

# TITUSVILLE AREA HOSPITAL NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed (shared) and how you can get access to (see and copy) your health information. Please review this notice carefully.

## What Is a Notice of Privacy Practices?

Titusville Area Hospital creates and maintains records that contain information about your health and the care and services you receive at the Hospital. We need that information in order to provide you with quality care and to comply with the law. Under federal law, we are required to maintain the privacy of your health information. We are also required to notify you about how we use your health information. This privacy notice tells you about the ways we may use and share your health information, as well as the legal obligations we have in regard to your health information.

## Our Duty to Protect Your Health Information

We are required by law to:

- Make sure that information that identifies you is kept confidential and is protected by the Hospital.
- Provide you with this privacy notice that describes the ways we use and share your health information and your rights under the law about your health information.
- Follow the privacy notice that is currently in effect at the time your health information is used or disclosed.

## How We Use and Share Your Health Information

The law permits us to use and share your health information in certain defined ways. For some of those ways, federal law authorizes us to use and share your health information without your permission. In other cases, we need your express authorization in order to use or share your health information. The following is a description and example of the ways in which we may use and disclose your health information.

## **A. Situations where the law allows us to use and share your health information with others without your consent.**

**1. Treatment:** We may provide health information about you to doctors, nurses, technicians, medical students, and other people and places that provide medical care to you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We also may disclose health information about you to people and places outside the Hospital who may be involved in your medical care after you leave the facility—such as nursing homes, home-care agencies, and medical providers who may provide follow-up care.

**2. Payment:** We may disclose your health information so that the treatment and services you receive or are going to receive can be approved and billed to you or to health insurance companies or other payors. For example, we may need to give your health plan information about care you received so your health plan will pay for the care.

*Exception:* If you have health insurance but choose to pay for your treatment out of pocket, you may tell us to not tell your insurer about that treatment. If you ask, we will not share information about your treatment with your health plan for the purposes of payment or health care operations. This only applies if you pay the full cost of your care yourself. Please be advised that you may be required to disclose this medical information if further treatment is required for which you have not paid in full. By way of example, if the medical information is necessary to obtain insurance coverage for a medication that is ordered to treat the condition that is subject to the restricted medical information.

**3. Health Care Operations:** We may disclose your health information for the business operations of Titusville Area Hospital. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performances of our staff in caring for you.

**4. Business Associates.** We may share your health information with “business associates” who perform legal, accounting, billing, consulting, data management, accreditation, and other similar services on our behalf. For example, we may share your health information with a billing company we hire to bill for the services we provide. We may also use and disclose your health information to maintain our status with hospital-accreditation organizations. Our business associates must agree in writing to protect the confidentiality of your health information.

**5. Appointment Reminders:** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at the Hospital.

**6. As Required By Law:** We may use or disclose your health information to the extent required by law, provided that the use or disclosure complies with and is limited to the relevant requirements of the law.

**7. Fundraising Activities:** We may use and/or disclose your demographic information and the dates that you received treatment as necessary to contact you for fundraising purposes. You have a right to opt out of receiving fundraising communications by calling 800-950-1851 ext. 4520 or 814-827-1851 ext. 4520

**8. Research:** If a researcher has obtained the required waiver and has demonstrated that the information is necessary to the research and poses a minimal risk of inappropriate use or disclosure, we may use and disclose health information about you for research purposes. If a researcher has not obtained the required waiver, we will not disclose the information without your written authorization, other than in a limited data set as described below.

**9. Limited Data Set:** For purposes of research, public health, or health care operations, it may be necessary to use and/or disclose some of your medical information for activities or to persons not otherwise authorized to receive your information. In this situation, we may use your medical information to create a limited data set in which certain required direct identifiers (such as your name) have been removed. We will disclose the information in the limited data set for these purposes only if we have obtained satisfactory assurances from the recipient that the recipient will only use and/or disclose the information for limited purposes.

**10. To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**11. Victim of Abuse, Neglect, or Domestic Violence:** If we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your health information to a government authority. We will make this disclosure if it is necessary to prevent serious harm to you or other potential victims, you are unable to agree due to your incapacity, you agree to the disclosure, or when required by law.

**12. Organ and Tissue Donation:** For the purpose of facilitating organ, eye, or tissue donation and transplantation, we may use or disclose health information to

organizations that handle organ procurement, banking, or organ, eye, or tissue transplantation.

**13. Workers' Compensation:** We may release health information about you for workers' compensation or similar programs that are established by the law to provide benefits for work-related injuries or illness without regard to fault.

**14. Public Health Activities:** To the extent authorized or required by law, we may disclose your health information to a public health authority to report a birth, death, disease, or injury, as part of a public health investigation, and to report child or adult abuse, or domestic violence. To the extent authorized or required by the Food and Drug Administration, we may disclose your health information to persons authorized to report adverse events, track products, enable product recalls, repairs, or replacement, and/or conduct post-marketing drug surveillance.

**15. Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**16. Law Suits and Disputes:** We may disclose health information about you as required by a court or administrative order or under certain circumstances in response to a subpoena, discovery request, or other legal process.

**17. Law Enforcement:** We may release health information to law enforcement officials as required by law. Under limited circumstances we may release your health information to report a crime or in response to a court order, grand jury subpoena, warrant, or administrative request.

**18. Coroners, Medical Examiners, and Funeral Directors:** Consistent with applicable law, we may release health information to a coroner, medical examiner, or funeral director.

**19. Specialized Government Functions:** Health information may be disclosed for military and veterans affairs, national security and intelligence, or for correctional activities. For example, if you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may share your health information with the correctional institution or the officer.

**B. Situations where you have an opportunity to agree or object to us using and sharing your health information.**

The following is a description of ways in which we may use and disclose your information without written consent or authorization. We will attempt to obtain

your permission prior to making a disclosure for these purposes. You may ask us not to make these disclosures. Your permission or objection may be oral. If we are unable, due to your incapacity or unavailability, to obtain your permission, we may use or disclose some or all of this information if, based on our professional judgment, we believe it is in your best interest.

**1. Hospital Directory:** We may include certain limited information about you in the Hospital directory while you are a patient at the Hospital. This information may include your name, location in the Hospital, your general condition (e.g. fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the Hospital and generally know how you are doing.

**2. Individuals Involved in Your Care or Payment for Your Care:** We may release health information about you to a friend or family member who is involved in your medical care. We may also tell your family or friends your condition and that you are in the Hospital. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**C. For all other situations, we need your written authorization to use or share your health information.**

Other uses and/or disclosure of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization, specifically including, but not limited to:

**1. Psychotherapy Notes:** An authorization is required prior to any use or disclosure of psychotherapy notes.

**2. Marketing:** An authorization is required prior to any use or disclosure for marketing purposes.

**3. Sales of Protected Health Information:** An authorization is required prior to any use or disclosure that constitutes a sale of Protected Health Information that is not otherwise incorporated into an appropriate health care operation.

When we share health information with others outside of the Hospital, we will take efforts to limit what we share to the information that is reasonably necessary for the task.

## **D. Your Rights Regarding Health Information About You**

The law gives you the following rights about your health information:

**1. Right to Inspect and Copy:** You have the right to inspect and copy your health information maintained at the Hospital. You must submit your request in writing to our Privacy Officer. If you request a copy of your health information, we may charge fees as permitted by law for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the Hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with whatever that person decides.

**2. Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by our Hospital. To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us; (2) is not part of the health information kept by or for the Hospital; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete as is.

**3. Right to Receive Notice in the Event of a Breach:** You have the right to receive notice in the event of a Breach. A Breach is any unauthorized acquisition, access, use or disclosure of your medical information. In the event of a Breach, we will notify you within sixty (60) days of the Breach's discovery. The notice will inform you about the circumstances surrounding the Breach, what information was accessed, what, if anything, you need to do to protect yourself, and what we are doing to mitigate your damages. We will also provide you with a phone number and email address should you have additional questions about the Breach.

**4. Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures by the Hospital. This will be a list of people and organizations that received or accessed your health information. To request an accounting you must submit a written request to our Privacy Officer. Your request

should indicate in what form you want the list (for example, on paper or electronically). You must also tell us how far back in time you want us to go, which may not be longer than six years. The right to an accounting does not apply to all disclosures. For example, you do not have a right to an accounting of disclosures to carry out treatment, payment, or health care operations.

*Exception:* If we maintain your health information using an electronic medical record system, and you ask for an accounting of disclosures, we must include all disclosures, including those made to carry out treatment, payment, and health care operations. Also, if your health information is maintained by our business associates in electronic form, you also have the right to ask our business associates for an accounting of their disclosures. We will provide you with a list of all of our business associates and how to contact them.

**5. Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request a restriction, you must make your request in writing to our 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, disclosures to your spouse. The written request may be given to the registration clerk at the time of registration for data entry before it is forwarded to our Privacy Officer.

We may terminate an agreed upon restriction without your consent. In that situation the restriction will only apply to protected health information created or received before you were informed of the termination of the restriction.

**6. The Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**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. You may view an electronic copy of this notice on our website, [www.titusvillehospital.org](http://www.titusvillehospital.org). To obtain a paper copy of this notice, you may print one from our website or contact Patient Services or our Privacy Officer.

### **Changes to this Notice**

We reserve the right to change this notice and to make the new notice provisions effective for all health information that we maintain. We will post a copy of the current notice in the Hospital. In addition, each time you register at or are admitted to the Hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

### **Questions and Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the Hospital, your complaints must be submitted in writing to our Privacy Officer at the address listed below. You will not be retaliated against for filing a complaint.

If you have questions about this privacy notice, please contact our Privacy Officer at the address listed below.

Titusville Area Hospital  
Attn: Privacy Officer  
406 West Oak Street  
Titusville, PA 16354  
814-827-1851 or 800-950-1851  
[www.titusvillehospital.org](http://www.titusvillehospital.org)  
Email: [bstevenson@mmchs.org](mailto:bstevenson@mmchs.org)

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