



***This notice describes how medical information may be used and disclosed and how you can access this information. Please review it carefully***

**The effective date of this Notice is September 23, 2013.**

We are committed to protecting the privacy of information related to your health. Each time you have a service provided by Windber Medical Center, we create a record of this encounter. This record contains information related to your symptoms, examination and test results, your diagnosis, a plan for future care and treatment, and billing related information. This record is required so that we can provide you with quality care and to comply with certain legal requirements.

This privacy notice applies to all records of your health care which are made by Windber Medical Center staff and physicians who are authorized to access or document in your medical records. Your personal physician may have different policies or notices regarding the use and disclosure of health information created in his/her office.

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and our privacy practices regarding your health information. This privacy notice explains in detail how we may use or disclose your health information. This notice also describes certain rights you have regarding the use and disclosure of your health information.

**How We May Use and Disclose Health Information About You:** The following summary describes different ways that we use your health information within Windber Medical Center and disclose your health information to persons and entities outside of this hospital. We have not listed every use or disclosure within the categories, but all permitted uses and disclosures will fall within one of the following categories.

**Common Use/Disclosures Allowed Under Law:**

**Treatment** - We may use health information about you to provide you with health treatment and services. We may disclose health information about you to doctors, nurses, technicians, therapists, students, or other personnel who are involved in your care at our facility. For example, doctors treating you for a broken leg need to know if you have diabetes because diabetes may slow the healing process. Different departments within Windber Medical Center may share health information about you in order to coordinate the various services you need, such as medications, lab work, x-rays or meals.

**Payment** - We may use and disclose health information about you so treatment and services you receive at our facility may be billed to your insurance company. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures, if required by your insurance plan. You have the right to restrict this disclosure if you personally made payment for this service in full directly to us.

**Health Care Operations** - We may use and disclose health information about you for health care operations including quality assurance activities; granting medical staff credentials to physicians; administrative activities, customer service activities, including investigation of complaints; and certain marketing and fundraising activities. Some additional specific examples of how we may use or disclose your health information for operations are listed below.

**Business Associates** - There are some services provided in our organization through contracts with business associates. Examples of some business associates include consultants, auditors, contracted medical record copy services, etc. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, all of our business associates sign contracts which require that they appropriately safeguard your information and protect your privacy.

**Appointment Reminders** - We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at our health care facility.

**Marketing or Fundraising** - We may contact you as part of a marketing effort. As part of our marketing, we may tell you about Windber Medical Center's health-related products and services that may be of interest to you. We are required to obtain your authorization if any protected health information is used for marketing purposes. We also may contact you as part of an effort to raise funds for our facilities or programs. If you receive a communication from us for either marketing or fundraising purposes, you will receive information on how to opt out of receiving future marketing or fundraising communications.

**Research That Doesn't Involve Your Treatment** - When a research study does not involve any treatment, we may disclose your health information to researchers when an Institutional Review Board (IRB) has reviewed the research proposal, has established appropriate protocols to ensure the privacy of your health information, and has approved the research.

**Directory Information** - Windber Medical Center has a "patient directory" for hospitalized patients available to anyone who asks for a patient by name. The directory information includes four items: patient's name, room number, general condition ("serious, fair, good, etc."), and religious affiliation (which is available only to clergy). This directory allows visitors to find your room and florists to deliver flowers to you. You will be asked whether you agree to have this information disclosed each time you are admitted to Windber Medical Center. You have the right to refuse to have all or part of your information disclosed for such purposes. [If you do refuse to have all your information released, we will be unable to tell family or friends your room number or that you are in the hospital.]

**Individuals Involved in Your Care or Payment For Your Care** - We may disclose health information about you to a friend or family member who is involved in your medical care, unless you tell us in advance not to do so. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location. If you are unable to communicate your wishes, such as in the case of a medical emergency, we may release information to friends or family members if we believe it to be in your best interest.

**Special Situations That Do Not Require Your Verbal or Written Consent or Authorization:**

The following disclosures of your health information are permitted by law without any oral or written permission from you:

**Organ and Tissue Donation** - If you are an organ donor, we may release health 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.

**Military and Veterans** - If you are involved in the armed forces or are a public official, we may release health information about you to the appropriate authorities so that they may carry out their duties under the law.

**Worker's Compensation** - We may release health information about you in order to comply with the laws related to worker's compensation or similar programs (such as automobile or disaster insurance).

**Averting a Serious Threat to Health or Safety** - We may use and disclose health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public.

**Public Health Activities** - We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability.
- To report child abuse, neglect, or domestic violence.
- To report reactions to medications, problems with products or other adverse events.
- 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.

**Health Oversight Activities** – We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure surveys. These activities are necessary for government agencies to monitor the health care system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes** – If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process initiated by someone else involved in the dispute. In some circumstances, efforts must be made to tell you about the request for your health information, to obtain an order protecting the information requested or to seek a signed authorization from you to release certain records.

**Law Enforcement** - We may disclose health information if, and to the extent we are asked to do so, by law enforcement officials for the following reasons:

- 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 circumstances, we are unable to obtain the person's agreement.
- About a death we believe may be the result of a criminal conduct.
- About criminal conduct at our facility. 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.

**Coroners, Medical Examiners and Funeral Home Directors:** We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also release health information about patients at our facility to funeral home directors as necessary to carry out their duties.

**National Security and Intelligence Activities** - We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Inmates** – If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, to protect your health and safety and the health and safety of others, or for the safety and security of the correctional institution

**Legal Requirements** – We will disclose health information about you without your permission when required to do so by federal, state or local law.

### **USES OR DISCLOSURES REQUIRING YOUR SPECIFIC WRITTEN AUTHORIZATION**

Other uses and disclosures of health information not covered by this Notice or the laws that govern this hospital will be made only with your written authorization. If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health 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. Some typical disclosures that require your authorization are as follows:

**Certain Disclosures Authorized by You** - One of the primary reasons for disclosing health information about you is for follow-up care when your health care records are sent to a new physician or another hospital to continue your health care treatment.

**Research Involving Your Treatment** - When a research study involves treatment, we may disclose your health information to researchers only after you have signed a specific written authorization. In addition, for any such research study, an Institutional Review Board (IRB) will already have reviewed the research proposal, established appropriate protocols to ensure the privacy of your health information, and approved the research. You do not have to sign the authorization in order to get treatment from Windber Medical Center, but if you do refuse to sign the authorization, you cannot be part of the research study.

**Drug & Alcohol Abuse Treatment Disclosures** - We will disclose drug and alcohol treatment information about you only in accordance with the federal privacy rule and state law. In most cases, these laws require us to get your specific written authorization or the written authorization of your personal representative for such disclosures.

**Disclosure of Mental Health Treatment Information** We will disclose mental health treatment information about you only in accordance with the federal privacy rule and state law. In most cases, these laws require us to get your specific written authorization or the written authorization of your representative for such disclosures.

**Disclosure of HIV/AIDS-Related Information** - We will disclose HIV/AIDS-related health information about you only in accordance with the federal privacy rule and state law. In most cases, these laws require us to get your specific written authorization for such disclosures.

**Disclosures Requested by Windber Medical Center** Windber Medical Center might ask you to sign an authorization allowing us to use or to disclose your health information to others for specific purposes such as notifying you of future educational or social events that you might enjoy.

### **YOUR PATIENT RIGHTS:**

Although your medical record is the physical property of Windber Medical Center, you have the following rights with respect to the health information we maintain about you:

1. Right to request a restriction on certain uses and disclosures of your information for treatment or healthcare operations. You have the right to request a limit on the medical information we disclose to someone who is involved in your care or payment for your care. For example, you could ask that we not disclose information about a test you had to a particular individual. We are not required by law to agree to your request; however, we will give every consideration to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Your request must be made in writing and include what information you want to limit and to whom you want the limits to apply. You have the right to request that certain information not be disclosed to your insurance carrier if you pay out of pocket in full for those services. Your request must be documented in writing at the time those services are provided.
2. Right to obtain a copy of this Notice of Patient Privacy Practices upon request.
3. Right to inspect and request a copy of your health record for as long as we retain it, as required by law. All requests for access must be made in writing and you may be charged a fee. You may request an electronic copy of your health information and we will attempt to provide this information in the format you desire. This right may not apply to psycho-therapy notes or information gathered for judicial proceedings. As to psychotherapy notes, we may provide you with an opportunity to review your records with your therapist. If clinically appropriate, we may provide copies of these records to you with your written authorization. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another independent health care professional chosen by someone on our health care team. We will abide by the outcome of that review.
4. Right to request an amendment to your health record if you feel the information is incorrect or incomplete. Your request must be submitted to us in writing and include a reason to support the request. We may deny your request if it is not in writing, if the information was not created by our health care team, if it is not part of the information kept or created by our facility, if it is not part of the information which you would be permitted to inspect and copy, or if we believe the information is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your health record.
5. Right to obtain an accounting of disclosures of your health information made by Windber Medical Center. If you request an accounting of disclosures, we will provide you with the date of each disclosure, who received the health information, a brief description of the health information disclosed and why the disclosure was made. We are required to provide this information to you within 60 days, unless you agree to an extension. We will not charge you for an accounting unless you request more than one in a year's time. We are not required to include in the accounting those disclosures made to you or disclosures for which you have signed an authorization; for purposes of treatment, payment or healthcare operations; for the census; to persons involved in your care; for national security or intelligence; or to correctional facilities or law enforcement officials.
6. Right to request communication of your health information by alternative means or locations. We may deny your request if we deem it to be an unreasonable request or if the request compromises the protection of your health information.
7. Right to revoke your authorization to use or disclose health information except to the extent that action has already been taken. This revocation must be in writing and dated.
8. Right to have proof of immunization records released to a school on the agreement of a parent/guardian.
9. Right to be notified if your information has been part of a breach of unsecured protected health information at our organization.
10. Right to complain about our health information practices or ask questions or raise concerns. You may contact us by calling (814) 467-3955 or writing to: Corporate Compliance Officer/Privacy Officer, Windber Medical Center, 600 Somerset Avenue, Windber, PA 15963. You may also file a complaint with the federal government through the U.S. Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Changes To This Notice: We are required to abide by the terms described in this notice. We reserve the right to make revisions or changes to this notice for current, past and future information on file. A copy of our current notice will be posted in our facility and available on our website [www.windbercare.com](http://www.windbercare.com). A copy of the current notice will be available at all registration areas of the hospital.