



NOTICE OF PRIVACY PRACTICE FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

MEMORIAL HEALTH SYSTEMS' PLEDGE TO YOU

Memorial Health Systems understands that medical information about you is personal, and we are dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices with respect to protected health information. Memorial Health Systems is required by law to abide by the terms of this notice and we reserve the right to change the terms of this notice making any revision applicable to all the protected health information we maintain. If Memorial Health Systems revises the terms of this notice, we will post a revised notice at the Hospital and on the Hospital's website and will make paper copies of this Notice of Privacy Practices for Protected Health Information available upon request.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED

Memorial Health Systems may use or disclose your medical information for treatment, payment or health care operations. **"Treatment"** means the provision or coordination of health care services, including consultations between health care providers and referrals from one health care provider to another. An example of treatment is if your primary care physician discloses your health information to another physician for the purposes of consultation. **"Payment"** includes activities that allow us, as well as other entities, to be paid for the 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 payment for the health care services we provide to you. **"Health care operations"** means the day-to-day operations and functions of the Health Systems. 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 at the Health Systems.

Memorial Health Systems may also use and/or disclose your information in accordance with Federal and State laws for the following purposes:

- Memorial Health Systems may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Memorial Health Systems may disclose medical information when required by the United States Department of Health and Human Services as part of an investigation or determination of the Health Systems' compliance with relevant laws.
- Unless you object, Memorial Health Systems will include general information including your name, location in the Hospital, your condition described in general terms (good, fair, etc.) and your religious affiliation in a directory of individuals located in the Hospital. The directory information, except for your religious affiliation, will be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, even if they do not ask for you by name.
- Unless you object, Memorial Health Systems may disclose to family members, other relatives or close personal friends the medical information directly relevant to such person's involvement with your care.
- Unless you object, Memorial Health Systems may use or disclose your medical information to notify a family member, a personal representative or another person responsible for your care, of your location, general condition or death.
- Unless you object, Memorial Health Systems may disclose your medical information to a public or private entity for the purpose of coordinating with that entity to assist in disaster relief efforts.
- Memorial Health Systems may use or disclose your medical information for public health activities including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. Memorial Health Systems may disclose your medical information to a health oversight agency for oversight activities authorized by law including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.
- Memorial Health Systems may disclose your medical information in the course of certain judicial or administrative proceedings.
- Memorial Health Systems may disclose your medical information for law enforcement purposes or other specialized governmental functions.

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- Memorial Health Systems may disclose your medical information to a coroner, medical examiner or a funeral director.
- If you are an organ donor, Memorial Health Systems may disclose your medical information to an organ donation and procurement organization.
- Memorial Health Systems may use or disclose your medical information for certain research purposes.
- Memorial Health Systems may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or the public.
- Memorial Health Systems may disclose your medical information authorized by laws relating to workers' compensation or similar programs.
- Memorial Health Systems may disclose your medical information when required by law.
- Memorial Health Systems may disclose medical information to report information regarding victims of abuse, neglect or domestic violence.
- Memorial Health Systems may contact you to raise funds for the Health Systems.

Memorial Health Systems will not use or disclose your medical information for any other purpose than stated above without your written authorization. Once given, you may revoke your authorization in writing at any time.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights with respect to your medical information:

- The right to request restrictions on certain uses and disclosures of your medical information. Memorial Health Systems is not required to agree to your requested restriction.
- The right to receive communications from Memorial Health Systems in a confidential manner.
- The right to inspect and/or copy your medical information. This right is subject to certain specific exceptions, and you may be charged a fee for any copies of your records. If we deny your request to review or obtain a copy of your medical information, you may submit, to the Privacy Officer, a written request for a review of that decision.
- The right to request an amendment of your medical information. Such request must be in writing. Memorial Health Systems may deny your request for certain specific reasons and, if denied, the Health Systems will provide you with a written explanation for the denial and information regarding further rights you would have at that point.
- The right to receive an accounting of the disclosures of your medical information made by Memorial Health Systems in the six years prior to your request except for disclosures for treatment, payment or Health Systems operational purposes, where you specifically authorized a disclosure, incidental disclosures, disclosures to individuals of their own information, disclosures for which an opportunity to object was provided, disclosures to correctional institutions or for national security purposes, disclosures as part of a limited data set and/or disclosures that occurred prior to April 14, 2003. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list.
- The right to obtain a paper copy of this Notice of Privacy Practices for Protected Health Information.
- The right to complain to Memorial Health Systems and/or to the United States Department of Health and Human Services if you believe that the Hospital has violated your privacy rights. To complain to Memorial Health Systems, please contact the Director of Quality at (717) 849-5336 or by writing to the Director of Quality at P.O. Box 15118, York, PA 17405. Under no circumstance will you be penalized or retaliated against for filing a complaint.

If you would like further information regarding your rights or regarding the uses and disclosures of your medical information, you may contact Memorial Health Systems' Privacy Officer at (717) 849-5306 or by writing P.O. Box 15118, York, PA 17405.