

**NOTICE OF PRIVACY PRACTICES**

**Effective date: June 15, 2020**

**For additional information, contact:** Martin Kelly (814) 868-8227

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

When this notice refers to “we” or “us” it is referring to LECOM Medical Center and Behavioral Pavilion, Lake Erie College of Osteopathic Medicine, and Millcreek Manor (d/b/a Millcreek Geriatric Education and Care Center).

This Notice describes how we will use and disclose your health information. The policies outlined in this Notice apply to all of your health information generated by this Organization, whether recorded in your medical record, invoices, payment forms, videotapes, or other ways. Similarly, these policies apply to the health information gathered from other Organizations by any health care professional, employee, or volunteer who participates in your care.

**OUR OBLIGATIONS:**

We are required by law to:

Maintain the privacy of protected health information

Give you this notice of our legal duties and privacy practices regarding health information about you

Follow the terms of our notice that is currently in effect

**USE AND DISCLOSURE OF YOUR HEALTH INFORMATION**

1. In some circumstances we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:
  - a. Uses or disclosures for purposes relating to treatment, payment, and health care operations:
    - 1) **TREATMENT.** – We may use or disclose your health information for the purpose of providing, or allowing others to provide treatment to you. An example would be if your primary care physician discloses your health information to another doctor for the purposes of a consultation. Also, we may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
    - 2) **PAYMENT.** – We may use and/or disclose your health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may provide information about your treatment to your insurance company.
    - 3) **HEALTH CARE OPERATIONS.** – We may use and/or disclose your information for the purposes of our day-to-day operations and functions. We may also disclose your information to another covered entity to allow it to perform its day-to-day functions, but only to the extent that we both have a relationship with you. For example, we may compile your health information, along with that of

other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the patient safety and quality of care provided at this facility. Also, we may contact you as a part of our efforts to raise funds for the Organization. All fundraising communications will include information about how you may **opt out** of future fundraising communications.

- b. To create material(s) that originally had any identifying information concerning you deleted from the final material(s);
  - c. When required by law;
  - d. For public health purposes;
  - e. To disclose information about victims of abuse, neglect, or domestic violence;
  - f. For judicial or administrative proceedings;
  - g. For law enforcement purposes;
  - h. To assist coroners, medical examiners, or funeral directors with their official duties;
  - i. To facilitate organ, eye, or tissue donation;
  - j. For certain research projects that have been evaluated and approved through a research approval process that takes into account patients' need for privacy. For health oversight activities, such as audits, or civil administrative or criminal investigations;
  - k. To avert a serious threat to health or safety;
  - l. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes;
  - m. For workers' compensation purposes, as permitted by law: or
  - n. Upon request from the Secretary of the United States Department of Health and Human Services.
2. We may also use or disclose your health information in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.
- a. **DIRECTORIES.** – We may maintain a directory of patients that includes your name and location within the facility, your religious designation, and information about your condition in general terms that will not communicate specific medical information about you. We will only disclose your religious designation to members of the clergy.
  - b. **NOTIFICATIONS.** – We may disclose to your relatives or close personal friends any health information that is directly related to that person's involvement in the provision of, or payment of, your care. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your location and general condition or death, and to Organizations that are involved in those tasks during disaster relief situations.

Except as described above, disclosures of your health information will be made only with your written authorization or that of your guardian, if you have one. Most uses and disclosures of psychotherapy notes, uses and disclosures for

marketing or research purposes and disclosures that constitute a sale of PHI require authorization. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

### **3. Your Medical Information and Health Information Exchanges (HIE):**

LECOM Health participates in Health Information Exchanges (HIE). Generally, an HIE is an organization that regional hospitals, physicians, and other healthcare providers participate in to exchange patient information in order to facilitate health care, avoid duplication of services (such as tests), and to reduce the likelihood that medical error will occur. By participating in the HIE, LECOM Health may share your health information with other providers or participants of other health information exchanges, for example Clinical Connect, P3N (Pennsylvania Patient & Provider Network) and Healthway (a national network that allows providers to exchange information). If you would like to opt out of the HIE, you can notify the registration staff and sign the opt out form.

### **YOUR RIGHTS Under HIPAA Regarding Your Protected Health Information**

1. **TO REQUEST RESTRICTIONS.** – You have the right to request restrictions on the use and disclosure of your health information for treatment, payment, or health care operations purposes or notification purposes. We are not required by law to agree to your requested restrictions except when a disclosure is to be restricted to a health plan for services paid exclusively by you, the patient, or guarantor. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Contact listed below.
2. **TO LIMIT COMMUNICATIONS.** – You have the right to receive confidential communications about your own health information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only via e-mail, or at work rather than home. To request communications via alternative means or at alternative locations, you must submit a written request to the Contact listed below. All reasonable requests will be granted.
3. **TO ACCESS AND COPY HEALTH INFORMATION.** -- You have the right to inspect and copy any health information about you other than psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to the Contact listed on the last page of this Notice. If you request copies, you will be charged our regular fee for copying and mailing the requested information.

Despite your general right to access you Protected Health Information, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.

In addition, access may be denied if (i) access to the information in question is reasonably likely to endanger the life and physical safety of your or anyone else, (ii) the information make reference to another person and your access would reasonably be likely to cause harm to that person, or (iii) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the

right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

4. **TO REQUEST AMENDMENT.** -- You may request that your health information be amended. Your request may be denied if the information in question: was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), is not part of our records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is accurate and complete. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates. Requests to amend health information must be submitted in writing to the Contact listed on the final page of this Notice.
5. **TO AN ACCOUNTING OF DISCLOSURES.** -- You have a right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request. However, the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of the disclosure, (vi) disclosures that occurred prior to April 14, 2003, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Contact listed on the final page of this Notice.
6. **TO BE NOTIFIED OF UNAUTHORIZED ACCESS** -- Per the federal Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification final rule published January 25, 2013 unless a specific exception as identified in 45 CFR 160 or 164 exists, you have a right to be notified of any unauthorized access, use or disclosure of your medical or business information which compromises the privacy or security of such information.
7. If you do not wish to be contacted for fundraising efforts, you may submit a written request to the Contact listed on the last page of this Notice.
8. **TO A PAPER COPY OF THIS NOTICE.** -- You have the right to obtain a paper copy of this Notice upon request. You have a right to receive any amendments or updates to this Notice.

## **OUR DUTIES**

1. We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices.
2. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website and at our facility, and will be available from us upon request.
3. We are required to maintain policies and practices designed to protect the privacy of your health information, which policies contain sanctions for any violation of these policies.
4. We are required to name a Privacy Officer, whose name is listed at the top of this notice.
5. We are required to make your health information available to you upon demand, as is reflected above and to the Secretary of the United States Department of Health and Human Services.

## **COMPLAINTS**

You can complain to us and to the Secretary of the federal Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with us, please file a written complaint with the Contact set forth below. This Contact will also provide you with further information about our privacy policies upon request. No action will be taken against you for filing a complaint. **You may also file a complaint directly with the Office of Inspector General of the U.S. Department of Health and Human Services.**

## **DESIGNATED CONTACT:**

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