

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.

This notice applies to St. Luke's Hospital, Surrey Place, St. Luke's Pediatric Care Center, Vascular Access Center, St. Luke's Urgent Care Centers and Convenient Care, St. Luke's Home Health Services, St. Luke's Hospice Services and St. Luke's Medical Group.

PROTECTION OF PROTECTED HEALTH INFORMATION (PHI)

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) St. Luke's Hospital is required by law to keep protected health information (PHI) private. PHI is any health information that identifies you, including information such as your name, address, telephone number, and any information created by your healthcare providers for treatment, billing or payment. St. Luke's is committed to the protection of your PHI and will make reasonable efforts to keep your PHI confidential as required by law. St. Luke's is also required to provide you with this notice of our privacy practices. We take this commitment seriously and will work with you to comply with your right to receive certain information under HIPAA.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

This notice applies to all of the records of your care at St. Luke's Hospital and will tell you about the ways in which we may use and disclose your medical information. This notice will also describe your rights and certain obligations St. Luke's has regarding the use and disclosure of medical information.

STANDARD USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

St. Luke's and physicians with staff privileges may use your medical information to provide you with medical treatment and services, to receive payment for those services, and in daily health care operations in the following ways without your permission:

Treatment: St. Luke's may disclose your medical information to those involved in your treatment on an as-needed basis. For Example: *We may share medical information with health-care providers across all St. Luke's locations.*

Payment: St. Luke's may be required to use or disclose your medical information for payment or billing purposes. For Example: *When St. Luke's Hospital submits bills to an insurance company, Medicare, another health care agency or an employer, they require a listing of your diagnoses, procedure as well as a listing of services/supplies you received from St. Luke's in order for St. Luke's Hospital to receive payment for those services.*

Health Care Operations: St. Luke's Hospital may also use and disclose your medical information in our everyday health care operations. For Example: *Your medical information may be used to assist us in evaluating our performance in providing your healthcare.*

Business Associates: St. Luke's Hospital may disclose PHI to its business associates to perform certain business functions or provide certain business services to St. Luke's Hospital. For Example: *We may use another company to perform billing services on our behalf. All of our business associates are required to maintain the privacy and confidentiality of your PHI.*

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE YOUR CONSENT

St. Luke's may also share your medical information without your permission for the following reasons:

Public Health activities: To prevent or control disease, report birth or death, and for the purpose of public health investigations, interventions, and other related matters.

Government Authorities: Reporting medical information as required by law about persons who may be victims of abuse, neglect, or domestic violence.

Oversight Activities: Reporting information to agencies that oversee insurance health benefit programs for the purpose of audits, investigations, inspections, or other activities.

Workman's Compensation: Disclosing information necessary to comply with Worker's Compensation laws or purposes.

Administrative Proceedings: Releasing information in response to a court order or subpoena in a judicial or administrative proceeding.

Law Enforcement: Cooperating with law enforcement officials for law enforcement purposes in the following situations: when required by law; for identification and location purposes; if you are suspected to be a victim of a crime; to report suspicion of death by criminal conduct; to report suspicion of criminal conduct occurring on the grounds of our facility; and in the case of an emergency.

Coroner, Medical Examiner, Funeral Director: Releasing information to a coroner, medical examiner, or funeral director in the event of your death.

Organ and Tissue Donation: Sharing information with organ/tissue donation organizations in the event of your death.

Prevention of an Immediate Health or Safety Threat: To prevent an immediate threat to the health or safety of the public limited health information may be disclosed if necessary.

Research: Disclosing information related to a research project when a waiver of authorization has been approved by the Investigational Research Body (IRB).

Special Government Circumstances: Involving military or veterans activities; national security and intelligence activities; protective services for the President; medical suitability determinations; law enforcement custodial situations; and government programs providing public benefits.

Military Command Authorities: If you are a member of the armed forces (or if foreign military personnel, to appropriate foreign military authorities).

Prison Inmates: Information can be released to the correctional facility in which the inmate resides for the following purposes: 1) for the correctional facility to provide the inmate with healthcare; 2) to protect the health and safety of the inmate or the health and safety of others; or 3) for the safety and security of the correctional facility

Food & Drug Administration (FDA) or the Center for Disease Control (CDC): To report adverse events with respect to immunizations and or health screening tests.

Employers of Food Handlers (Hepatitis A Ordinance NO. 19,770,199): To provide proof of Hepatitis A vaccinations as required by the County Council of St. Louis County, Missouri.

ST. LUKE'S MAY ALSO SHARE THE FOLLOWING INFORMATION WITH YOU ABOUT PRODUCTS/SERVICES THAT ARE RELATED TO YOUR TREATMENT WITHOUT AN AUTHORIZATION:

- Products/services that pertain to care coordination or case management.
- Recommendation of alternative treatments, therapies, health care providers or settings of care.
- Small promotional items.
- Face-to-face communications.
- Prescription refill reminders
- Other uses and disclosures not described in this Notice of Privacy Practices.

USES AND DISCLOSURES THAT REQUIRE YOUR CONSENT

Your consent is required for the following uses and disclosures and will be made only with written authorization from you:

- **Marketing:** We must have your written permission before we can accept payment for the use and disclosure of your PHI for marketing purposes.
- **Sale of PHI:** We cannot sell your PHI without your written permission, except we may be paid our costs (i.e. labor, supplies, postage) to provide PHI to public health/other purposes permitted by HIPAA.

To send your written authorization to St. Luke's Hospital, refer to the "Contacting St. Luke's Hospital" section at the end of this notice.

You may revoke your written authorization in writing at any time unless the authorization was obtained as a condition of obtaining insurance coverage. If you revoke your authorization, we will not be able to take back any disclosures that we have already made. Refer to the "Contacting St. Luke's Hospital" section at the end of this notice.

PLANNED USES OR DISCLOSURES TO WHICH YOU MAY OBJECT

Unless you object in writing to the Privacy Officer at St. Luke's Hospital, St. Luke's will also use or disclose your health information for purposes described in this section. Refer to the "Contacting St. Luke's Hospital" section at the end of this notice.

- **Appointment Reminders**
- **Hospital Directory:** Directory information includes your name, location in the Hospital, and your general condition. We may disclose hospital directory information to people who ask for you by name, which may include your name, room number and general condition. *For Example, stable, critical, etc.* If you do not wish to be listed in our hospital patient directory please let the registrar/your nurse know as soon as possible.
- **Disaster Relief:** Provide information to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts; i.e. the American Red Cross for the purpose of notification of family and/or friends of your location and condition.
- **Health Information Exchange (HIE):** Access/share your prescription information through a HIE. St. Luke's participates in an HIE that will make your prescription information available to other healthcare providers who may need access in order to provide your care or treatment. St. Luke's may electronically access and disclose prescription information to these exchanges.
- **Fundraising:** If St. Luke's sends fundraising communications to you; you have the right to opt out of such fundraising communications.

YOUR RIGHTS

You have the right to:

- **Request a Restriction:** You may request a restriction on the protected health information that St. Luke's Hospital uses or discloses about you for payment, treatment or health care operations using the "Contacting St. Luke's Hospital" section of this notice. You have the right to request a limit on disclosures of your PHI to family members or friends who are involved in your care or the payment for your care. St. Luke's may disclose information about you that is directly relevant to any member of your family, or to a designated caregiver of yours, if that person is involved with your care or the payment for your care. St. Luke's may also use or disclose your health information to notify, identify or locate a family member, or other person responsible for your care, of your location, condition or death. If you pay in full for a health care item or service out-of-pocket and request that St. Luke's Hospital not disclose PHI about that health care item/service to your health plan, St. Luke's Hospital will not disclose PHI about that service to the health plan unless we are required to do so by law. It is your responsibility to alert St. Luke's if this is your intention **before** the health care item or service is performed so that written authorization can be obtained and full payment can be collected at that time.

• **Request Confidential Communication:** You may request to receive your PHI by alternative means or at an alternative location if you reasonably believe that other disclosure could pose a danger to you. *For Example: You may only want to have PHI sent by mail or to an address other than your home.* While we are not required to agree to all requests, St. Luke's Hospital will accommodate all reasonable requests for confidential communications. For more information about exercising these rights, contact the Privacy Officer using the "Contacting St. Luke's Hospital" section of this notice.

• **Request Access:** You have the right to inspect and have a copy of your PHI in paper or electronic format. You must submit your request in writing by completing the "Authorization for Use and Disclosure of PHI" form available at stlukes-stl.com under "Patients & Visitors," or you may request the form be mailed or faxed to you by calling St. Luke's Health Information Services Department at 314-205-6186.

• **Request an Amendment:** You have the right to request an amendment of your PHI held by St. Luke's Hospital if you believe that information is incorrect or incomplete. Your request must be in writing and sent to the Privacy Officer using the "Contacting St. Luke's Hospital" section of this notice and must give a reason(s) in support of the proposed amendment.

In certain cases, St. Luke's may deny your request for an amendment. *For Example: St. Luke's may deny your request if the information you want to amend is accurate and complete or was not created by St. Luke's.*

If St. Luke's denies your request, you have the right to file a statement of disagreement. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

• **Request an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures St. Luke's Hospital has made of your PHI. You may request an accounting using the "Contacting St. Luke's Hospital" section of this notice. You can request an accounting of disclosures made up to six years prior to the date of your request.

• **To be Notified of a Breach:** You have the right to be notified in the event that St. Luke's (or their Business Associate) discovers a breach (unauthorized or inadvertent) release of PHI

• **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically.

CHANGES TO THIS NOTICE

St. Luke's has the right to change this notice. Changes may be effective for any current health information about you and any information that may be obtained in the future. Changes to this notice will also be effective for all health information St. Luke's maintains about you. The most recent copy of this notice will be on our website and available anywhere you register for services. You can also contact the St. Luke's Privacy Officer to obtain the most recent copy of this notice.

TO REPORT A PRIVACY CONCERN

St. Luke's Hospital takes the privacy and security of your protected health information very seriously. If you believe that your privacy rights have been violated please contact St. Luke's Privacy Officer so we may investigate and try to correct the problem. You also have the right to file a complaint with the Department of Health and Human Services. St. Luke's will not treat you differently or prevent you from receiving care if you decide to report a complaint.

CONTACTING ST. LUKE'S HOSPITAL

St. Luke's Hospital Privacy Officer can be reached by phone, fax, e-mail or mail.

Phone:.....314.205.6544 – Press 2
Fax:.....314.205-6517
E-Mail:slhprivacyofficer@stlukes-stl.com
Mailing Address:
St. Luke's Hospital Privacy Officer
P.O. Box 6668
Chesterfield, Missouri 63006

You can request a paper copy of this notice by contacting St. Luke's Privacy Officer or from the area where you received your services.

EFFECTIVE: 4/14/05 REVISED: Oct 2011; Sept 2013; Aug 2016

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Our specialty is you.