

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW CAREFULLY.

If you have any questions about this Notice, please contact:

Chief Privacy Officer

Saint Luke's Health System

4401 Wornall Road, Kansas City, MO 64111

(816) 932-6282 Fax: (816) 932-6846

Email: privacy@saint-lukes.org

Webpage: www.saintlukeshealthsystem.org

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization 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 our organization, whether made by our employees or your physician. Private physician offices may have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician's office.

The law requires us to: Make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

WHO WILL FOLLOW THIS NOTICE:

This notice describes the privacy practices of:

- Any health care professional authorized to enter information into your medical record.
- All entities within the Saint Luke's Health System, including but not limited to:
 - Saint Luke's Health System hospitals, clinics, home care and hospice providers, outpatient care facilities, and business offices.
- All employees, volunteers, and physicians.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following are examples of the types of uses and disclosures of your protected health information that our organization is permitted to make once you have acknowledged receipt of our Notice of Privacy Practices.

For Treatment - We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other employees who are involved in taking care of you. We

will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from our care.

For Payment - We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third-party payer. Unless a restriction is requested, the guarantor/responsible party will have access to information created during the episode of treatment.

For Healthcare Operations - We may use and disclose medical information about you for healthcare operations. These uses and disclosures include, but are not limited to the following: quality assessment and improvement activities; reviewing competence or qualifications of healthcare professionals; reviews by external agencies for licensure, accreditation, or auditing.

For Other Benefits and Services - We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other activities, such as to send you a newsletter about the services we offer.

OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use and disclose your protected health information in the following instances:

Facility Directories (Hospital Inpatients only) - Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation.

Individuals Involved in Your Healthcare - We will only disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. You will be asked to provide the names of these individuals. Any individuals you identify that will be receiving information about you over the phone must provide personal information confirming that they know you, such as your date of birth, middle name, work place, address, etc. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Disaster Relief - We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies - We may use or disclose your protected health information in an emergency situation.

Communication Barriers - We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and it is determined, using professional judgement, that you intend to consent to use or disclosure under the circumstances.

Appointment Reminders/Scheduling/Follow-up Calls - We may use and disclose health information to contact you as a reminder that you have an appointment, have been referred to

schedule a visit, or to follow-up with you on recent visit. We may leave a brief reminder on your answering machine/voicemail system unless you tell us not to.

Fundraising Activities - We may use or disclose your demographic information and the dates that you received treatment, as necessary, in order to contact you for fundraising activities supported by our organization.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use or disclose your protected health information in the following situations without your consent or authorization:

Required By Law - When required to do so by federal, state, or local law, including requirements relating to reporting of certain types of wounds or physical injuries.

Public Health - For public health activities and purposes of controlling disease, injury, disability; reporting births and deaths; and reporting any type of abuse, neglect, or domestic violence. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight - To a health oversight agency for activities authorized by law, such as audits, investigations, and inspections that oversee the health care system, government benefit programs, other government regulatory programs and civil right laws.

Food and Drug Administration - To a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings - In the course of any judicial or administrative proceeding, in response to an order from a court or an administrative tribunal expressly authorizing the use or disclosure of your protected health information and, under certain conditions, in response to a subpoena, discovery request or other lawful process.

Law Enforcement - To law enforcement pursuant to legal process (such as a court order), for identification or location of a suspect, and under certain conditions, when disclosure is essential to law enforcement activity.

Coroners, Funeral Directors, and Organ Donation - To a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. Protected health information may be used and disclosed for cadaveric organ, eye or tissue purposes.

Research - To researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity - Consistent with applicable federal and state laws, when circumstances indicate that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Military Activity and National Security - When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel, for activities deemed necessary by appropriate military command authorities; for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities including for the provision of protective services to the President or others legally authorized.

Workers' Compensation - As authorized to comply with workers' compensation laws and other similar legally established programs.

Correctional Institution – Under certain conditions to a correctional institution in which you are an inmate.

Change of Ownership - In the event that SLHS is sold or merged with another organization, your protected health information will become the property of the new owner.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

In addition to your rights as a patient, we also ask that you respect the rights of other patients by not discussing any information you may see or hear while receiving treatment in our facilities. You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy - You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records our organization uses for making decisions about you. Your request must be submitted in writing. A copy of the authorization to request release of information is available from the Privacy Office or Health Information Management at each entity. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy based on the federal laws above. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the organization will review your request and the denial. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.

Right to Amend - This means that if you feel that medical 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 our organization.

Your request must be made in writing and submitted to the Privacy Office or to Health Information Management within the entity that created the medical information. The request for amendment form is available from the Privacy Office, Health Information Management, or on the SLHS web site. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by our organization;
- Is not part of the information which you would be permitted to inspect and copy (see above); or
- Is accurate and complete.

Right to an Accounting of Disclosures - This means that you have the right to request an “accounting of disclosures”. This is a list of the disclosures we make of medical information about you for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It will also exclude disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, 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 - This means that you have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **WE ARE NOT REQUIRED TO AGREE WITH YOUR REQUEST.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer or the Health Information Management department. In your request, you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and
- To whom you want the limits to apply (for example, disclosure to your spouse).

Right to Request Confidential Communications - This means that you have the right to request that we communicate with you about medical matters in a certain way or at a certain location. (For example, you can ask that we only contact you at work or by mail.) To request confidential communications, you must make your request in writing to our Privacy Officer or Health Information Management at the entity where you are receiving treatment. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice - This means that 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.saintlukeshealthsystem.org. To obtain a paper copy of this notice, contact our Privacy Officer or the registration area at any of our entities.

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 medical 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 each entity. The notice will contain the effective date in the bottom left hand corner of each page of the notice. In addition, each time you register at or are admitted for treatment or health care services you can request a copy of the current notice in effect.

COMPLAINTS - If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services at:

**The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775**

To file a complaint with Saint Luke's Health System, contact our Privacy Officer. All complaints must be submitted in writing. A Complaint form is available on the Saint Luke's webpage under FORMS, or you can request a complaint form at any SLHS facility or through the privacy email address, Privacy@saint-lukes.org.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care that we provide to you. Please contact our Privacy Officer to revoke your authorization.