



Spectrum Health Services, Inc.
NOTICE of PRIVACY PRACTICES

Revised January 5th, 2020

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

Our Responsibilities

A. WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU.

We understand that your health information is personal. We create a record of the care and services you receive. We need this record to provide you with quality of care and to comply with certain legal requirements. We are committed to protecting this information.

We are required to protect the privacy of health information about you and that can be identified with you, which is called "protected health information", or "PHI" for short. We must give you notice of our legal responsibilities and privacy practices concerning PHI.

- We must secure PHI that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care
- We must notify you about how we secure PHI about you
- We must explain how, when and why we use and/or disclose PHI about you
- We may only use and/or disclose PHI as we have described in this Notice
- We may use and disclose protected health information (PHI) about you in the following circumstances:
 - We may use and disclose PHI about you to provide health care treatment to you
 - We may use and disclose PHI about you to obtain payment for services
 - We may use and disclose your PHI for health care operations
 - We may use and disclose PHI under other circumstances without your authorization
 - We may contact you about appointment reminders
 - We may contact you with information about treatment, services, products or health care providers
 - We may contact you for fundraising activities

To obtain a full copy of this notice, please see the front desk staff. If you are not satisfied with how we handle your Protected Health Information, you may file a complaint about our privacy practices by contacting our Chief Compliance Officer at (215) 471-2761.



Your Rights Under the Privacy Rule

- You can object to certain uses of disclosures
- You have several rights regarding PHI about you
- You have the right to request restrictions on uses and disclosures of PHI about you
- You have the right to request different ways to communicate with you
- You have the right to see and copy the PHI about you
- You have the right to request amendment of PHI about you
- You have the right to a listing of disclosures that we have made
- You have the right to a copy of this Notice

We are required to follow procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions for all PHI that we maintain by first:

1. Posting the revised notice in our facilities.
2. Making copies of the revised notice available upon request (*either at our facilities or through the contact person listed in this Notice*).
3. Posting the revised notice on our website.

Spectrum Health Services participates with one or more secure health information organization networks (each, an “HIO”), including an HIO called “HealthShare Exchange of Southeastern Pennsylvania, Inc., (“HSX”), which makes it possible for Spectrum Health Services to share your Health Information electronically through a secure connected network.

Spectrum Health Services may share or disclose your Health Information to HSX and other secure HIOs, including HIOs contracted with the Commonwealth of Pennsylvania, and even HIOs in other states.

Other health care providers, including physicians, hospitals and other health care facilities, that are also connected to the same HIO network as Spectrum Health Services can access your Health Information for treatment, payment and other authorized purposes, to the extent permitted by law.

You have the right to “opt-out” or decline to participate in having Spectrum Health Services share your Health Information through networked HIOs.

If you choose to opt-out of data-sharing through HIOs, Spectrum Health Services will no longer share your Health Information through an HIO network, however it will not prevent how your information otherwise is typically accessed and released to authorized individuals in accordance with the law, including being transmitted through other secure mechanisms (i.e., by fax or an equivalent technology).

B. WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES.

- 1) We may use and disclose PHI about you to provide health care treatment to you.



We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding our treatment and coordinating and managing your health care with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and disclose PHI about you when referring you to another health care provide.

Example: Your doctor may need to refer you to a cardiologist for further diagnosis and possible treatment. The sharing of your medical information to the cardiologist is necessary in order that the proper health care is given to you.

Example: Your doctor may share medical information about you with another health care provider. *Note: if you are referred to another doctor, that doctor will need to know if you are allergic to any medications. Similarly, your doctor may share PHI about you with a pharmacy when calling in a prescription.

2) We may use and disclose PHI about you to obtain payment for services.

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under our plan or policy and for approval of payment before we provide the services. We may also share portions of your medical information with the following:

- Billing and Collections
- Insurance companies, health plans and their agents which provide you coverage

3) We may use and disclose your PHI for health care operations.

We may use and disclose PHI in performing business activities, which we call “health care operations.” These “health care operations” allow us to improve the quality of care we provide and reduce health care costs. Examples of the way we may use and disclose PHI about you for “health care operations” include, but are not limited to the following:

- Reviewing and improving the quality, efficiency, and cost of care that we provide to you and our other patients. For example, we may use PHI about you to develop ways to assist our healthcare providers and staff in deciding what medical treatments should be provided to others
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you
- Providing training programs for trainees, health care providers or support staff professionals (*for example, registrars, medical assistants. etc.*) to help them practice or improve their skills
- Cooperating with outside organizations that assess the quality of the care we and



others provide: These organizations might include government agencies, or accrediting bodies such as Primary Care Efficiency Review Teams or Joint Commission on Accreditation of Healthcare Organizations

- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty
- Assisting various people who review our activities: For example, PHI may have been seen by nurses or doctors reviewing the services we provide to you and by accountants, lawyers, and others who assist us in complying with applicable laws
- Planning for our organization's future operations and fundraising for the benefit of our organization
- Conducting business management and general administrative activities related to our organization and the services it provides, including providing information
- Resolving grievances within our organization
- Complying with this Notice and with applicable laws

4) We may use and disclose PHI under other circumstances without your authorization. Those circumstances include:

- When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding
- When the use and or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition
- When the disclosure relates to victims of abuse, neglect or domestic violence, sexually transmitted diseases, lead levels, etc.
- When the use and /or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations
- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries
- When the use and/or disclosure relates to the deceased. For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you, should you die
- When the use and /or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and eminent threat to the health or safety of a person or the public
- When use and disclosure relates to the facilitation of organ tissue, and eye donation transplantation
- When medical information to Workers' Compensation may be released as required by Workers' Compensation laws. This program provides benefits for work-related injuries and illnesses



5) You can object to certain uses and disclosures.

Unless you object, we may use or disclose PHI about you in the following circumstances:

- We may share with a public or privacy agency (for example, American Red Cross) PHI about you for disaster relief purposes
- Even if you object, we may not agree and still may share the PHI about you, if necessary, for emergency purposes
- If you would like to object to our use or disclosure of PHI about you in the above circumstances, please call our contact person listed on the cover page of this notice

6) We may contact you to provide appointment reminders.

We may use and /or disclose PHI to contact you to provide a reminder to you about an appointment you have for an office visit for medical care.

7) We may contact you with information about treatment, services, products or health care providers.

We may use and /or disclose PHI to manage or coordinate your health care. This may include telling you about treatments, services, products and /or other healthcare providers.

Example: if you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

8) We may contact you for fundraising activities.

We may use and/or disclose PHI about you, including disclosure to a foundation, to contact you to raise money for the community health center and its operations. We would only release contact information and the dates you received treatment or services at the community health center. If you do not want to be contacted in this way, you must notify in writing our contact person listed on the cover page of this Notice.

ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION.

Under no circumstances other than those listed above, will we ask for your written authorization before we can use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures, which were being processed before we received your cancellation.

C. YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU:

- 1) You have the right to request restrictions on uses and disclosures of PHI about you.**



You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures as described in Section B, pages three through four (3-4) item 4 in this notice. You may request a restriction by notifying your health care provider.

2) You have the right to request different ways for us to communicate with you.

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number, or by e-mail.

Your request must be in writing. We must accommodate reasonable request, but, when appropriate, we may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by notifying the person registering you or your health care provider.

3) You have the right to see and copy PHI about you.

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. If you request a copy of the PHI, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. Instead of providing you with a full copy of the PHI, we may give you a summary of explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI by contacting the Medical Records Department.

4) You have the right to request amendment of PHI about you.

You have the right to request that we make amendments to clinical, billing, and other records used to make a decision about you. Your request must be in writing and must explain your reason (s) for the amendment.

We may deny your request if:

- The information was not created by us (*unless you prove the creator of the information is no longer available to amend the record*).
- The information is not part of the records used to make decisions about you.
- We believe the information is incorrect and incomplete; or
- You would not have the right to see and copy the record as described in item three (3) above



We will tell you the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment. You may request an amendment of your PHI by contacting the Medical Records Department @ (215) 471-2761.

5) You have the right to a listing of disclosures we have made.

If you ask our contact person in writing, you have the right to receive a written list of certain disclosures of PHI about you. You may ask for disclosures made up to five (5) years before your request (*not including disclosure made prior to January 1st, 2015*). We are not required to include disclosures:

- For your treatment
- For billing and collection of payment for your treatment
- For our health care operations.

Requested by you, that you authorized, or which are made to individuals involved in your care, and allowed by law (*for examples, please see Section B, pages three through four (3-4) item 4 in this notice.*

The list will include the date of the disclosure, the name (*and address, if available*) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If you request a list of disclosures more than once in 12 months, we will charge you a reasonable fee. You may request a listing of disclosures by contacting the Medical Records Department.

6) You have a right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time by contacting the Patient Service Representative or your health care provider. We will provide a copy of this notice no later than the date you first receive service from us (*except for emergency services, and then we will provide the Notice to you as soon as possible.*) This facility has internet and the Notice of Privacy Practices is also posted on the website @ www.spectrumhs.org.

We reserve the right to revoke the terms of this notice and make the new notice provisions effective for all PHI that it maintains. If we revise this notice, a copy will be made available to you upon request.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

If you think your privacy rights have been violated by us, or you want to complain to us about our privacy practices, you can contact the staff listed below:



- Chief Compliance Officer @ (215) 471-2761.
- All complaints will be investigated by us to help resolve any issues you may have.
- You may also send a written complaint to the United States Secretary of the Department of Health and Human Services.
- If you file a complaint, we will not take any action against you or change our treatment of you in any way.

EFFECTIVE DATE OF NOTICE.

This Notice of Privacy Practices is effective January 8, 2020.