



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 IT CAREFULLY.

When this Notice refers to “we” or “us,” it is referring to Butler Memorial Hospital, the members of its Medical Staff (including your physician(s) & other health care providers affiliated with Butler Health System and the Hospital). This Notice applies only to protected health information created or obtained in connection with medical care provided to you in the Hospital. It does not apply to care provided to you in your physician’s office or in the office of any other health care provider. If you have not previously visited your physician’s office, upon your next visit you should receive that physician’s Notice of Privacy Practices as it relates to his or her own office practice. This Notice describes how we will use and disclose your health information in the hospital. The policies outlined in this Notice apply to all of your health information generated by us in the hospital, whether recorded in your medical record, invoices, payment forms, videotapes or other ways. Similarly, these policies apply to the health information gathered from other Organization, by any health care professional, employee or volunteer who participates in your care.

Uses and Disclosures of Your Health Information

1. In some circumstances we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:

a. Uses or disclosures for purposes relating to treatment, payment and health care operations:

- i. Treatment. We may use or disclose your health information for the purpose of providing, or allowing others to provide, treatment to you or any other individual. An example would be if your primary care physician discloses your health information to another doctor for the purposes of a consultation. Also, we may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- ii. Payment. We may use or disclose your health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you. For example, we may inform your health insurance company of your diagnosis and treatment in order to assist the insurer in processing our claim for the health care services provided to you.
- iii. Health Care Operations. We may use or disclose your information for the purposes of our day-to-day operations and functions. We may also disclose your information to another covered entity to allow it to perform its day-to-day functions, but only to the extent that we both have a relationship with you. For example, we may compile your health information, along with that of other patients, in order to allow a team of our health care professionals to review that information and make suggestions concerning how to improve the quality of care provided at this facility.

We may contact you as part of our efforts to raise funds for the Organization. Only contact information such as your name, address and telephone number, the dates you received treatment or services from the hospital, your physician’s name and the department where you received treatment or services will be used. You have the right to opt-out of fundraising communications at any time and your request must be honored. All fundraising communications will include information about how you may opt-out of future fundraising communications.

- b. To create material that originally had any identifying information concerning you deleted from the final material;
- c. When required by law;
- d. For public health purposes;
- e. To disclose information about victims of abuse, neglect, or domestic violence;
- f. For health oversight activities, such as audits or civil, administrative or criminal investigations;
- g. For judicial or administrative proceedings;
- h. For law enforcement purposes;
- i. To assist coroners, medical examiners or funeral directors with their official duties;
- j. To facilitate organ, eye or tissue donation;
- k. For certain research projects that have been evaluated and approved through a research approval process that takes into account patients’ need for privacy;
- l. To avert a serious threat to health or safety;
- m. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes;
- n. For workers’ compensation purposes, as permitted by law.

(continued)

2. We may also use or disclose your health information in the following circumstances. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.
 - a. Directories. We may maintain a directory of patients that includes your name and location within the facility, your religious designation, and information about your condition in general terms that will not communicate specific medical information about you. Except for your religion, we may disclose this information to any person who asks for you by name. We may disclose all directory information to members of the clergy.
 - b. Notifications. We may disclose to your relatives or close personal friends any health information that is directly related to that person's involvement in the provision of, or payment for, your care unless prohibited by law or specifically requested by you. We may also use and disclose your health information for notifying relatives or friends in disaster situations.

Clinical Connect Health Information Exchange

Butler Health System ("Provider") participates in the Clinical Connect Health Information Exchange (HIE) Generally, an HIE is an organization that regional providers (hospitals, health systems, physician groups) participate in to exchange patient information in order to facilitate health care, avoid unnecessary services (such as tests) and to reduce the likelihood that medical errors will occur. By participating in the HIE, Provider may share certain of your health information with other providers that participate in the HIE (each a "Participating Provider") or participants of other health information exchanges who need the information in order to provide treatment to you. This health information includes, but is not limited to: General laboratory results including microbiology; Pathology test results including biopsies, Pap smears, etc.; Radiology results including x-rays, MRIs, CT scans, etc.; Results of outpatient diagnostic testing including GI testing such as colonoscopies, cardiac testing such as EKGs, stress tests, or catheterization results, neurological testing, etc.; Health Maintenance documentation; Problem list documentation; Allergy list documentation; Immunization (vaccination) profiles; Medication lists; Progress notes (physician notes); Consultation notes; Discharge instructions; Inpatient operative reports; Emergency Room visit discharge summary notes; and Urgent Care visit progress notes. All Participating Providers have agreed to a set of standards relating to their use and disclosure of health information available through the HIE. These standards are intended to comply with all applicable state and federal laws.

As a result, you understand and agree that unless you notify your Provider that you do not wish for your health information to be available through the HIE ("Opt-Out")

Health information that results from any Participating Provider providing services to you will be made available through the HIE for appropriate use necessary for your medical care.

Regardless of whether you choose to opt-out of the HIE, your health information will still be provided to the HIE (sent to the HIE and stored within the HIE). However, if you choose to opt-out, the HIE will not exchange (will not allow for others in the HIE to access) your health information with other providers. Additionally, please note that you cannot choose to have only certain providers access your health information through the HIE;

All Participating Providers who provide services to you will have the ability to access your information. However, Participating Providers that do not provide services to you will not have access to your information;

Information available through the HIE may be provided to others as necessary for referral, consultation, treatment and/or the provision of other treatment-related healthcare services to you. This includes providers, pharmacies, laboratories, etc.

Your information may be disclosed for payment related activities associated with your treatment by a Participating Provider; and your information may be used for healthcare operations related activities by Participating Providers.

The following information will not be included within the information sent to the HIE: Mental health/behavioral health/psychiatric records.

You may opt-out at any time by notifying Butler Health System.

You may opt-out at any time, however please note that your health information will no longer be accessible through the HIE. However, your opt-out does not affect health information that was previously disclosed through the HIE prior to the time that you opted out.

A list of Participating Providers may be found at: www.clinicalconnecthie.com

Except as described above, disclosures of your health information will be made only with your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

(continued)

Your Rights

1. **To Request Restrictions.** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment or health care operations purposes or notification purposes. We are not required to agree to your request. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Contact listed at the end of this Notice.

If you pay out-of-pocket for specific services, you may request that PHI about that service not be disclosed to your health plan. We will grant such requests; however, the restriction does not prevent us from disclosing the subject PHI to the health plan when the health plan needs that information to treat you.

2. **To Limit Communications.** You have the right to receive confidential communications about your own health information by alternative means or at alternative locations. This means that you may, for example, designate that we contact you only at work rather than home. To request communications via alternative locations, you must submit a written request to the Contact listed on the final page of this Notice. All reasonable requests will be granted.
3. **To Access and Copy Health Information.** You have the right to inspect and copy any health information about you other than psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. If your records are maintained in an electronic format, you may request a copy in electronic format, or designate that we send your records to a third party in electronic format. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to the Contact listed on the last page of this Notice. If you request copies, you will be charged a state-regulated fee for copying and mailing the requested information.
4. **Breach Notification.** In certain instances, you have the right to be notified in the event that we, or one of our Business Associates, discover an unauthorized use or disclosure of your health information. Notice of any such use or disclosure will be in accordance with state and federal requirements.

Despite your general right to access your Protected Health Information, access may be denied in some limited circumstances. For example, access may be denied if you are an inmate at a correctional institution or if you are a participant in a research program that is still in progress. Access may be denied if the Federal Privacy Act applies. Access to information that was obtained from someone other than a health care provider under a promise of confidentiality can be denied if allowing you access would reasonably be likely to reveal the source of the information. The decision to deny access under these circumstances is final and not subject to review.

In addition, access may be denied if:

- (i) access to the information in question is reasonably likely to endanger the life and physical safety of you or anyone else,
- (ii) the information makes reference to another person and your access would reasonably be likely to cause harm to that person, or
- (iii) you are the personal representative of another individual and a licensed health care professional determines that your access to the information would cause substantial harm to the patient or another individual. If access is denied for these reasons, you have the right to have the decision reviewed by a health care professional who did not participate in the original decision. If access is ultimately denied, the reasons for that denial will be provided to you in writing.

5. **To Request Amendment.** You may request that your health information be amended. Your request may be denied if the information in question: was not created by us (unless you show that the original source of the information is no longer available to seek amendment from), is not part of our records, is not the type of information that would be available to you for inspection or copying (for example, psychotherapy notes), or is accurate and complete. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates. Requests to amend health information must be submitted in writing to the Contact listed at the end of this Notice.

(continued)

- 6. To obtain an Accounting of Disclosures.** You have the right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request. However, the following disclosures will not be accounted for:
- (i) disclosures made for the purpose of carrying out treatment, payment or health care operations,
 - (ii) disclosures made to you,
 - (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts,
 - (iv) disclosures for national security or intelligence purposes,
 - (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure,
 - (vi) disclosures that occurred prior to April 14, 2003,
 - (vii) disclosures made pursuant to an authorization signed by you,
 - (viii) disclosures that are part of a limited data set,
 - (ix) disclosures that are incidental to another permissible use or disclosure, or
 - (x) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Contact listed at the end of this Notice.
- 7. Right to a Paper Copy of this Notice.** 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.

Other Uses of Health Information

Other uses and disclosures of protected health 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 with an authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, 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.

Our Duties

1. We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices.
2. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted on our website and at our facility, and will be available from us upon request.

You can complain to us and to the Secretary of the federal Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with us, please file a written complaint with the Contact set forth below. This Contact will also provide you with further information about our privacy policies upon request. You will not be retaliated against in any way and no action will be taken against you for filing a complaint.

**For more information locally, contact
Privacy Officer, Butler Memorial Hospital,
One Hospital Way, Butler, PA 16001**

724-284-4868

Butler Memorial Hospital is an equal opportunity employer and does not discriminate on any basis, including a person's age, sex, color, race, religious beliefs, national origin, disability or lifestyle. BMH also provides services without discrimination regardless of a person's age, sex, color, race, religious beliefs, national origin, disability, veteran's status, lifestyle, or source of payment.

Effective Date: September 23, 2013