

Effective: April 14, 2003

JOINT NOTICE OF PRIVACY PRACTICES
For
THE GOOD SAMARITAN HEALTH SERVICES FOUNDATION AND ITS
CORPORATE AFFILIATES

(Including The Good Samaritan Hospital, GSH Dialysis, Inc., GSH Emergency Medical Transport, GSH Home Med Care, Inc., GSH Urgent Care, Inc., doing business as (“d/b/a”) Priority Care, Good Samaritan Homemaker Home Health Aide Agency, Inc., Lebanon MRI Associates Ltd. d/b/a GSH Imaging Center, Lebanon Outpatient Surgical Center, LP, Professional Financial Services, Inc., and Good Samaritan Physician Services, collectively “System”)

I. 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.

This notice describes our System’s practices and that of:

- Any health care professional authorized to enter information into your patient record.
- All departments and units of the health System.
- Any member of a volunteer group we allow to help you while you are in the System.
- All employees, staff members, independent contractors, volunteers, representatives or agents of System.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

We are legally required to protect the privacy of your health information. We call this information protected health information, or PHI for short, and it includes information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose for the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in clear and prominent locations. The notice will contain on the first page, in the top right-hand corner, the effective date. You can also request a copy of this notice from the contact person listed in Section VI (Privacy Officer), below, at any time and can view a copy of the notice on our Web site at www.gshleb.org.

III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We use and disclose protected health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the most common categories of our uses and disclosures and give you some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations. We may use and disclose your PHI for the following reasons:

- 1. For treatment.** We may disclose your PHI to physicians, nurses, medical students, and other health care personnel who provide you with health care services or are involved in your care. For example, if you're being treated for a knee injury, we may disclose your PHI to the physical rehabilitation department in order to coordinate your care.
- 2. To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. Under certain circumstances, we may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
- 3. For health care operations.** We may use and disclose medical information about you for System operations. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. Under certain circumstances, we may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.

B. Certain Uses and Disclosures Do Not Require Your Authorization. We may use and disclose your PHI without your authorization for the following reasons:

- 1. When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement.** For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
- 2. For public health activities.** For example, we report information about births, deaths, and various diseases to government officials in charge of collecting

that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.

3. **For health oversight activities.** For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
4. **For purposes of organ donation.** We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
5. **For research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
6. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
7. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
8. **For workers' compensation purposes.** We may provide PHI in order to comply with workers' compensation laws.
9. **Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives or other health care services or benefits we offer.
10. **Fundraising activities.** We may use PHI to raise funds for our organization. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as part of our fundraising efforts, please contact the Privacy Officer.

C. Two Uses and Disclosures Require You to Have the Opportunity to Object.

1. **Patient directories.** We may include your name, location in a facility within this system, general condition, and religious affiliation in our patient directory for use by clergy and visitors who ask for you by name unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergencies.
2. **Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.

The opportunity to consent may be obtained retroactively in emergency situations.

D. All Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in Sections IIIA, B, and C, above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures. 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 our records of the care that we provided to you.

IV. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.

You have the following rights with respect to your PHI:

A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. To request restrictions, you must make your request in writing to the Privacy Officer. 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.

B. The Right to Request Confidential Communications. You have the right to ask that we communicate your PHI to you by alternative means or at alternative locations. For example, sending information to your work address rather than your home address. We will honor your request so long as we can easily provide it in the format you requested. To request confidential communications, you must make your request in writing to the responsible party that will be contacting you with information. Your request must specify how or where you wish to be contacted.

C. The Right to Request to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that we have. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and/or receive copies of medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If we do not have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. In the event you request that the denial be reviewed, another licensed health care professional chosen by the Privacy Officer 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.

If you request copies of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.

D. The Right to Request a Listing of the Disclosures We Have Made. You have the right to get a list of certain instances in which we have disclosed your PHI. The list will not include uses or disclosures as described in Section IIIA, B, and C. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003.

To request this list of instances in which we have disclosed your PHI, you must submit your request in writing to the 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. We will respond within 60 days of receiving your request. The list we will give you will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we may charge you for the costs of providing the list.

E. The Right to Request a Correction or an Update to Your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing to the Privacy Officer. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

F. The Right to Request a Paper Copy of this Notice. You have the right to request a paper copy of this notice. If you have received this notice electronically, you may still receive a paper copy by contacting the Privacy Officer. You may also obtain a copy of this notice at our website, www.gshleb.org.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you think that we may have violated your privacy rights, you may file a complaint with the Privacy Officer. All complaints must be in writing. You also may send a written complaint to Region III, Office for Civil Rights, U.S. Department of Health and Human

Services, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111. Complaints to the Secretary must identify the entity about which the complaint is being made, must describe the situation that gives rise to the complaint, and must be filed within 180 days of the date when the complainant knew, or should have known, of the event that gave rise to the complaint. We will take no retaliatory action against you if you file a complaint about our privacy practices.

VI. PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact:

Privacy Officer
C/o The Good Samaritan Hospital
Fourth and Walnut Streets
P.O. Box 1281
Lebanon, PA 17042
(717) 270-7779
privacyofficer@gshleb.org