

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

This Notice of Privacy Practices ("Notice") is given on behalf of certain health care provider affiliates of St. Luke's University Health Network ("St. Luke's") and all of their departments, units, employed health professionals, students, and members of volunteer groups who are allowed to help while you are patient or being treated at a St. Luke's facility. All of St. Luke's entities are legally required to follow the privacy practices that are described in this notice.

This Notice of Privacy Practices is effective as of May 23, 2014. If you have any questions about this Notice, please contact St. Luke's Network Compliance Department through the confidential Hotline at 1 (855) 9-ETHICS or 1(855) 938-4427.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

St. Luke's is required to give you this Notice to comply with the regulations (the "Privacy Rule") established under federal laws called the Health Insurance Portability and Accountability Act ("HIPAA") Privacy Rule and the Health Information Technology for Economic and Clinical Health Act ("HITECH"). St. Luke's is committed to protecting your medical information, including health information protected by HIPAA and other federal and state laws, and using that information appropriately.

This Notice is intended to describe your rights, and to inform you about ways in which St. Luke's may use and disclose your protected health information ("PHI"), and the obligations St. Luke's has when using and disclosing your PHI. Your personal physician or any other provider of your health care services may have different policies or Notices regarding their use and disclosure of your PHI which is created in that provider's office.

III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior consent or specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

We may use and disclose your PHI for the following reasons:

- 1. For treatment.** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you're being treated for a knee injury, we may disclose your PHI to the physical rehabilitation department in order to coordinate your care.
- 2. To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
- 3. For health care operations.** We may disclose your PHI in order to operate this hospital (agency). For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.

B. Certain Uses and Disclosures Do Not Require Your Consent. We may use and disclose your PHI without your consent or authorization for the following reasons:

- 1. When a disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in judicial or administrative proceedings.
- 2. For public health activities.** For example, we report information concerning births, deaths, and various diseases, to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
- 3. For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
- 4. For purposes of organ donation.** We may notify organ procurement organizations and assist them in organ, eye, or tissue donation and transplants.
- 5. For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.

6. **To avoid harm.** In order to avoid serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
7. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
8. **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.
9. **Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.
10. **Fundraising activities.** St. Luke's may solicit contributions to support the expansion and improvement of services and programs we provide to the community. In connection with our fundraising efforts, we may disclose to our employees or business associates, demographic information about you (e.g., your name, address and phone number), dates on which we provided health care to you, health insurance status, department of service, treating physician and general outcome information. If you do not wish to receive any fundraising requests in the future, you may contact St. Luke's Foundation Office at (866) 468-6251 or respond via one of the methods identified in the fundraising correspondence that you may receive in the future.
11. **Health Information Exchange.** A patient's PHI will be available electronically through a local, state, or national health Information Exchange (HIE). An HIE is a repository that facilitates the exchange of health information allowing approved participating providers to have a more complete picture about a patient's health such as lab results, radiology reports, and other medical data. Patients can choose to prohibit sharing their PHI through an HIE by completing a process referred to as Opting-Out. Opting-Out will prevent participating providers and its authorized users from viewing PHI, but the patient will still have access to view their PHI stored in the HIE. To Opt-Out, please contact eVantageHealth Support by calling (484) 526-8893 or by sending an email to support@eVantageHealth.com.

St. Luke's has operations and providers in both Pennsylvania and New Jersey, and such States' law may be more protective of certain information than the Privacy Rule. Accordingly, depending on the State in which the information is obtained, St. Luke's will not disclose your information related to treatment for mental health, development disabilities, alcoholism, substance abuse or drug dependency, venereal disease, genetic information, or information concerning the presence of HIV, antigen or non-antigenic products of HIV or an antibody to HIV, without in each case obtaining your authorization unless otherwise permitted or required by the applicable State or Federal law.

C. Certain Uses and Disclosures Which Permit You to Have the Opportunity to Object.

1. **Patient directories.** We may include your name, location in this facility, general condition, and religious affiliation, in our patient directory for use by clergy and visitors who ask for you by name, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations. If you choose to opt out, please call the Patient Access Center at (484)526-1128 and ask them to remove you from the Hospital Directory.
2. **Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. All Inpatients are given a "Patient Directory Objection Form" that is completed at the time of admission. The opportunity to consent may be obtained retroactively in emergency situations.

D. All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections III A, B, and C above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

IV. HITECH

- A. St. Luke's will notify affected individuals, Department of Health and Human Services, and the media, as applicable, of any Breach of unsecured PHI that compromises the security or privacy of the PHI. All suspected Breaches will be investigated and all necessary notifications will be sent, in accordant with company policy. Examples of unsecured PHI includes but are not limited to:
 1. Medical record left unattended in a public location (e.g., cafeteria or office waiting room);
 2. Misdirected e-mail to an external group that includes a listing of patients' accounts that have addresses, social security number, date of birth, or medical diagnosis; and
 3. Intentional and non-work related access by St. Luke's workforce member or its business associate of your PHI.
- B. "Breach" means the unauthorized acquisition, access, use, or disclosure of PHI which compromises the security or privacy of the PHI, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information.

V. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI

You have several rights with regard to the PHI that St. Luke's maintains about you. If you wish to exercise any of the following rights, please contact the confidential Privacy Hotline at 1 (855) 9-ETHICS or 1(855) 938-4427.

- A. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required and allowed to make.
- B. The Right to Choose How We Send PHI to You.** You have the right to ask that we send information to you to an alternate address (*for example, sending information to your work address rather than your home address*) or by alternate means (*for example, e-mail instead of regular mail*). We must agree to your request so long as we can easily provide it in the format you requested.
- C. The Right to See and Get Copies of Your PHI.** In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your PHI, there will be a charge based on state and federal regulations.
- D. The Right to Get a List of the Disclosures We Have Made.** You have the right to get a list of individuals who we have released your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you, to your family, or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003. We will respond within 60 days of receiving your request. The list we will give you will include releases made up to the last six years. The list will include the date of the release, to which PHI was released (including their address, if known), a description of the information released, and the reason for the release. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you in accordance with state and federal regulations.
- E. The Right to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not request a statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.
- F. The Right to Get This Notice by E-Mail.** You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

VI. CONTACT INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES

If you believe your privacy rights have been violated or you disagree with a decision we made about access to your PHI, you may file a complaint with St. Luke's and/or with the federal Department of Health and Human Services (DHHS). A patient can send a letter to DHHS at:

Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-9222

St. Luke's cannot require you to waive your right to complain in order for you to receive treatment at St. Luke's. To file a complaint with St. Luke's, contact St. Luke's Network Compliance Department through the confidential Privacy Hotline at **1(855) 9-ETHICS or 1(855) 938-4427**. St. Luke's will not retaliate against you for filing such a complaint.

VII. AMENDMENTS TO THIS NOTICE

St. Luke's reserves the right to amend this Notice at any time. In addition, St. Luke's is required to amend this Notice as made necessary by changes in the Privacy Rule. Each version of the Notice will have an effective date. St. Luke's reserves the right to make the amended Notice effective for PHI at the time the amendment is made, as well as for any PHI that St. Luke's may receive or create in the future. St. Luke's will post a copy of the current Notice on the St. Luke's website as well as in the registration area of St. Luke's facilities, when substantial changes are made.

VIII. ST. LUKE'S DUTIES

St. Luke's is required by the Privacy Rule to maintain the privacy of your PHI. The Privacy Rule requires that St. Luke's provide notice of its privacy practices to all of its patients or clients. St. Luke's obligations to maintain your privacy, and the situations and circumstances, in which your PHI may be used or disclosed, are described in more detail in this Notice of its legal duties and privacy practices. St. Luke's is required to comply with the terms and conditions of this Notice, and may not amend this Notice except as set forth above.