



NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this Notice, please contact us at 1-800-849-9516

WHO WILL FOLLOW THIS NOTICE.

Crozer-Keystone Health System, which we will call the Health System, is primarily made up of a non-profit corporate “parent”, five hospitals, outpatient facilities like the Delaware County Regional Cancer Center, and a network of physician practices. This Notice describes our Health System’s privacy practices including in particular:

- All departments and units of our Health System’s five hospitals: Community Hospital, Crozer-Chester Medical Center, Delaware County Memorial Hospital, Springfield Hospital and Taylor Hospital.
- Our network of physician practices, which we call the Health Access Network, the physicians and other personnel employed by this network.
- Our hospital-based physicians, with whom we contract to do most or all of their work at our hospitals, like our anesthesiologists, radiologists and pathologists.
- All of our Health System’s outpatient facilities.
- Any health care professional authorized to enter information into your medical record.
- All employees, staff and other Health System personnel.
- Any member of a volunteer group we allow to help you while you are in one of our hospitals, physician offices or outpatient facilities.
- In addition, all of these parts of our Health System may share your health information with each other and other health care providers for the purposes of the treatment, payment or health care operations that are described in this Notice.

OUR PLEDGE REGARDING HEALTH INFORMATION.

We understand that your health information is personal. We will continue to be committed to protecting the privacy of your health information. We create a record of the care and services you receive at the hospital or at an outpatient facility or in our physicians' offices. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the hospitals, outpatient facilities and our physicians' offices. Your personal doctor, if he/she is not an employee of our Health Access Network, may have different policies or notices regarding the use and disclosure of your health information created in his/her office or clinic.

This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

We are required by federal and state laws to:

- Make sure that health information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of this Notice.

HOW THE HEALTH SYSTEM MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following describes different ways that we use and disclose your health information. Also, in some cases, state laws are stricter than the federal privacy standards and generally require that hospitals and health care professionals, like physicians, allow only authorized persons to see records and obtain the written authorization of the patient before releasing medical information outside of the hospital or the physician's office. For this reason, our hospitals, outpatient facilities and physicians' network try, whenever possible upon admission or the first date of service, to obtain the written consent of each patient to many of the types of disclosures described in this Notice. Additionally, our Health System complies with special state laws by obtaining your specific written authorization to disclosures of more highly protected health information including mental health treatment records, drug and alcohol facility treatment records and HIV-related information.

For each category of uses or disclosures described below, we will give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose your health information, without a detailed authorization that complies with the federal privacy standards, will fall within one of the following categories:

- **For Treatment.** We may use health information about you to provide you with health care. We may disclose health information about you to doctors, nurses, technicians, health students, or other Health System personnel who are involved in taking care of you. Some examples are:
 - A doctor treating you for a broken leg in one of our hospitals 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 health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.
 - We also may disclose health information about you to people outside the hospital who may be involved in your health care after you leave the hospital, an outpatient facility or one of our physicians' offices, such as family members or others we use to provide services that are part of your care.
- **For Payment.** We may use and disclose health information about you so that the services you receive at the Health System may be billed to and payment may be collected from you, an insurance company or a third party. Some examples are:
 - We may need to give your insurance company information about surgery you received at one of our hospitals so your health insurance company will pay us for the surgery.
 - We may tell your health plan about a treatment/service you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment/service.
- **For Health Care Operations.** We may use and disclose health information about you for Health System operations. These uses and disclosures are necessary to run the Health System and make sure that all of our patients receive quality care. Some examples are:
 - We may use health information to review and improve the quality of our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many Health System patients to decide what additional services the hospitals, outpatient facilities and our physicians should offer, what services are not needed, and whether certain new treatments are effective.
 - We may also disclose information to doctors, nurses, technicians, medical students, and other Health System personnel for review and learning purposes.
- **Appointment Reminders.** We may use and disclose your health information to contact you as a reminder that you have an appointment for health care at one of our hospitals, outpatient facilities or physicians' offices.

- **Treatment Alternatives.** We may use and disclose your health information to send you information or tell you about or recommend possible treatment options or alternatives that may be of benefit to you.
- **Health-Related Benefits and Services.** We may use and disclose your health information to send you newsletters and other information about health topics and health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may contact you in an effort to raise funds for our Health System and its operations. For example, we may disclose limited health information to a foundation related to the Health System or to a business associate so that you may be contacted. We limit release of this information to contact information, such as your name, address and phone number and the dates you received treatment or services at the Health System.
- **Health System Directories.** We may include certain limited information about you in one of our Health System directories, for example, our hospital directories.
 - This information will include your name, possibly your location in the hospital or our Health System, and your general condition (e.g., fair, stable, etc.). Your religious affiliation will be included if you agree to have it included and it will only be released to members of the clergy.
 - The directory information, except for your religious affiliation, will 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.
- **Individuals Involved in Your Care or Payment for Your Care.**
 - We may release health information about you to a friend or family member who is involved in your health care.
 - We may also give information to someone who pays or helps to pay for your care or whose insurance or health plan pays for your care.
 - We may tell your family or friends your condition and that you are at one of our Health System locations.
 - We may disclose health 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.
- **Research.** The Health System is involved in research with human beings as participants. All such research is reviewed by an Institutional Review Board (IRB), which is a committee that reviews research to protect the health, welfare and privacy of the research participants. Under certain circumstances we may use and disclose your health information for research purposes without your specific written consent or authorization. The situations where such disclosures may occur include:

- We may use and disclose health information about you when the IRB determines that there is a small risk of harm, the research could not reasonably be carried out if specific written consent and authorization were required, and the information is needed for the research.
 - We may use and disclose health information about you, which is needed to prepare to conduct a research project (for example, to help look for patients with specific types of illnesses) so long as no health information identifying you leaves the Health System.
 - We may use and disclose private health information needed for research involving deceased individuals.
 - We may use and disclose health information about you from which many, but not all, identifiers have been removed where there is an agreement with the person receiving the information to protect the privacy of the information.
- **As Required By Law.** We will disclose your health information when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS.

- **Organ and Tissue Donation.** If you are an organ donor, we may release your 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.
- **Workers' Compensation.** We may release your health information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose your health information 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. We will only make this disclosure if you agree or when we are required or authorized by law.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include: audits, investigations, inspections, and licensure. These activities are necessary for the government 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 your health information in response to a court or administrative order, but only the health information requested in the order; and, we may disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute if efforts have been made to tell you about the request prior to release of the information or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release health information for certain law enforcement purposes including:
- To comply with a court order or a court-ordered search warrant.
 - To comply with a legal requirement, for example, mandatory reporting of gunshot wounds.
 - To respond to a request for information for identification or location purposes.
 - To respond to a request for information about a crime victim, under certain limited circumstances, such as when we are unable to obtain the crime victim's agreement to the disclosure because of an emergency.
 - To report a death we believe may be the result of criminal conduct.
 - To provide information about criminal conduct at the hospital, outpatient facilities or our physicians' offices.
 - To report a crime in an emergency.
- **Coroners, Health Examiners and Funeral Directors.** We may release health information to a coroner or health examiner:
- To identify a deceased person or determine the cause of death.
 - To funeral directors as necessary to carry out their duties.

- **Special Government Functions.** We may release your health information for purposes involving specialized government functions including:
 - Military and veterans' activities.
 - National security and intelligence activities.
 - Protective services for the President and others.
 - Medical suitability determinations for the Department of State.
 - Correctional institutions and other law enforcement custodial situations.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

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

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your medical and/or billing records:
 - You must submit your request in writing to:

Privacy Officer
Crozer-Keystone Health System
100 West Sproul Road, Pavilion II
Springfield, PA 19064
 - If you request a copy of the record, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.
 - We may deny your request to inspect and copy your medical and/or billing records in certain very limited circumstances.
- **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospitals, outpatient facilities or the Health Access Network of physicians. This right is subject to limitations.
 - To request an amendment, you must submit your request in writing to:

Privacy Officer
Crozer-Keystone Health System
100 West Sproul Road, Pavilion II
Springfield, PA 19064
 - In addition, you must provide a reason that supports your request.

➤ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your health information that were not covered by your written authorization or consent and were not made for the purposes of treatment, payment, or health care operations, or certain other limited purposes for which accountings are not required.

- To request this list or accounting of disclosures, you must submit your request in writing to:

Privacy Officer
Crozer-Keystone Health System
100 West Sproul Road, Pavilion II
Springfield, PA 19064

- Your request must state a time period, which can be no longer than six years and may not include dates before April 14, 2003. We will not charge a fee for the first list you request within a 12-month period.
- For additional accountings, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

➤ **Right to Request Restrictions.** You have the right to request a restriction or limitation on your health information that we may use or disclose for treatment, payment or health care operations or to someone who is involved in your care or the payment for your care or for notification purposes.

- We are not required by law, to agree to your request, but if we do agree, we will comply with your request for a restriction, unless the information is needed to provide you with emergency treatment.
- To request restrictions, you must make your request in writing to:

Privacy Officer
Crozer-Keystone Health System
100 West Sproul Road, Pavilion II
Springfield, PA 19064

- In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

➤ **Right to Request Confidential Communications.** You have the right to request that our hospitals, outpatient facilities and physicians communicate with you about health matters in a certain way or at a certain location. We are not required to agree to requests for confidential communications that are unreasonable.

- To request confidential communications, you must make your request in writing to:

Privacy Officer
Crozer-Keystone Health System
100 West Sproul Road, Pavilion II
Springfield, PA 19064

- We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. In addition, if another individual or entity is responsible for payment for your health care, then your request must explain how payment will be handled.

➤ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a 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 of this Notice.

- You may obtain a copy of this Notice at our website, www.crozer.org
- To obtain a paper copy of this Notice, contact 1-800-849-9516

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 health information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice at all of our hospitals, outpatient facilities and network physicians' offices. On the first page, in the top right-hand corner, the Notice will contain the effective date. In addition, each time you register for admission to one of our hospitals or for treatment at one of our outpatient facilities or visit one of our Health Access Network physicians, we will make a copy of the current Notice available to you upon your request.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with the Health System or with the federal Secretary of the Department of Health and Human Services. To file a complaint, contact the Crozer-Keystone Health System Privacy Officer at 1-800-849-9516.

The Health System, its hospitals, its outpatient facilities and its Health Access Network of physicians will not retaliate against you or penalize you in any way for filing a complaint.

OTHER USES OF HEALTH INFORMATION.

Other uses and disclosures of your health information not covered in this Notice or the laws that apply to us will be made only with your written authorization, which can be revoked, in writing, at any time except to the extent that we have acted in reliance on that authorization.

Notice-Ver2

3/3/03

*We're 5 hospitals, 2,600 doctors and nurses,
and 7,100 caring people with 1 vision.
Crozer-Keystone. Something to feel good about.*

