of disclosures”. An “accounting of disclosures” is a list of certain disclosures TECH has made of your identifiable health information. In order to obtain an accounting of disclosures, you must submit your request in writing to: The Ellwood City Hospital, 724 Pershing Street, Ellwood City, PA 16117, ATTN: Medical Records Director. All requests for an “accounting of disclosures” must state a time period beginning on or after April 14, 2003 that is within six years from the date of your request (or within three years if TECH implements the use of electronic health records). The first list you request within a 12-month period is free, but TECH will charge you for additional lists within the same 12-month period. TECH will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs. Such accounting will **NOT** include disclosures made by TECH for treatment, payment, or “health care operations” as defined in this notice or for disclosures made according to your signed Authorization. If we implement the use of electronic health records, disclosures for treatment, payment, and health care operations purposes will be included in an accounting requested by you.
6. **Right to a Paper Copy of This Notice.** You are entitled to receive a copy of this Notice of Privacy Practices. You may ask for a copy of this notice at any time. To obtain a paper copy of this notice, contact TECH at 724-752-0081 or write to: The Ellwood City Hospital, 724 Pershing Street, Ellwood City, PA 16117, ATTN: Privacy Officer.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with TECH or with the Secretary of the Department of Health and Human Services. To file a complaint with TECH, contact: The Ellwood City Hospital, 724 Pershing Street, Ellwood City, PA 16117, ATTN: Privacy Officer. To file a complaint with The Department of Health and Human Services, contact: Region III Office of Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111. All complaints must be submitted in writing. You will not be penalized for filing a complaint, and it will not be considered as a condition of the provision of treatment to you.
8. **Right to Provide an Authorization for Other Uses and Disclosures.** TECH will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, TECH will no longer use or disclose your identifiable health information for the reasons described in the authorization. TECH will, however, retain all records of your care.

TECH’s Responsibilities

The Ellwood City Hospital is required to: maintain the privacy of your health information; provide you with a notice as to our legal duties and privacy practices with respect to information collected and maintained about you; abide by the terms of this notice; notify you of TECH’s decision regarding your requested amendment; accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations; notify you in the event that your unsecured identifiable health information is breached.

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 permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, TECH will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

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