



## **Privacy Notice**

Protected Health Information

**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.**

**If you have any questions about this Notice, please contact the Privacy Officer, 225 E. Jackson Street, Jonesboro, AR, 72401, (870) 207-4422.**

We are required by law to maintain the privacy of your protected health information ("PHI"), including PHI in electronic format. PHI means individually identifiable health information that relates to your physical or mental health care or payment for such health care that is received or maintained by us.

We are also required to notify you of our legal duties and privacy practices regarding your PHI and abide by this Notice, unless more stringent laws or regulations apply. In addition, we are required to notify you of any breach of your PHI.

### **WHO WILL FOLLOW THIS NOTICE**

The St. Bernards Healthcare Affiliated Covered Entity ("St. Bernards ACE") will follow this Notice. The St. Bernards ACE is made up of the following organizations: St. Bernard's Hospital, Inc., Doctors Health Group, Inc. and St. Bernards Clinics, Inc. and each of such organization's departments and clinics. In addition, the medical staff, workforce members and others providing care at such departments and clinics will follow this Notice. The organizations in the St. Bernards ACE may share your PHI for the treatment, payment and health care operations of the St. Bernards ACE and as permitted by the Health Insurance Portability and Accountability Act, as amended ("HIPAA"), and this Notice. For a full list of each organization's departments and clinics, please contact the Privacy Officer, 225 E. Jackson Street, Jonesboro, AR 72401, (870) 207-4422 or visit [www.stbernardsinfo.com](http://www.stbernardsinfo.com). Subject to applicable law, organizations participating in the St. Bernards ACE may utilize a shared electronic health record database. Such database will implement the applicable safeguards required by HIPAA. This Notice provides detailed information about how we may use and disclose your PHI with or without authorization as well as more information about your specific rights with respect to your PHI.

### **HOW WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION**

**To Contact you:** Your PHI may be used to contact you to remind you about appointments, provide test results, inform you about treatment options or advise you about other health-related benefits and services.

**Treatment:** We may use and disclose your PHI to provide you with medical treatment or services. We may also disclose your PHI to other healthcare providers that are providing you with health care services. This includes coordinating your care with other health care providers and providing referrals to other health care providers.

Examples of health care providers who may need your PHI to treat you include your doctor, pharmacist, nurse and other providers such as physical therapists, home health providers, and technicians. We may share your PHI electronically with your health care providers to ensure that they have your PHI as quickly as possible to treat you.

We may share your PHI with any family member or friend who is involved in assisting with or paying for your health care. Except as outlined below, we will only do this if you agree or do not object to the disclosure. We will only share with them the PHI that they need in order to help you. If you are unable to either agree or object to such a disclosure we may disclose your PHI as necessary if we determine that it is in your best interest based on our professional judgment.

We may disclose PHI to a family member, relative or another person who was involved in your health care or payment for health care when you are deceased if such disclosure is not inconsistent with your prior expressed preferences.

**Payment:** In order to obtain payment for your health care services, we may have to provide your PHI to the party responsible for paying. This may include Medicare, Medicaid or your insurance company. Your insurance company or health plan may need your PHI for activities such as determining your eligibility for coverage, reviewing the medical necessity of the health care services provided to you or providing approval for hospital services or stays.

**Health Care Operations:** We may use your PHI to support our business activities and to assure that quality health care services are being provided. Some of these activities include quality assessments, peer or employee review, training of medical personnel, licensure and accreditation, data aggregation and audits.

**Business Associates:** We may share your PHI with third parties who perform services on our behalf such as transcription or billing. In those cases, we have written agreements with the third parties stating that they will not use or disclose your PHI other than as permitted or required by the agreement or as required by law.

Effective Date: May 1, 2019



**Fundraising:** We may disclose limited PHI (name, address, date of birth, department of service, treating physician, dates of treatment, outcome) to St. Bernards Hospital Development Foundation ("Foundation") which is a related organization so that the Foundation may contact you in an effort to raise money for the organizations in the St. Bernards ACE. If you do not want us or the Foundation to contact you for fundraising purposes, you must notify the President of the Foundation at 400 East St. Jonesboro, AR, 72401, 870-207-2500.

**Patient Directory:** Unless you object, your name and location may be included in our patient directory. If it is included, we will only share very limited information about you, such as your location in a hospital and general status, with anyone who asks about you by name. If you choose to provide your religious affiliation and do not object, we may provide your name and room number to clergy from your faith or religious community.

**Research:** We may disclose your PHI to researchers, provided that the research has been approved by an Institutional Review Board and/or a Privacy Board, and the research protocols have been approved to ensure your privacy. Subject to applicable law, we may disclose PHI about you to people preparing to conduct a research project.

#### **OTHER USES AND DISCLOSURES THAT WE MAY MAKE WITHOUT YOUR AUTHORIZATION**

There are a number of ways that your PHI may be used or disclosed without your authorization. Generally, these uses and disclosures are either required by law or for public health and safety purposes.

**When Required by Law:** We may use or disclose your PHI when required by law. If this happens, we will comply with the law and will only disclose the PHI necessary.

**Public Health:** We may disclose your PHI to a public health authority for public health activities. Public health activities include preventing or controlling disease, injury, disability, and responding to reports of abuse, neglect or domestic violence. We may disclose your PHI to a person or agency required to report adverse events, product defects or problems, biologic product deviations, or for product recalls, repairs or replacements. Any disclosures of this nature will be made consistent with applicable law.

**Disaster Relief:** We may disclose PHI about you to an entity assisting in a disaster relief effort so that your family and friends can be notified about your condition, status, and location.

**Health Oversight:** We may disclose your PHI to health oversight agencies for oversight activities authorized by law, such as audits, investigations, and inspections. Health oversight agencies include government agencies that oversee the Health care system, government benefit programs, government regulatory programs and civil rights.

**Legal Proceedings:** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if reasonable efforts have been made to tell you about the request, to obtain an order protecting the information requested or you have authorized the disclosure. In addition, when we are party to a legal proceeding, we may use or disclose your PHI for purposes of the legal proceeding as part of our health care operations.

**Law Enforcement:** We may use or disclose your PHI for law enforcement purposes. Examples include (1) responding to legal processes; (2) providing limited information to identify or locate a suspect; (3) providing information about crime victims; (4) reporting suspicion that death has occurred as a result of criminal conduct; (5) reporting a crime which occurred on our premises; and (6) for medical emergencies, reporting where it appears likely a crime occurred.

**Preventing a Serious Threat:** We may use or disclose your PHI if we believe in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or of the public. Disclosure may only be made to a person reasonably able to prevent or lessen the threat.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or other legally required duties. We may disclose your PHI to a funeral director in order to permit him/her to perform his/her duties. We may disclose your information to facilitate an organ, eye or tissue donation.

**Military Activity and National Security:** We may disclose the PHI of Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials to conduct national security and intelligence activities, including the provision of protective services to the President or others legally authorized to receive PHI.



**Inmates/Arrestees:** We may use or disclose your PHI to a correctional institution or law enforcement official if you are an inmate of a correctional facility or are in custody and the PHI is necessary to treat you or protect the health and safety of you, other inmates, and employees at the correctional facility or others.

**Workers' Compensation:** We may use or disclose your PHI as necessary to comply with workers' compensation laws and other similar legally established programs.

#### **USES AND DISCLOSURES OF YOUR PHI WITH YOUR AUTHORIZATION**

Certain uses and disclosures of your PHI, including marketing, sale of PHI or release of psychotherapy notes, will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent that we have already taken action in reliance on the authorization. Your written revocation must be sent to the Privacy Officer at 225 E. Jackson Street, Jonesboro, AR, 72401.

Uses and disclosures not otherwise described in this Notice will be made only with your written authorization. Federal and state laws may place additional limitations on the disclosure of PHI for drug or alcohol abuse treatment programs, sexually transmitted diseases, or mental health treatment programs. When required by law, we will obtain your authorization before releasing this type of information.

#### **YOUR RIGHTS REGARDING YOUR PHI**

**Right to Request Restrictions:** You have the right to ask us to place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. We will consider your request but are not required to agree to the restriction (except as described below). If we agree to a restriction, we will not use or disclose your PHI in violation of that restriction unless it is needed for an emergency. If a restriction is no longer feasible, we will notify you. Your request must be sent in writing to the Privacy Officer at 225 E. Jackson Street, Jonesboro, AR 72401. Please indicate whether your request is meant to apply to a single organization or all organizations participating in the St. Bernards ACE.

**Right to Restrict Disclosure to Health Plans:** You may request in writing, at the time of service that we not disclose PHI to health plans where you have paid for items or services out of pocket in full. We must agree not to disclose this information to your health plan for the purposes of payment or health care operations unless the disclosure is required by law.

**Confidential Communications:** We will accommodate reasonable requests to communicate with you about your PHI by different methods or alternative locations. For example, you may request that we mail communications to you at an alternate address. Your request must be sent in writing to the Privacy Officer at 225 E. Jackson Street, Jonesboro, AR, 72401. Please indicate whether your request is meant to apply to a single organization or all organizations participating in the St. Bernards ACE.

**Breach Notification:** You have the right to receive notification of breaches of your PHI as required by law.

**Access to Your PHI:** You have the right to receive a copy of your PHI that we maintain, with some limited exceptions. You may request access to your PHI in writing, and you may request a copy of your PHI in electronic format. We reserve the right to charge a reasonable fee for the cost of producing and providing your PHI. You have the right to request that your PHI be sent to any person or entity, such as another doctor, caregiver or online personal health record. Your request must be sent in writing to the organization's Medical Records Department. If your request is meant to apply to all organizations in the St. Bernards ACE, your request must indicate so and should be sent to the Privacy Officer at 225 E. Jackson Street, Jonesboro, AR, 72401.

**Amendment of your PHI:** You have the right to ask us to amend any of your PHI. We may deny your request in certain situations, such as when the PHI in your records was created by another provider or if we determine your PHI is accurate and complete. Any denials will be in writing. You have the right to appeal our denial by filing a written statement of disagreement. Your request must be sent in writing to the organization's Medical Records Department. If your request is meant to apply to all organizations in the St. Bernards ACE, your request must indicate so and should be sent to the Privacy Officer at 225 E. Jackson

**Accounting of Certain Disclosures:** You have a right to a listing of the disclosures we make of your PHI, except for those disclosures made for treatment, payment, or health care operations, or those disclosures made pursuant to your authorization. The type of disclosures typically contained in a listing would be disclosures made for mandatory public health purposes, law enforcement, legal proceedings, or for other required reporting such as birth and death certificates. Your request must be sent in writing to the Privacy Officer at 225 E. Jackson Street, Jonesboro, AR, 72401.  
Effective Date: May 1, 2019



Please indicate whether your request is meant to apply to a single organization or all organizations participating in the St. Bernards ACE.

**Right to a Paper Copy:** 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.

**In addition, you may obtain a copy of this Notice at [www.stbernards.info](http://www.stbernards.info).**

#### **MODIFICATION OF THIS NOTICE**

We reserve the right to modify this Notice. We reserve the right to make the revised Notice effective for 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 organizations' facilities. The effective date of the Notice will be shown on the Notice. You may view a copy of our most current Notice at [www.stbernards.info](http://www.stbernards.info), or request a current copy from the Medical Records Department, Privacy Officer, or registration staff at any time.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer or with the Secretary of the Department of Health and Human Services. To file a complaint with the Privacy Officer, write to 225 E. Jackson Street, Jonesboro, AR 72401 or call (870) 207-4422. **You will not be retaliated against for filing a complaint.**