



St. Clair Health Corporation

1000 Bower Hill Road
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(412)344-6600

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003
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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.

Contact - If you have any questions about this notice, please contact our Privacy Officer at 412-942-1127 or toll free 1-866-248-4500, extension 1127 and/or visit our web site at www.stclair.org for any updated information.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

We understand that information about you and your health is personal. We are committed to protecting the privacy and security of this information. All St. Clair Health Corporation facilities, entities, sites, and locations will follow the terms of this notice. A current list of such entities, sites and locations (collectively referred to as, “St. Clair”) may be found on our website (www.stclair.org). We reserve the right to modify this list from time to time. Each time you visit a St. Clair facility we create a record of the care and services you receive. 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 any of the St. Clair facilities. This notice may also cover physicians who have chosen to be bound by our Notice of Privacy Practices, and independent contractors who treat you while you are at our facilities. This may include hospital based entities as well as physicians who have offices outside of our facilities. In addition, all such entities, sites, locations and physicians may share medical information with each other for treatment, payment, or health care operation purposes described in this notice. If your physician treats you outside of our facilities, your physician is responsible for providing their Notice of Privacy Practices to you, if their notice is different. Patients can receive a copy of their physician’s Notice of Privacy Practices by contacting their office directly.

OUR RESPONSIBILITIES

It is our responsibility to safeguard your personal health information. We are required by state and federal law to maintain the privacy of your health information. We are also required to give you notice following a breach of your unsecured protected health information. We must also give you this notice of our legal duties and our privacy practices, and we must follow the terms of the notice that is currently in effect.

► **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 in our facilities, and it will also be posted on our web site at www.stclair.org. A copy of the current notice in effect will be available at the registration area of each facility.

► **Complaints** - If you believe your privacy rights have been violated, you may file a complaint with any of our facilities. This complaint must be in writing to: St. Clair Hospital, 1000 Bower Hill Road, Pittsburgh, PA 15243-1899, Attn: Privacy Officer. There will be no retaliation for filing a complaint. You also have the right to complain to the Secretary of the Department of Health and Human Services. More information about how to file a complaint is available at <http://www.hhs.gov/ocr/hipaa/>.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use your health information within St. Clair and disclose your health information to persons and entities outside of St. Clair. Each description is of a category of uses or disclosures. We have not listed every use or disclosure within the categories, but describe the types of uses and disclosures that we may make.

TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS:

Except for uses or disclosures that require an authorization (as described below) under federal law or your consent under state law, St. Clair may use and disclose your health information for treatment, payment, or health care operations.

▶ **Treatment** - We may use health information about you to provide you with medical treatment and services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns, or other personnel who are involved in taking care of you during your visit with us. We may also disclose health information about you between St. Clair entities and to other health care providers for your medical treatment. For example, your health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

▶ **Payment** - We may use and disclose health information about you so the treatment and services you receive at our health care facilities may be billed to and payment collected from you, an insurance company, or a third party. This may also include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan. For example, we may provide your health information to your health plan to obtain approval for your hospital admission. We may also disclose health information about you to other entities that are covered by federal privacy regulations or to other health care providers in order to allow such other entities or health care providers to bill and collect payment for the treatment and services you receive from them. For example, we may provide your health information to your ambulance service provider in order to allow your ambulance service provider to obtain payment for your health care services.

▶ **Health Care Operations** - We may use and disclose health information about you for our health care operations, including, for example, quality assurance (including peer review) activities; granting medical staff credentials to physicians; administrative activities, including St. Clair's financial and business planning and development; and customer service activities, including investigation of complaints, etc. These uses and disclosures are necessary to operate our health care facility and make sure all of our patients receive quality care. In some cases, we may also disclose health information about you to other entities that are covered by federal privacy regulations for their own health care operations so long as: 1) the other entity also has or had a relationship with you; 2) the health information that is disclosed pertains to such relationship; and 3) the disclosure is for the purpose of certain health care operations or for health care fraud and abuse detection or compliance. We also may disclose health information about you to other entities covered by federal privacy regulations that participate in organized health care arrangements with St. Clair.

▶ **Business Associates** - There are some services provided in our facilities through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, 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, we require our business associates to sign a contract that states they will appropriately safeguard your information.

▶ **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 facilities.

▶ **Alternative Treatments** – We may use and disclose health information to inform you about treatment alternatives and other health related benefits that we believe might be of interest to you.

▶ **Fundraising** – We may contact you as part of a fundraising effort. If you receive a communication from us for fundraising purposes, you will be told how you can opt out of any further fundraising communications. In the event you elect to opt out, you will be told how you can later opt back in to fundraising communications.

WITH YOUR VERBAL AGREEMENT

We may use and/or disclose your health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your health information. If you are not present or if you are unable to agree or object to the use and/or disclosure of your health information, then St. Clair may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the health information that is relevant to your health care will be disclosed.

► **Directory Information** – St. Clair has a “directory” of information about hospitalized patients available to anyone who asks for a patient by name. The directory information may include four items: 1) your name; 2) your location (e.g. room number); 3) your general condition (e.g. serious, fair, good, etc.); and 4) available to clergypersons only, your religious affiliation. This directory information allows visitors to find your room and florists to deliver flowers to you. It also allows us to contact you after discharge for certain follow-up reasons. You have the right to refuse to have all or part of your information disclosed for such purposes. If you do so, we will not be able to tell your 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, family member, other relative, or any person you identify, information that is relevant to your medical care or payment for your medical care, unless you tell us in advance not to do so. We may also use or disclose your health information to notify (or assist in notifying) your family members, personal representatives, or another person involved in your care, of your condition, status, or location. 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 members, personal representatives, or another person involved in your care can be notified about your condition, status, or location.

► **Disclosures to Schools**- With either your verbal consent or written authorization, we may disclose proof of immunizations to a school that requires proof of immunizations in order to admit a student.

WITH YOUR SPECIFIC WRITTEN AUTHORIZATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission (called an “authorization”) under federal law or your consent under state law. You may always refuse to sign an authorization or a consent for these types of uses or disclosures and neither treatment, payment, enrollment, nor eligibility for benefits will be conditioned upon you providing or refusing to provide such an authorization or consent. If you authorize us to use or disclose health information about you, you may revoke that authorization or consent in writing at any time. If you revoke your authorization or consent, we will no longer use or disclose health information about you for the reasons covered by your written authorization or consent. 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 or consent are as follows:

► **Research** – Unless we receive specific approval from an Institutional Review Board (IRB) or Privacy Board, we may disclose your health information to researchers only after you have signed a specific written authorization. You do not have to sign the authorization in order to get treatment from St. Clair, but if you do refuse to sign the authorization, you cannot be part of the research study.

► **Disclosure of Drug & Alcohol Abuse and Dependence** - We will disclose drug and alcohol abuse or dependence information about you only in accordance with your written consent for such disclosures and only to medical personnel for your diagnosis and treatment or to government or other officials exclusively for the purposes of obtaining benefits for you. However, in emergency medical situations, we may release drug and alcohol abuse or dependence information about you without your consent to medical personnel to provide you with medical treatment.

► **Disclosure of Mental Health Treatment Information** - We will disclose mental health treatment information about you only in accordance with state law. In most cases, state law requires your written consent for disclosures of information relating to your involuntary treatment for mental illness or your voluntary inpatient treatment for mental illness. If we are required by federal or state statutes or by an order of a court to release mental health information after you are discharged, we will make a good faith effort to notify you by mail at your last known address. If you designate a third party as a payor or copayor of your mental health services, such a designation includes your implied consent to us to release your medical health information that is necessary to establish your reimbursement eligibility. We may also release your mental health treatment information without your consent to certain individuals as permitted by state law, such as: those engaged in providing treatment for you; certain county administrators; courts, your attorney, or a mental health review officer for certain legal proceedings; or the State Department of Public Welfare for data collection.

► **Disclosure of Psychotherapy Notes** – We will disclose your psychotherapy notes only under one of the following two conditions: 1) With your written consent or 2) In accordance with state and federal law, which for example allows us to disclose your psychotherapy notes for certain treatment, payment and healthcare operations, including for our internal training purposes.

► **Disclosure of HIV-Related Information** – We will disclose confidential HIV-related information about you only in accordance with state law. Generally, state law requires that confidential HIV-related information may only be released to whom you specify in a written consent or to those persons specified by state law who may receive the information without your consent. Persons or entities that we may disclose your confidential HIV-related information to without your consent include: health care providers involved in your care; peer review organizations, accrediting agencies, or other health oversight agencies; your insurer to make payment on your claims; departments of health for data collection; a person permitted access by a court order; your funeral director; and employees of certain county agencies and facilities who are responsible for ensuring your health care.

► **Marketing** – If we or one of our business associates receives payment for marketing a product to you, we may ask you to sign a specific authorization allowing us to use or disclose your health information in order to contact you as part of that marketing effort. However, we may use or disclose your health information without your authorization for face-to-face marketing communications or to give you a promotional gift of nominal value.

► **Sale of Protected Health Information** – We will ask you to sign a specific authorization prior to St. Clair selling any of your protected health information to a third party. The sale of protected health information does not include, among other things, disclosures for public health purposes, certain research activities, treatment or payment activities, or certain healthcare operations related to St. Clair, which we are permitted by law to make without your authorization.

► **Disclosures Requested by St. Clair** - We may 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.

SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION, CONSENT OR AN OPPORTUNITY TO AGREE OR OBJECT

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

► **Department of Health and Human Services** – We may disclose health information about you when required to do so by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with federal law.

► **Public Health Activities** – In accordance with applicable state and federal laws, 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 births and deaths.
- To report child abuse or neglect.
- 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.
- To notify the appropriate government authority of possible abuse (including child abuse), neglect or domestic violence. We will only make this disclosure when required or authorized by law.

► **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. 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 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 in accordance with applicable law.

► **Law Enforcement** – In accordance with applicable law, we may disclose certain health information if asked to do so by law enforcement officials as example, 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.
- As required by law, including laws that require the reporting of certain types of wounds or other physical injuries.

▶ **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.

▶ **Organ and Tissue Donation** - We may release health information to organizations that handle organ procurement for organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

▶ **Specifically Approved Research** - We may disclose your health information to researchers when an Institutional Review Board (IRB) or Privacy Board has reviewed the research proposal, has established appropriate protocols to ensure the privacy of your health information, and has approved the research.

▶ **Averting a Serious Threat to Health or Safety** - We may use and disclose health information about you when necessary to prevent or lessen a serious threat to your health or safety or the health and safety of another person or the public. These disclosures would be made only to someone able to help prevent or lessen the threat.

▶ **Military and Veterans** - If you are a member of the armed forces, we may release health information about you as required by military command authorities.

▶ **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.

▶ **Protective Services for the President and Others**. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

▶ **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.

▶ **Worker's Compensation** - We may release health information about you for worker's compensation or similar programs if you have a work related injury. These programs provide benefits for work related injuries.

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

▶ **Deceased Individuals** – Following the death of an individual we may disclose health information regarding the deceased to family members and other individuals involved in the treatment or healthcare payment of the deceased, unless we have knowledge that such disclosures were not desired by the deceased.

YOUR HEALTH INFORMATION RIGHTS

If you choose to exercise your rights, please make sure that you make the same requests directly to your private physician, to the extent that such request is applicable. Please note; however, we are not responsible for the actions of your private physician and their compliance with your request.

Although your health record is the physical property of the St. Clair entity that created it, the information belongs to you. You have the following rights regarding medical information we maintain about you:

▶ **Right to Request Restrictions** - You have the right to request a restriction on certain uses and disclosures of your information. If you request in writing that we do not disclose your health care information to a health plan for payment and healthcare operations and you pay in full for the treatment covered by such request, we will honor your request with respect to the specifically requested treatment. This restriction will not apply to follow-up treatment, even for the same condition unless you make additional requests and pay in full for each requested treatment. With respect to all other requests for restrictions, we are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

▶ **Right to Inspect and Copy** - You have the right to inspect and copy medical information that may be used to make decisions about your care. Under federal law; however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and health information that is subject to a law that prohibits access to health information. You must request to inspect and/or obtain a copy of your health record in writing. If you request a copy of your health information or if you agree to a summary of such information, we will charge a fee for this service. If we maintain your health information in an electronic format, you may also request that the medical information you are permitted to receive be provided to you in an electronic format and if we are able to produce your medical information in the electronic format you request, we will provide your medical information in that format. If we are unable to provide the information in the electronic format you request, then we will provide it in such other readable electronic format as we may mutually agree. We may deny your request to inspect or copy your medical information under very limited circumstances. Depending on the circumstances, a decision to deny access may be reviewable and you may request that the denial be reviewed by another health care professional chosen by someone on our health care team. We will abide by the outcome of that review.

▶ **Right to Amend** – You have the right to request an amendment to your health record if you feel the information is incorrect or incomplete. You must make a request for an amendment in writing and provide the reason(s) to support the requested amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if the information was not created by our health care team, is not part of the information kept by our facility, is not part of the information which you would be permitted to inspect and copy, or if 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. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

▶ **Right to an Accounting of Disclosures** – You have a right to obtain an accounting of disclosures of your health information. The accounting will only provide information about disclosures made for purposes other than treatment, payment or health care operations and is subject to other restrictions, exceptions, and limitations. You must make a request for an accounting of disclosures in writing. Your request must state a time period which may not be longer than six (6) years (you may request a shorter time period) and may not be for disclosures before April 14, 2003.

▶ **Right to Request Confidential Communications** – You have the right to request that we communicate your health information to you by alternative means or at alternative locations. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

▶ **Right to a Paper Copy of this Notice** - You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically. You may ask us to give you a copy of this privacy notice at any time by requesting a copy.

▶ **Right to Revoke Authorization** – You have the right to revoke your authorization or consent to use or disclose health information except to the extent that St. Clair or others have relied upon your prior authorization or consent.

▶ **Complaints** - You have the right to complain about any aspect of our health information practices to us or to the Department of Health and Human Services of the United States. More information about how to file a complaint is available at <http://www.hhs.gov/ocr/hipaa/>. You can complain to us and expect an investigation and explanation by calling our Privacy Officer at 412-942-1127 or toll free 1-866-248-4500 extension 1127 or writing: St. Clair Hospital, 1000 Bower Hill Road, Pittsburgh, PA 15243-1899, Attn: Privacy Officer. We will not retaliate against you for filing a complaint.

St. Clair Health Corporation Notice of Privacy Practice covers all organizations under the control of St. Clair Health Corporation including, but not limited to:

Organized Health Care Arrangement(s)

- **Radiation Oncology Services**
 - **UPMC**