To request an amendment, your request must be made in writing and submitted to the Health Information Management Department. We will comply with your request unless we believe that the information to be amended is accurate and complete or other special circumstances apply.

Right to an Accounting of Disclosures. You have a right to receive an accounting of the disclosure of PHI that we have made, except for the following disclosures:

• To carry out treatment, payment or health care operations,
• By you;
• To persons involved in your care;
• For national security or intelligence purposes; or
• To certain institutions or law enforcement officials.

You must submit your request for an accounting of disclosures in writing to the Health Information Management Department. Your request must state a time period that may not be longer than six years. In any given 12-month period we will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting of disclosures within any 12-month period will be subject to a reasonable fee for preparing the accounting.

Right to Request Restrictions. You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the PHI 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 to your request. If we agree to your request, 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 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, disclosure of PHI to a third party.

Right to Request Restrictions to a Health Plan. You have the right to request a restriction on disclosure of your PHI to a health plan (for purposes of payment or health care operations) in cases where you paid out of pocket, in full, for the items or services rendered.

Right to Confidential Communications. You may request and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations. Contact the Privacy Officer if you desire such confidential communication.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice of Privacy Practices upon request.

VI. BREACH OF UNSECURED PHI

If a breach of unsecured PHI affecting you occurs, Mercy Health System is required to notify you.

VI. SHARING AND JOINING USE OF YOUR HEALTH INFORMATION

In the course of providing services to you and in furtherance of Holy Cross Hospital’s mission to improve the health of the community, we will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

Medical Staff. The medical staff and Holy Cross Hospital participate together in an organized health care arrangement to deliver health care to you. Both Holy Cross Hospital and medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care to you by Holy Cross Hospital. Physicians and allied health care professionals who are members of Holy Cross Hospital medical staff will have access to and use your PHI for treatment, payment and health care operations.

Membership in CHE Trinity Health. Holy Cross Hospital and members of CHE Trinity Health participate together in an organized health care arrangement for utilization review and quality assessment activities. We have agreed to abide by the terms of this Notice with respect to PHI created or received as part of utilization review and quality assessment activities of CHE Trinity Health and its members. Members of CHE Trinity Health will abide by the terms of their own Notice of Privacy Practices for review and utilization of PHI for treatment, payment and health care operations. As a part of CHE Trinity Health, a national Catholic health care system, Mercy Health System and other hospitals, nursing homes, and health care providers in CHE Trinity Health share your PHI for utilization review and quality assessment activities of CHE Trinity Health, the parent company, and its members. Members of CHE Trinity Health also use your PHI for treatment, payment to Holy Cross Hospital and/or for the health care operations permitted by HIPAA with respect to our mutual patients.

Please go to CHE Trinity Health’s websites for a listing of member organizations at http://www.trinity-health.org/ and http://www.che.org/. Or, alternatively, you can call your Privacy Officer to request.

Business Associates. We will share your PHI with business associates and their Subcontractors contracted to perform business functions on Holy Cross Hospital’s behalf, including CHE Trinity Health which performs certain business functions for Holy Cross Hospital.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We will give you notice of the revised or changed notice effective for the PHI 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 hospitals and other subsidiaries and on our web site at www.holy-cross.com.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Health System or the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the Privacy Liaison at 954-771-8000.

You may also report a complaint on the Holy Cross Hospital System compliance hotline at 1-866-477-4661.

You will not be retaliated against for filing a complaint.

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For Payment. We may use and disclose your PHI so that the treatment and services you receive from the healthcare delivery system may be properly billed and collected from you, an insurance company, or a third party payer. We may only use or disclose this PHI if the plan information about treatment you received or will receive so your health plan will pay us or reimburse you for services provided to you by us. We may disclose this PHI to another provider, such as a physician, for payment purposes.

For Healthcare Operations. We use and disclose your PHI for our healthcare operations, which at Holy Cross Hospital includes internal administration and planning and various activities that improve the quality and cost effectiveness for the care that we deliver to you. For example, we may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about you and share it with other hospitals or others we work with so that additional services we offer, what services are not needed, and whether services are cost effective. We may also disclose information to doctors, nurses, technicians, students, and other personnel for review and learning purposes to govern the quality and the PHI to other providers that have a relationship with you for purposes of quality improvement, peer review, or other activities. You will be notified by us if we call you by a wrong name or in the wrong room.

We may disclose your information, as necessary, in contact to remind you of an appointment. We will share your information with third party “business associates” that perform various activities (e.g. billing, transcription, software assistance) for the health system.

Fundraising Activities. We may use information about you to contact you about donations or other fundraising opportunities. We may also disclose your PHI to a fundraising organization to raise funds for Holy Cross Hospital unless you object.

If we may sell PHI to you, we will obtain your written authorization to sell your PHI.

We may disclose your PHI to you or to your chosen recipient. We may use and disclose your PHI for purposes deemed necessary by our Institutional Review Board (IRB) and a committee that oversees and approves research involving the use of PHI. This list includes research involving research with the knowledge of the patient, who may wish to be contacted by the researcher, who is involved in providing care, if requested by the patient to the patient, or to someone the patient designates in writing. This list includes but is not limited to: (1) maintained in psychotherapy notes; (2) documenting mental health and developmental disabilities services; (3) regarding drug and alcohol abuse, prevention, treatment and referral; (4) related to HIV/AIDS testing, diagnosis or treatment and other sexually transmitted diseases; and (5) genetic testing. Generally, we must obtain your written authorization to release this type of information. However, there are limited circumstances under the law when the information may be released without your consent. For example, information about diseases and conditions that may be reported to the Department of Health.

Sale of PHI. Subject to certain limited exceptions, disclosures that constitute a sale of PHI requires your written authorization.

Other Uses and Disclosures. Any other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. You may revoke that authorization in writing, at any time. You understand that we are unable to take back any disclosures already made with your authorization.

IV. SPECIAL SITUATIONS

Organ or Tissue Donation. We will disclose PHI to an organ procurement organization or entity for organ, eye or tissue donation purposes.

Public Health Oversight or Safety. We may use and disclose PHI in response to a public health authority when a person is suspected of being an infective or non-infective threat to health and safety of a person or the public in general. For example, we may release PHI to health authorities investigating questions of public health importance, such as the spread of infectious diseases. These uses and disclosures are necessary to protect the quality or effectiveness of FDA regulated products, including collection and reporting adverse events, tracking and facilitating product recalls, etc.

Law Enforcement Purposes. We will disclose your PHI to law enforcement officials as required by law, such as identifying a criminal suspect or a missing person, and obtaining information about a crime victim or suspect.

Required by Law. We will disclose PHI about you when required by law, such as a court order or subpoena, mandatory state reporting (e.g. gunshot wounds, victims of domestic violence, reportable diseases). We may also disclose PHI to federal authorities in our capacity as a healthcare clearinghouse or health information exchange participant.

Marketing. We may use and disclose PHI for marketing activities. For example, we may use or disclose PHI in the form of unsolicitedálted mailings or telephone calls to encourage you to purchase products or services.

Research. We will obtain your written authorization to use or disclose your PHI for research purposes when required by law. We will obtain your written authorization to use or disclose your PHI without your specific authorization if the research approaches involve a minimal risk to you, and the PHI would not be used or disclosed if you had given us an opportunity to agree or object.

Individuals Involved in Your Care or Payment for Your Care. We may disclose to a person or entity who is involved in providing care, payment, or health care operations, such as a family member, legal guardian, or person appointed by you, or who is otherwise authorized by you, certain PHI.

Sensitve PHI. Federal and state laws require special privacy protections for certain highly confidential information. Such information may include personal information maintained in psychotherapy notes; documenting mental health and developmental disabilities services; regarding drug and alcohol abuse, prevention, treatment and referral; relating to HIV/AIDS testing, diagnosis or treatment and other sexually transmitted diseases; and genetic testing. Generally, we must obtain your written authorization to release this type of information. However, there are limited circumstances under the law when the information may be released without your consent. For example, information about diseases and conditions that may be reported to the Department of Health.

Research. We will obtain your written authorization to use or disclose your PHI for research purposes when required by law. We will obtain your written authorization to use or disclose your PHI without your specific authorization if the research approaches involve a minimal risk to you, and the PHI would not be used or disclosed if you had given us an opportunity to agree or object.

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