STANDARD USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

The following procedures are performed so that written authorization can be obtained before any disclosures of the disputed information will include your name, room number and general condition. If you do not wish to be listed in our hospital directory, you must ask that your name be excluded from the directory. If you do not wish to be listed in the hospital directory, you must ask that your name be excluded from the directory. If you do not wish to be listed in the hospital directory, you must ask that your name be excluded from the directory.

PRIVATE HEALTH INFORMATION (PHI)

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), St. Luke’s Hospital is required to keep protected health information (PHI) about you. PHI is any health information that identifies you, including information in your medical records, telephone number, and any information created by your healthcare providers for treatment, billing or payment. St. Luke’s is committed to protecting your PHI and making reasonable efforts to keep your PHI confidential as required by law. St. Luke’s is also required to follow the notice that it has created with this notice every time your PHI is disclosed. We take this commitment seriously and will work with you to ensure your rights to receive certain information under HIPAA.

ST. LUKE’S MAY ALSO SHARE THE FOLLOWING INFORMATION WITH BUSINESS ASSOCIATES THAT REQUIRE YOUR CONSENT TO YOUR TREATMENT WITHOUT AN AUTHORIZATION:

• Products/services that pertain to care coordination or care management.
• Recommendations 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.

STANDARD USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

St. Luke’s and its associates with privileged use 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 the above described basis. For example, we may share medical information with health-care providers across at St. Luke’s locations.

Payment: St. Luke’s may be required to use or disclose your medical information for payment or health care operations. For example: When St. Luke’s Hospital submits bills to an insurer or other person or entity to receive payment for services St. Luke’s Hospital provides you. When St. Luke’s Hospital submits bills to an insurer or other person or entity to receive payment for services St. Luke’s Hospital provides you.

Business Associates: St. Luke’s Hospital may disclose PHI to its business associates if the business associate performs certain functions or provides 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.

REQUEST FOR ACCESS TO YOUR HEALTH INFORMATION

You have the right to request access to your health information that St. Luke’s maintains about you. The most recent copy of this notice will be on our website and available anywhere you receive for services. You can also contact the St. Luke’s Privacy Officer to obtain the most recent copy of this notice.

To request access, you must submit a request in writing. You have the right to a paper copy of this notice electronically.

To request access, you must submit a request in writing. You have the right to a paper copy of this notice electronically.

DISCLOSING INFORMATION RELATED TO A RESEARCH PROJECT

We may disclose PHI for research purposes when the individual involved with 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, such as a dependent caregiver of your family member, if that person is involved with your care or the payment for your care. St. Luke’s may also use and 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 or to arrange for your care service or to arrange for other health care on your behalf. St. Luke’s may disclose PHI about a deceased individual to his or her personal representative if he or she reasonably believes that other disclosure could pose a danger to you. For example: You may only want to have PHI only if you are no longer 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 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.

An amendment: If St. Luke’s denies your request, you have the right to file a statement of disagreement. St. Luke’s will include a summary of your request and St. Luke’s response in your record if you file a statement of disagreement. St. Luke’s may deny your request if the information you want to amend is not accurate or complete. St. Luke’s may deny your request if it cannot locate the information that you want to amend.

If St. Luke’s denies your request, you have the right to file a statement of disagreement. St. Luke’s will include a summary of your request and St. Luke’s response in your record if you file a statement of disagreement. St. Luke’s may deny your request if the information you want to amend is not accurate or complete. St. Luke’s may deny your request if it cannot locate the information that you want to amend.

PATIENT PRIVACY NOTICE OF PRIVACY PRACTICES

This notice applies to all of the records of the care at St. Luke’s Hospital, which was performed so that written authorization can be obtained before any disclosures of the disputed information will include your name, room number and general condition. If you do not wish to be listed in the hospital directory, you must ask that your name be excluded from the directory. If you do not wish to be listed in the hospital directory, you must ask that your name be excluded from the directory.

ST. LUKE’S PRIVACY OFFICER

St. Luke’s maintains about you. The most recent copy of this notice will be on our website and available anywhere you receive 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 will treat you and your family with respect and privacy while you are receiving care from competent to the Department of Health and Human Services. St. Luke’s will not treat you differently if you choose to file a complaint. CONTACTING ST. LUKE’S HOSPITAL

If you wish to report a violation of your health information from a hospital, you may file a complaint with the Department of Health and Human Services. St. Luke’s will not treat you differently if you choose to file a complaint.

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