

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (“this Notice”) describes how Lancaster General Health may use and disclose your protected health information to carry out treatment, payment and/or health care operations and for other purposes that are permitted or required by law. It also describes certain individual rights that you have to your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services (“health information”).

This Notice describes the privacy practices of organizations directly related to Lancaster General Health, including Lancaster General Hospital (and its Medical and Dental Staff members), Lancaster General Medical Group, The Heart Group of Lancaster General Health, Affilia Home Health (formerly VNA Community Care Services), and Horizon Healthcare Services. This Notice also applies when you receive services at any location of Lancaster General Health (please see our website for locations: www.LGHealth.org/locations).

The persons and entities described in this paragraph participate in an organized health care arrangement (as defined by law) and will share health information about you with each other only as necessary to carry out treatment, payment or health care operations.

Lancaster General Health is required by law to maintain the privacy of patients’ health information and to provide individuals with this Notice of the legal duties and privacy practices with respect to health information. We are required by law to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and these new terms will affect all health information that we maintain. We post a copy of the most recent Notice at various Lancaster General Health locations that provide health care services. We also post the most recent Notice on our website at www.lancastergeneralhealth.org. You can ask for a copy at any time.

WAYS LANCASTER GENERAL HEALTH MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION

Treatment: We may use and disclose your health information to manage your care and provide treatment or services. This health information could include prescriptions, lab work and x-rays. Also, we may disclose your health information with others who may be involved in your health care. This could include disclosing your health information to a doctor, nursing home, home health agency, or others that provide follow-up care.

Payment: We may use and disclose your health information relating to the billing and payment of treatment and services you received through Lancaster General Health. Payment may be collected from you, an insurance company or another party. For example, we may need to give your health plan information about surgery you received at the hospital so they will either pay us or repay you. We may also tell your health plan about a treatment you are going to receive. This helps us get pre-approval. We can also determine if your plan will cover the treatment.

Health Care Operations: We may use and disclose health information about you to manage our organizations and make sure that everyone gets quality care. For example, we may use this information to look at our treatment and services and to see how well our staff cared for you. We may also combine health information about many patients to decide if we need or do not need services and to determine if new treatments work. We may also disclose health information to doctors, nurses, technicians, medical students, nursing and other allied health students and other Lancaster General Health staff for educational purposes.

We may also combine the health information we have with health information from other health care providers to see how we are doing and where we can improve. We may remove identifiable information so others may study health care and health care delivery.

OTHER WAYS LANCASTER GENERAL HEALTH MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION

Health Information Exchanges: We may participate in health information exchanges to facilitate the secure exchange of your electronic health information between and among several health care providers or other health care entities for your treatment, payment, or other healthcare operations purposes. This means we may share information we obtain or create about you with outside entities (such as hospitals, doctors offices, pharmacies, or insurance companies) or we may receive information they create or obtain about you (such as medication history, medical history, or insurance information) so each of us can provide better treatment and coordination of your healthcare services. In addition, if you visit any Lancaster General Health facility, your health information may be available to other clinicians and staff who may use it to care for you, to coordinate your health services or for other permitted purposes.

Business Associates: We may use or disclose your health information to an outside company that assists us in operating our health system. They perform various services for us. For example, they may perform auditing, accreditation, legal or consulting services. These outside companies are called “business associates” and they contract with us to keep any health information received from us confidential in the same way we do. These companies may create or receive health information on our behalf.

Research: We may use or disclose your health information to researchers to determine the feasibility of a research study or when an Institutional Review Board has approved their work. The Institutional Review Board must have looked over the research proposal and set up standards to make sure your information stays private.

Individuals Involved in Your Care or Payment for Your Care: We may disclose your health information to a friend or family member helping with your care. We may also give information to someone who helps pay for your care. We may tell your family or friends your general condition and that you are in the hospital. We may disclose health information about you with a disaster relief group. This would help your family to learn about your condition, how you are doing and where you are.

Hospital Directory: We may include 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, or your general condition (e.g., fair, stable, etc.). The directory information may be released to people who ask for you by name. This is so your family and friends can visit you in the hospital and find out how you are. If you would like to be excluded from the hospital directory, notify the Admitting Office.

To Contact You: We may use your information to contact you to remind you of a medical appointment. If you are unavailable, we may leave a message on your answering machine or with a person who answers your telephone. Also, we may contact you for marketing purposes to tell you about treatment options, treatment alternatives, or about other health-related benefits or services that may interest you.

Fundraising Activities: We may use your health information, such as your name, address, phone number, the dates you received services, the department from which you received services, your treating physician, outcome information, and health insurance status to contact you to raise money for Lancaster General Health. If you do not want Lancaster General Health to contact you for fundraising and you wish to opt out of these contacts, or if you wish to opt back in to these contacts, please call the Lancaster General Health Foundation at 717-544-1374.

Food and Drug Administration (FDA): We may use or disclose health information to the FDA regarding events involving food, supplements, products, product defects, or post-marketing observation information. The FDA may use this information to help with product recalls, repairs, or replacements.

As Required By Law: We will disclose health information about you when required by federal, state or local laws. We may disclose health information about you to federal officials for intelligence, counter-intelligence and other national security measures authorized by law.

Public Safety: We may disclose your health information to prevent or lessen a threat to the health or safety of one or more persons.

Public Health Activities: We may disclose your health information for public health activities that are permitted or required by law. These activities may include:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report reactions to medications or problems with products;
- to let people know about recalls of products they may be using;
- to notify someone who may have been exposed to a disease or who could get or spread a disease.

Abuse or Neglect: We may disclose your health information to a government authority that is authorized by law to receive reports of suspected abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of abuse, neglect, or domestic violence, we may disclose your health information to a governmental entity authorized to receive such information.

Organ and Tissue Donation: We may disclose your health information to an organ donation bank or group that handles organ, eye or tissue transplant. This information can help to determine if a patient who has died or is near death may be a candidate for donation.

Military and Veterans: If you are a member of the armed forces, we may disclose your health information to military command authorities. We may also disclose health information about foreign military personnel to the proper foreign military authority.

Workers' Compensation: We may disclose your health information for workers' compensation or other programs that provide benefits for work-related injuries or illnesses.

Health Oversight Activities: We may disclose your health information to a health oversight agency for approved activities. Examples include audits, investigations, inspections, and licensure. These activities help the government oversee the health care system, government programs, and compliance with laws.

Lawsuits and Disputes: If you are in a lawsuit or a dispute, we may disclose your health information as asked by a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other legal process from someone else involved in a legal proceeding. We will only do this if efforts were made to tell you about the request or to get an order protecting the requested health information.

Law Enforcement: We may disclose health information in response to a court order, subpoena, warrant, summons or similar law enforcement process. We may also disclose this information to identify or find a suspect, fugitive, material witness, or missing person. Under certain limited conditions, we may disclose information about the victim of a crime. In emergencies, we may release health information to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: We may disclose health information to a coroner or medical examiner. This may be needed to identify a deceased individual or to determine the cause of death. We may also disclose health information about a deceased individual to funeral directors as required by them to complete their duties.

Inmates: For individuals that may be an inmate of a correctional institution or in the charge of a law enforcement official, we may disclose health information about you to the institution or official. This information would help the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the institution.

When using and disclosing your health information for any of the above noted purposes, Lancaster General Health will endeavor to comply with the most stringent of federal, state or local laws.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION WHICH REQUIRE YOUR AUTHORIZATION

Other uses and disclosures of your health information that are not described above will be made only with your written authorization. For example, the following uses and disclosures of your health information will only be made with your authorization:

- Uses and disclosures for certain marketing purposes such as the use of your name and or photo in marketing materials;
- Uses and disclosures that constitute the sale of health information about you;
- Most uses and disclosures of psychotherapy notes; and
- Any other uses and disclosures not described in this Notice.

In addition, certain federal and state laws may limit us from disclosing health information without your authorization. For example, Pennsylvania laws do not allow us to disclosure mental health records or HIV related information without your authorization, except in limited circumstances. Other laws may limit us from disclosing records containing drug or alcohol abuse treatment information.

YOUR INDIVIDUAL RIGHTS

You have the following rights concerning your health information:

Right to Inspect and Copy: In most cases, you can inspect and/or get a copy of your official medical and billing records. You may be charged a fee for this service.

Right to Amend: If you feel that your official medical and billing records are wrong or incomplete, you may ask us to make changes.

Right to an Accounting of Disclosures: You have the right to ask for an accounting of disclosures as allowed by law. We may charge a fee for this information.

Right to Request Restrictions: You have the right to request us not to use your health information in certain ways. Lancaster General Health does not have to agree to your request. If we do agree, we will do what you ask unless the information is needed for your emergency medical treatment.

You have the right to request, and Lancaster General Health will agree to, restrict disclosure of health information to a health plan/insurance company if the purpose of the disclosure is to carry out payment or health care operations and the health information pertains solely to a service for which you, or a person other than the health plan, has paid Lancaster General Health in full. For example, if a patient pays for a service completely out of pocket and asks Lancaster General Health not to tell his or her health plan/insurance company, we will abide by this request.

A request for restriction must be made in writing.

Right to Request Confidential Communications: You can ask that we contact you about medical matters in a specific way. For example, you can ask that we only call you at work or contact you through the mail.

Right to Revoke an Authorization: If you provide Lancaster General Health with a written authorization to use or disclose your information, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of your health information. However, the revocation will not be effective for the information that we have used or disclosed in accordance with that authorization.

Right to Obtain a Paper Copy of This Notice: You may ask for a paper copy of this Notice even if you have agreed to accept this Notice electronically.

Right to be Notified of a Breach: You have the right to be notified in the event that we (or one of our Business Associates) discover a breach involving your unsecured health information.

COMPLAINTS

If you feel that we have violated your privacy rights, or you disagree with a decision we made about the right to use your health information, you may contact the office listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The office listed below can give you that address. We will not retaliate against you for filing a complaint.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE OR COMPLAINTS, PLEASE CONTACT:

Lancaster General Health
Privacy Official
555 North Duke Street
Lancaster, PA 17604-3555
Phone: 717-544-4060