



NOTICE OF PRIVACY PRACTICES

Effective Date: 09/16/13

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.

Our Lady of Lourdes Healthcare Services Inc. (Now referred to as Lourdes Health System) required by the Health Insurance Portability and Accountability Act of 1996, and the Health Information Technology for Economic and Clinical Health Act (found in Title XIII of the American Recovery and Reinvestment Act of 2009) (collectively referred to as "HIPAA"), as amended from time to time, to maintain the privacy of individually identifiable patient health information (this information is "protected health information" and is referred to herein as "PHI"). We are also required to provide patients with a Notice of Privacy Practices regarding PHI. We will only use or disclose your PHI as permitted or required by applicable state law. This Notice applies to your PHI in our possession including the medical records generated by us.

Lourdes Health System understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how we will use and disclose your PHI.

This Notice applies to the delivery of health care by Lourdes Health System and its medical staff in the main hospital, outpatient departments, clinics and hospital practices. This Notice also applies to the utilization review and quality assessment activities of CHE Trinity Health and Lourdes Health System as a member of CHE Trinity Health, a Catholic health care system with facilities located in multiple states throughout the United States.

I. Permitted Use or Disclosure

A. Treatment: Lourdes Health System will use and disclose your PHI to provide, coordinate, or manage your health care and related services to carry out treatment functions. The following are examples of how Lourdes Health System will use and/or disclose your PHI:

- To your attending physician, consulting physician(s), and other health care providers who have a legitimate need for such information in your care and continued treatment.
- To coordinate your treatment (e.g., appointment scheduling) with us and other health care providers such as name, address, employment, insurance carrier, etc.
- To contact you as a reminder that you have an appointment for treatment or medical care at our facilities.
- To provide you with information about treatment alternatives or other health-related benefits or services.
- If you are an inmate of a correctional institution or under the custody of a law enforcement officer, the Lourdes Health System will disclose your PHI to the correctional institution or law enforcement official.

B. Payment: Lourdes Health System will use and disclose PHI about you for payment purposes. The following are examples of how Lourdes Health System will use and/or disclose your PHI:

- To an insurance company, third party payer, third party administrator, health plan or other health care provider (or their duly authorized representatives) for payment purposes such as determining coverage, eligibility, pre-approval / authorization for treatment, billing, claims management, reimbursement audits, etc.
- To collection agencies and other subcontractors engaged in obtaining payment for care.

C. Health Care Operations: Lourdes Health System will use and disclose your PHI for health care operations purposes. The following are examples of how Lourdes Health System will use and/or disclose your PHI:

- For case management, quality assurance, utilization, accounting, auditing, population based activities relating to improving health or reducing health care costs, education, accreditation, licensing and credentialing activities of Lourdes Health System.
- To consultants, accountants, auditors, attorneys, transcription companies, information technology providers, etc.

D. Other Uses and Disclosures: As part of treatment, payment and health care operations, Lourdes Health System may also use your PHI for the following purposes:

- **Fundraising Activities:** Lourdes Health System will use and may also disclose some of your PHI to a related foundation for certain fundraising activities. For example, Lourdes Health System may disclose your demographic information, your treatment dates of service, treating physician information, department of service and outcomes information to the foundation who may ask you for a monetary donation. Any fundraising communication sent to you will let you know how you can exercise your right to opt-out of receiving similar communications in the future.

- **Medical Research:** Lourdes Health System will use and disclose your PHI without your authorization to medical researchers who request it for approved medical research projects. Researchers are required to safeguard all PHI they receive.

- **Information and Health Promotion Activities:** Lourdes Health System will use and disclose some of your PHI for certain health promotion activities. For example, your name and address will be used to send you general newsletter or specific information based on your own health concerns.

E. More Stringent State and Federal Laws: The State law of New Jersey is more stringent than HIPAA in several areas. Certain federal laws also are more stringent than HIPAA. Lourdes Health System will continue to abide by these more stringent state and federal laws.

i. More Stringent Federal Laws: The federal laws include applicable internet privacy laws, such as the Children's Online Privacy Protection Act and the federal laws and regulations governing the confidentiality of health information regarding substance abuse treatment.

ii. More Stringent State Laws: State law is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also is more restrictive when the records are more protected from disclosure by state law than under HIPAA. In cases where Lourdes Health System provides treatment to a patient who resides in a neighboring state, Lourdes Health System will abide by the more stringent applicable state law. Refer below for more stringent state law protections in states in which Lourdes Health System conducts business:

HIV/AIDS Related Information. Your Authorization must expressly refer to your HIV/AIDS related information in order to permit us to disclose your HIV/AIDS related information. However, there are certain purposes for which we may disclose our HIV/AIDS information, without obtaining Your Authorization: (1) your diagnosis and treatment; (2) scientific research; (3) management audits, financial audits or program evaluation; (4) medical education; (5) disease prevention and control when permitted by the New Jersey Department of Health and Senior Services; (6) to comply with a certain type of court order; and (7) when required by law, to the Department of Health and Senior Services or another entity. You also should note that we may disclose your HIV/AIDS related information to third party payors (such as your insurance company or HMO) in order to receive payment for the services we provide to you.

Genetic Information. Except in certain cases (such as a paternity test for a court proceeding, anonymous research, newborn screening requirements, or pursuant to a court order), we will obtain your written consent prior to obtaining or retaining your genetic information (for example, your DNA sample), or using or disclosing your genetic information for treatment, payment or health care operations purpose. We may use or disclose your genetic information for any other reason only when Your Authorization expressly refers to your genetic information or when disclosure is permitted under New Jersey State law (including, for example, when disclosure is necessary for the purposes of a criminal investigation, to determine paternity, newborn screening, identifying your body or as otherwise authorized by a court order).

Venereal Disease Information. Your Authorization must expressly refer to your venereal disease information in order to permit us to disclose any information identifying you as having or being suspected of having a venereal disease. However, there are certain purposes for which we may disclose your venereal disease information, without obtaining Your Authorization, including to a prosecuting officer or the court if you are being prosecuted under New Jersey law, to the Department of Health and Senior Services, or to your physician or a health authority, such as the local board of health. Your physician or a health authority may further disclose your venereal disease information if he/she/it deems it necessary in order to protect the health or welfare of you, your family or the public. Under New Jersey law, we may also grant access to your venereal disease information upon the request of a person (or his/her insurance carrier) against whom you have commenced a lawsuit for compensation or damages for your personal injuries.

Tuberculosis Information. Your Authorization must expressly refer to your tuberculosis information in order to permit us to disclose any information identifying you as having tuberculosis or refusing/failing to submit to a tuberculosis test if you are suspected of having tuberculosis or are in close contact with a person with tuberculosis. However, there are certain purposes for which we may disclose your tuberculosis information, without obtaining Your Authorization, including for research purposes under certain conditions, pursuant to a valid court order, or when the Department of Health and Senior Services determines that such disclosure is necessary to enforce public health laws or to protect life or health of a named person.

F. Health Information Exchange/Patient Portal: Consistent with federal law, Lourdes Health System maintains a Health Information Exchange (the "HIE"). The purpose of the HIE is to provide an electronic information system through which physicians, healthcare facilities and other healthcare providers (collectively, "Healthcare Providers") can share clinical and other patient information electronically in connection with their provision of healthcare services to patients, thereby improving the overall quality of health care services provided to patients and to avoid duplication and inefficiencies. The HIE is governed by a strict set of rules designed to protect patient confidentiality and the privacy and security of patient information.

Lourdes Health System electronically shares your PHI with the HIE, including information regarding sensitive diagnoses (such as HIV/AIDS, sexually transmitted diseases, genetic information, and mental health substance abuse). This Notice describes how Lourdes Health System and other Healthcare Providers who participate in the HIE may use and disclose your PHI through the HIE, and how you may "Opt-Out" (as described below) from having your information automatically shared through the HIE. Any Healthcare Provider who is authorized to participate in the HIE can electronically access and use your PHI if needed to provide treatment to you, unless you Opt-Out (as described below). For example, if you receive a blood test result from Lourdes Health System (which participates in the HIE) and also receive care from another Healthcare Provider (who also participates in the HIE), Lourdes Health System and your other treating Healthcare Provider can share your blood test result electronically through the HIE, as long as they are otherwise authorized to do so. However, if you Opt-Out (as described below), your PHI will not be made electronically available through the HIE, but will continue to be used, accessed and disclosed/released by Lourdes Health System as needed (in accordance with this Notice and applicable law).

If you do not wish to allow Healthcare Providers involved with your care to electronically share your PHI with one another through the HIE as explained in this Notice, you must submit an "HIE Opt-Out Form" to Lourdes Health System. You may obtain an "HIE Opt-Out Form" from the Lourdes Health System Health Information Department, by calling 856-757-3603 or by visiting the following website: <https://www.lourdesnet.org/privacy>. Your Opt-Out request will be processed within three (3) business days of receipt by Lourdes Health System.

In addition, Lourdes Health System, as a member of CHE Trinity Health, maintains a patient portal known as "MyHealth," a secure online tool which permits patients to view their PHI through a secure, encrypted portal from the home page of Lourdes Health System. This shared information will also be made available to CHE Trinity Health Healthcare Providers for the purpose of improving the overall quality of health care services provided to patients and to avoid duplication and inefficiencies. To accomplish this, Lourdes Health System shares your PHI with CHE Trinity Health, and its member organizations, so that you and your Healthcare Providers can access your clinical and other patient information from this portal. See also Section VII B below.

II. Permitted Use or Disclosure with an Opportunity for You to Agree or Object

A. Family/Friends: Lourdes Health System will disclose PHI about you to a friend or family member who is involved in or paying for your medical care. You have a right to request that your PHI not be shared with some or all of your family or friends. In addition, Lourdes Health System will disclose PHI about you to an agency assisting in disaster relief efforts so that your family can be notified about your condition, status, and location.

B. Lourdes Health System – Facility Directory: Lourdes Health System will include certain information about you in facility directory while you are a hospital patient at Lourdes Health System. This information will include your name, location in Lourdes Health System, your general condition (e.g., fair, stable, critical, etc.) and your religious affiliation. The directory information, except your religious affiliation, will be disclosed to people who ask for you by name. You have the right to request that your name not be included in Lourdes Health System's directory. If you request to opt-out of the facility directory, we cannot inform visitors of your presence, location, or general condition.

C. Spiritual Care: Directory information, including your religious affiliation, will be given to a member of the clergy, even if they do not ask for you by name. Spiritual care providers are members of the health care team at Lourdes Health System and may be consulted upon regarding your care. You have the right to request that your name not be given to any member of the clergy.

D. Media Reports: Lourdes Health System will release facility directory information to the media (excluding religious affiliation) if the media requests information about you using your name and after we have given you an opportunity to agree or object.

III. Use or Disclosure Requiring Your Authorization

A. Marketing: Subject to certain limited exceptions, your written authorization is required in cases where Lourdes Health System receives any direct or indirect financial remuneration in exchange for making the communication to you which encourages you to purchase a product or service or for a disclosure to a third party who wants to market their products or services to you.

B. Research: Lourdes Health System will obtain your written authorization to use or disclose your PHI for research purposes when required by HIPAA.

C. Psychotherapy Notes: Most uses and disclosures of psychotherapy notes require your written authorization.

D. Sale of PHI: Subject to certain limited exceptions, disclosures that constitute a sale of PHI requires your written authorization.

E. Other Uses and Disclosures: Any other uses or disclosures of PHI that are not described in this Notice of Privacy Practices require your written authorization. Written authorizations will let you know why we are using your PHI.

If you authorize Lourdes Health System to use or disclose your PHI for any of these purposes, **you may revoke your authorization in writing** at any time except to the extent Lourdes Health System has taken action in reliance on the authorization or, if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

IV. Use or Disclosure Permitted or Required by Public Policy or Law without your Authorization

A. Law Enforcement Purposes: Lourdes Health System will disclose your PHI for law enforcement purposes as required by law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

B. Required by Law: Lourdes Health System will disclose PHI about you when required by federal, state or local law. Examples include disclosures in response to a court order / subpoena, mandatory state reporting (e.g., gun shot wounds, victims of child abuse or neglect), or information necessary to comply with other laws such as workers' compensation or similar laws. Lourdes Health System will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies.

C. Public Health Oversight or Safety: The Lourdes Health System will use and disclose PHI to avert a serious threat to health and safety of a person or the public. Examples include disclosures of PHI to state investigators regarding quality of care or to public health agencies regarding immunizations, communicable diseases, etc. Lourdes Health System will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA regulated products or activities, including collecting and reporting adverse events, tracking and facilitating in product recalls, etc.

D. Coroners, Medical Examiners, Funeral Directors: Lourdes Health System will disclose your PHI to a coroner or medical examiner. For example, this will be necessary to identify a deceased person or to determine a cause of death. Lourdes Health System may also disclose your medical information to funeral directors as necessary to carry out their duties.

E. Organ Procurement: Lourdes Health System will disclose PHI to an organ procurement organization or entity for organ, eye or tissue donation purposes.

F. Specialized Government Functions: Lourdes Health System will disclose your PHI regarding government functions such as military, national security and intelligence activities. Lourdes Health System will use or disclose PHI to the Department of Veterans Affairs to determine where you are eligible for certain benefits.

G. Immunizations: Lourdes Health System will disclose proof of immunization to a school where the state or other similar law requires it prior to admitting a student.

V. Your Health Information Rights

You have the following individual rights concerning your PHI:

A. Right to Inspect and Copy: Subject to certain limited exceptions, you have the right to access your PHI and to inspect and copy your PHI as long as we maintain the data.

If Lourdes Health System denies your request for access to your PHI, Lourdes Health System will notify you in writing with the reason for the denial. For example, you do not have the right to psychotherapy notes or to inspect the information which is subject to law prohibiting access. You may have the right to have this decision reviewed.

You also have the right to request your PHI in electronic format in cases where Lourdes Health System utilizes electronic health records. You may also access information via patient portal if made available by Lourdes Health System.

You will be charged a reasonable copying fee in accordance with applicable federal or state law.

B. Right to Amend: You have the right to amend your PHI for as long as Lourdes Health System maintains the data. You must make your request for amendment of your PHI in writing to Lourdes Health System, including your reason to support the requested amendment.

However, Lourdes Health System will deny your request for amendment if:

- Lourdes Health System did not create the information;
- The information is not part of the designated record set;
- The information would not be available for your inspection (due to its condition or nature); or
- The information is accurate and complete.

If Lourdes Health System denies your request for changes in your PHI, Lourdes Health System will notify you in writing with the reason for the denial. Lourdes Health System will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that Lourdes Health System include your request for amendment and the denial any time that Lourdes Health System subsequently discloses the information that you wanted changed. Lourdes Health System may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal.

C. Right to an Accounting: You have a right to receive an accounting of the disclosures of your PHI that Lourdes Health System has made, except for the following disclosures:

- To carry out treatment, payment or health care operations;
- To you;
- To persons involved in your care;
- For national security or intelligence purposes; or
- To correctional institutions or law enforcement officials.

You must make your request for an accounting of disclosures of your PHI in writing to Lourdes Health System.

You must include the time period of the accounting, which may not be longer than 6 years. In any given 12-month period, Lourdes Health System will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

D. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI, but Lourdes Health System is not obligated to abide by those requested restrictions unless it is with regard to uses and disclosure of your PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains solely to a health care item or service for which you have paid for out-of-pocket in full to SMC.

E. Right to Confidential Communications: You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that Lourdes Health System only contact you at work or by mail.

F. Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

G. "Opt-Out" of HIE: As described in Section I.F. above.

VI. Breach of Unsecured PHI

If a breach affecting your PHI occurs, Lourdes Health System is required to notify you of the breach.

VII. Sharing and Joint Use of Your Health Information

In the course of providing care to you and in furtherance of Lourdes Health System's mission to improve the health of the community, Lourdes Health System will share your PHI with other organizations as described below who have agreed to abide by the terms described below:

A. Medical Staff. The medical staff and Lourdes Health System participate together in an organized health care arrangement to deliver health care to you. Both Lourdes Health System and medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care to you by Lourdes Health System. Physicians and allied health care professionals who are members of Lourdes Health System's medical staff will have access to and use your PHI for treatment, payment and health care operations purposes related to your care within Lourdes Health System. Lourdes Health System will disclose your PHI to the medical staff and allied health professionals for treatment, payment and health care operations.

B. Membership in CHE Trinity Health. Lourdes Health System and members of CHE Trinity Health participate together in an organized health care arrangement for utilization review and quality assessment activities. We have agreed to abide by the terms of this Notice with respect to PHI created or received as part of utilization review and quality assessment activities of CHE Trinity Health and its members. Members of CHE Trinity Health will abide by the terms of their own Notice of Privacy Practices in using your PHI for treatment, payment or healthcare operations. As a part of CHE Trinity Health, a national Catholic health care system, Lourdes Health System and other hospitals, nursing homes, and health care providers in CHE Trinity Health share your PHI for utilization review and quality assessment activities of CHE Trinity Health, the parent company, and its members. Members of CHE Trinity Health also use your PHI for your treatment, payment to Lourdes Health System and/or for the health care operations permitted by HIPAA with respect to our mutual patients.

Please go to CHE Trinity Health's websites for a listing of member organizations at <http://www.trinity-health.org/> and <http://www.che.org/>. Or, alternatively, you can call Lourdes Health System's Privacy Official to request the same.

C. Business Associates. Lourdes Health System will share your PHI with business associates and their Subcontractors contracted to perform business functions on the Lourdes Health System's behalf, including CHE Trinity Health which performs certain business functions for Lourdes Health System.

VIII. Changes to this Notice. Lourdes Health System will abide by the terms of the Notice currently in effect. Lourdes Health System reserves the right to make material changes to the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. Lourdes Health System will distribute / provide you with a revised Notice at your first visit following the revision of the Notice in cases where it makes a material change in the Notice. You can also ask Lourdes Health System for a current copy of their Notice at any time.

IX. Complaints. If you believe your privacy rights have been violated, you may file a complaint with Lourdes Health System's Privacy Official or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing directly to Lourdes Health System's Privacy Official. Lourdes Health System assures you that there will be no retaliation for filing a complaint. **You will not be retaliated against for filing any complaint.**

X. Privacy Official – Questions / Concerns / Additional Information. If you have any questions, concerns, or want further information regarding the issues covered by this Notice of Privacy Practice or seek additional information regarding Lourdes Health System's privacy policies and procedures, please contact the Lourdes Health System's Privacy Official: **Barbara A. Holfelner, Vice President Corporate Ethics and Risk Management 856-757-3642.**

XI. Electronic Notice. This Notice is also available on Lourdes' website at the following address: <https://www.lourdesnet.org/privacy>

