

Main Line Health

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.

I. Who we are

This Notice describes the privacy practices of the Main Line Health System (MLHS) which includes Bryn Mawr, Lankenau, Paoli and Riddle Hospitals, Bryn Mawr Rehabilitation Hospital, Main Line HealthCare, Main Line/Rehabilitation Affiliates, Main Line Health Laboratories and the Home Care Network of the Jefferson Health System.

While treating you, our employees, volunteers, students and health care professionals affiliated with MLHS follow this Notice. In addition, any person involved in your care, entities, sites and locations may share medical information about you with each other for treatment, payment or health care operations as described in this notice.

We are required by law to maintain the privacy of your health information and to provide you with this Notice.

II. Our Duties to Safeguard your Protected Health Information (PHI)

Protected Health Information is any information related to your health care that is shared or maintained in any manner. It includes your insurance information as well. This Notice applies to all of your medical information generated by the health system or any of its entities. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office.

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

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices related to your medical information; and,
- follow the terms of the Notice that is currently in effect.

III. **How Main Line Health System May Use and Disclose Medical Information About You – Treatment, Payment and Health Care Operations.**

Except in an emergency or other special situations, we will ask you to sign a general consent, as required by Pennsylvania law, so that we may use and disclose your protected health information for the following purposes:

Treatment. We may use and disclose protected health information about you in connection with your treatment, for example to diagnose you. In addition, we may contact you to remind you about appointments, give you instructions prior to tests or surgery, or inform you about treatment alternatives or other health related benefits or services. We may also disclose your medical information to other providers, doctors, nurses, technicians, medical students, hospital personnel or other health care facilities involved in your treatment. We may need to communicate this medical information to other health care providers using phone or two-way radio.

Payment. We may use and disclose your PHI to obtain payment for services we provide to you. For example, we may contact your insurance company to pay for the services you receive, to verify that your insurer will pay for the services or to collect any outstanding accounts.

Health Care Operations. We may use and disclose your PHI for health care operations which include: activities related to evaluating treatment effectiveness, teaching and learning purposes, evaluating the quality of our services, investigating complaints related to service, fundraising activities and marketing activities.

Other Health Care Providers. We may also disclose your PHI to other health care providers when such PHI is required for them to treat you, receive payment for services you receive or conduct certain health care operations. For example, we will share your PHI with an ambulance company so the ambulance company can be reimbursed for transporting you to the hospital.

IV. **Other Uses and Disclosures of Your PHI for which authorization is not required.**

Hospital Directory. Inpatients are automatically listed in our hospital directory. The directory includes your name, room number, general health condition and religious affiliation. Unless you disagree or object, information in the directory may be disclosed to anyone who asks for you by name or to clergy members of your religious affiliation.

Disclosure to Relatives and Close Friends. We may disclose your PHI to a family member, other relative, a close personal friend or any other person if we (1) obtain your agreement; (2) provide you with the opportunity to object to the disclosure; or, (3) we can reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information to a family member, other relative or a close

personal friend, we would disclose only information that is directly relevant to the person's involvement with your health care.

Fundraising. We may contact you to request a contribution to support important activities of Main Line Health. In connection with any fundraising, we may use and disclose your demographic information as well as the dates on which you received health care services for our fundraising activities. If you do not want to receive any fundraising requests, you may contact the Main Line Health Development Office at:

Development Office of Main Line Health
Radnor Corporate Center
Building One, Suite 530
100 Matsonford Road
Radnor, PA 19087

Public Health Activities. We may disclose information about you for public health activities including the following:

- Reporting births or deaths
- To prevent or control disease, injury or disability
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify individuals who may have been exposed to a disease or may be at risk for contracting a disease or condition
- Reporting information to your employer as required by laws addressing work-related illnesses and injuries or workplace medical surveillance

Victims of Abuse, Neglect or Domestic Violence. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may, in accordance with current Pennsylvania law, disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

Health Oversight Activities. We may disclose your PHI to a health oversight agency that is responsible for ensuring compliance with rules of government health programs such as Medicare and Medicaid. These oversight activities include, for example, audits, investigations, inspections and licensure.

Legal Proceedings and Law Enforcement. We may disclose your PHI in response to a court order, subpoena, or other lawful process.

Deceased Persons. We may release medical information to a coroner or medical examiner authorized by law to receive such information.

Organ and Tissue Donation. We may disclose your PHI to organizations that obtain organs or tissues for banking and/or transplantation.

Public Safety. We may use or disclose your PHI to prevent or lessen a serious or imminent threat to the safety of a person or the public.

Research. Usually, we will ask for your permission or authorization before using your PHI for research purposes. However, we may use and disclose your PHI without your authorization if Main Line Hospital's Institutional Review Board (IRB) has waived the authorization requirement. An IRB is a committee that oversees and approves research involving human subjects.

Disaster Relief Efforts. We may disclose medical 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.

Military, National Defense and Security. We may release medical information about you if required for military, national defense and security and other special government functions.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Marketing. We may use or disclose Protected Health Information to identify health-related services and products that may be beneficial to your health and then contact you about those products and services. If you do not wish to receive information of this type, please contact our Marketing Office at:

Main Line Health Marketing Office
Bryn Mawr Hospital
130 S. Bryn Mawr Avenue
Bryn Mawr, PA 19010

As Required by Law. We may use and disclose your PHI when required to do so by any other laws not already referenced above.

V. **Uses and Disclosures Requiring Your Specific Authorization**

Highly Confidential Information. Federal and State laws require special privacy protections for certain highly confidential information about you. This includes PHI that is: 1) maintained in psychotherapy notes; 2) documentation related to mental health or developmental disabilities services; 3) drug and alcohol abuse, prevention, treatment and referral information; 4) information related to HIV status, testing, treatment as well as any information related to the treatment or diagnosis of sexually transmitted diseases; and 5) PHI related to genetic testing. Generally, we must obtain your authorization to release this type of information. However, there are limited circumstances under the law when this information may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.

VI. Your Rights Regarding Medical Information About You

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

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 excluding psychotherapy notes.

You must submit your request in writing to the appropriate Main Line Health office or department. You may be charged a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. You may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. You have the right to request that we amend the PHI we keep about you in your medical and billing records. To request an amendment, your request must be made in writing and submitted to the appropriate Main Line Health department or office. We may deny your request if we believe the information you wish to amend is accurate, current and complete, if the PHI was not created by Main Line Health or if other special circumstances apply.

We will ask your attending physician to review any amendments to the medical record.

Right to an Accounting of Disclosures. You have the right to request a record of all disclosures of your PHI. We are not required to give you an accounting of information we have used or disclosed for treatment, payment or health care operations or information you authorized us to disclose.

To request this list or accounting of disclosures, you must submit your request in writing to the appropriate Main Line Health Department. Your request may cover any disclosures made in the six years prior to the date of your request. However, we are not required to give you a record of disclosures that occurred before April 14, 2003.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. **We are not required to agree to 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. 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 we communicate with you about medical matters in a certain way or at a certain location.

To request confidential communications, you must make your request in writing to the appropriate Main Line Health office or department. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Revoke Your Authorization. You may revoke your authorization for us to use and disclose your PHI at any time by submitting a request in writing to the appropriate department.

VII. Changes to This Notice

We reserve the right to change this notice. Revised Notices will be posted in appropriate locations and on-line at <http://www.mainlinehealth.org>. 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 the hospital.

VIII. Complaints

If you believe your privacy rights have been violated, you may file a complaint, in writing, with the Main Line Health Privacy Officer at:

Privacy Officer, Main Line Health
Bryn Mawr Hospital
130 S. Bryn Mawr Avenue
Bryn Mawr, PA 19010

You may also wish to file a complaint with the Director, Office of Civil Rights of the U. S. Department of Health and Human Services. The Privacy Officer can supply the correct address for the Director.

You will not be penalized for filing a complaint.

IX. 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 your 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 disclosures we have already made with your permission, and that we are required to retain a record of the care that we provided to you.

This Notice is effective: April 14, 2003.

PATIENT NAME: _____

(Print full name)

MRN: _____

DATE OF BIRTH (required): _____

Acknowledgement of Receipt of Notice of Privacy Practices

By signing below, I acknowledge receipt of the *Notice of Privacy Practices* of Main Line HealthCare and the Main Line Health System ("MLHS").

Signature: _____

Date: _____

Inability to Obtain Acknowledgement (To be completed only if no signature is obtained).

No acknowledgement of receipt of Privacy Practices was obtained from the patient because: _____

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining the acknowledgement
- Other (Please specify): _____

Signature of MLHC representative: _____ Date: _____