
PROTECTED HEALTH INFORMATION (PHI) Under the Health Insurance Portability and Accountability Act of 1996 ((HIPAA) St. Luke’s Hospital is required to law to keep and disclose information that is any health information that identifies you, including information about your health status, treatment, and any health information created by your healthcare providers for treatment, billing or payment. St. Luke’s is committed to protecting your information and making reasonable efforts to keep your PHI confidential as required by law. St. Luke’s is also required to provide you with this notice of its information practices. We take this commitment seriously and will work with you to honor 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 that contain PHI. This includes the ways in which we use and disclose your medical information, including, but not limited to, medical information that you create when you receive medical services from St. Luke’s and that may contain information about your health status.

STANDARD USE AND DISCLOSURE OF your personal or business services to St. Luke’s Hospital. This notice will also describe the rights and certain obligations St. Luke’s has regarding the use and disclosure of medical information.

PHI

Use and disclosure of PHI

Your rights and how to exercise them

Information you can request

You can request to receive your PHI in a reasonable time. For example, you may want to have your 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.

Additional rights under special circumstances

In certain cases, St. Luke’s may deny your request for an amendment of your PHI. For example, St. Luke’s may deny your request if you request to amend information that we believe is accurate and complete or if St. Luke’s denies your request, you have the right to file a statement of disagreement. Your statement of disagreement will be included in the health information that we provide you with in response to your request. You may also obtain a copy of the statement of disagreement and have it included in your medical record.

Right to a 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 may 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 available at St. Luke’s facilities and available to the extent that you reasonably believe that other disclosures of the disputed information will include your name.

Right to Accounting of Disclosures: You have the right to request an accounting of disclosures that St. Luke’s has made of your PHI. You may request an accounting of disclosures made up to six years prior to your request. Please refer to the “Contacting St. Luke’s Hospital” section of this notice for 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 writing by St. Luke’s in the event of a breach of unsecured PHI. Please refer to the “Contacting St. Luke’s Hospital” section of this Notice for a description of a breach of unsecured PHI.