



# WASHINGTON HEALTH SYSTEM

## NOTICE OF PRIVACY PRACTICES

*Effective Date: April 14, 2003*  
*Revised Date: July 1, 2004*  
*Revised Date: September 20, 2013*  
*Revised Date: October 1, 2014*  
*Revised Date: August 30, 2018*  
*Revised Date: April 14, 2022*

**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.**

If you have any questions about this notice, please contact the Health System's Privacy Officer at (724) 223-4090 or write to Washington Health System, Attn: Privacy Officer, 155 Wilson Avenue, Washington, PA, 15301.

## WHAT IS A NOTICE OF PRIVACY PRACTICE?

Washington Health System understands that your health information is personal. We create and maintain a record with information about the care and services you receive at the System. We need this information in order to provide you with quality care and to comply with the law. The Notice provides you with information about the ways that we will use your information, with and without your authorization, and your rights under such laws as the HIPAA Omnibus Final Rule.

## WHO WILL FOLLOW THIS NOTICE?

This notice describes Washington Health System's (the "System", also referred to as the "Hospital" or "we") practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All entities, departments, units and medical practices within the System except for the health club and spa services at the Wilfred R Cameron Wellness Center.
- Any member of a volunteer group we allow to help you while you are a patient of the System.
- All employees, including physicians; staff, students, contracted personnel and other approved Health System personnel.

## OUR DUTY TO PROTECT YOUR HEALTH INFORMATION

Washington Health System is required by law to:

- Make sure that information that identifies you is kept private;
- Make available to you this Notice that describes the ways we use and share your information as well as your rights under the law about your health information
- Follow the most current regulations that are in effect about your health information.

## HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION

The Law permits us to use and share your health information in certain ways. Within the Washington Health System, authorized users have access to all patient medical records, regardless of whether or not they are directly involved in a patient's care. When we share this information with others outside the System, we will share what is minimally necessary to accomplish the intended purpose of the use, disclosure, or request. When we act in response to your written permission, share information to help treat you or are directed by law, we will share all information that you, your health care provider or the law permits or requires.

The list below tells you about different ways that we may use your health information and share it with others. We have tried to include examples, although every example of how we may use or share information is not listed below. However, all of the ways we are permitted to use and share information fall into one of the groups below. When possible, we will use health information that does not identify you.

## WAYS WE ARE ALLOWED TO USE AND SHARE YOUR HEALTH INFORMATION WITH OTHERS WITHOUT YOUR CONSENT, OR BY THE SYSTEM'S GENERAL CONSENT FOR TREATMENT

- **Treatment.** We may use your health information to provide you with medical treatment or services. We may share your health information with people and places that provide treatment to you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We may also share health information about you with people outside the System who provide follow-up care to you, such as nursing homes and home care agencies. At all times, we comply with any regulations that apply.
- **Payment.** In order to receive payment for the services that we provide to you, we may use and share your health information with your insurance company or a third party. We may also share your health information with another doctor or facility that has treated you so that they can bill you, your insurance company or a third party. For example, some health plans require your health information to pre-approve you for surgery and require pre-approval before they pay us.
- **Health Care Operations.** We may use and share your health information so that we, or others that have provided treatment

to you, can better operate the office or facility. For example, we may use your health information to review the treatment and services that you received to see how well our staff cared for you. We may share your health information with our students, trainees and staff for review and learning purposes.

- **Health Information Exchanges.** Washington Health System participates in various regional, state and federal Health Information Exchanges (“HIE’s”). Generally, a HIE is an organization that providers and payers participate in to exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical error will occur. By participating in an HIE, the System may share your health information with other organizations that participate in the HIE (each a “Participant”) or participants of other health information exchanges. This health information includes, but is not limited to general laboratory results including microbiology, pathology test results including biopsies, PAP smears, etc., radiology results including x-rays, MRIs, CT scans etc., results of outpatient diagnostic testing including GI testing, cardiac testing, neurological testing, etc., health maintenance documentation, problem list documentation, allergy list documentation, immunization profiles, medication lists, progress notes, consultation notes, discharge instructions, inpatient operative reports, emergency room visit discharge summary notes, urgent care visit progress notes, and clinical claims information.

All Participants of a HIE have agreed to a set of standards relating to their use and disclosure of health information available through the HIE. These standards are intended to comply with all applicable state and federal laws.

As a result, you understand and agree that unless you notify the Health System that you do not wish for your health information to be available through a HIE (“Opt-Out”):

Health information from any Participant providing services to you will be made available through HIE’s in which the Health System participates. For clarity, if you Opt-Out, your health information will no longer be accessible through HIE’s in which the Health System participates. However, your Opt-Out does not affect health information that was disclosed through a HIE prior to the time that you opted out.

Regardless of whether you choose to opt-out, your health information will still be provided to the HIE’s in which the Health System participates. However, if you choose to opt-out, the HIE’s will not exchange your health information with other providers and payers. Additionally, you cannot choose to have only certain providers access your health information.

All Participants who provide services to you will have the ability to access and download your information. However, Participants that do not provide services to you will not have the ability to access or download your information.

Information available through a HIE may be provided to others as necessary for referral, consultation, treatment and/or the provision of other treatment-related healthcare services to you. This includes providers, payers, pharmacies, laboratories, etc

Your information may be disclosed for payment related activities associated with your treatment by a Participant; and your information may be used for healthcare operations related activities by Participants.

You may Opt-Out at any time by notifying the Health System.

- **Business Associates.** We may share your health information with others called “business associates”, who perform services on our behalf. These companies must agree in writing to protect the confidentiality of the information. For example, we may share your health information with a billing company that bills for the services that we provide.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the System.
- **Treatment Alternatives.** We may use and share health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and share health information to tell you about health-related benefits or services that may be related to your treatment.
- **Fundraising Activities.** We may use and share with a Business Associate or the Washington Health System Foundation your name, phone number and other such information (called “demographic information”), the dates that health care was provided to you, general department information, the name of your physician and outcome information. You may then be asked for a donation to the System. If this information is shared in order to target individuals, you will receive an explanation on how you

can opt-out of future fundraising activities.

- **Marketing Activities.** We may use or share your health information for any marketing purposes for which the System is not reimbursed by a vendor or other outside company. The System will not sell your health information without your permission.
- **Research.** Under certain circumstances, we may use and share health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or share health information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the System. In certain situations, we are required to ask your specific permission, such as when the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the System.

## SPECIAL SITUATIONS

In the following circumstances, the law either permits or requires us to use or share your health information with others. Pennsylvania law may further limit these disclosures, for example, in cases of behavioral health information, drug and alcohol treatment information or HIV status.

- **As Required by Law.** We will share your health information when federal, state or local law requires us to do so.
  - If we believe that you have been a victim of abuse or neglect or domestic violence, we may share your health information with an authorized government agency. We will do so either if you agree or if the law allows us or requires us to do so.
  - If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
  - We may release medical information if asked to do so by a law enforcement official to comply with laws, including laws that require the reporting of an injury or death suspected to have been caused by criminal means, in response to a court order, warrant, subpoena or summons or in emergency situations.
- **To Avert a Serious Threat to Health or Safety.** We may use and share your health information with persons who may be able to prevent or lessen the threat or help the potential victim of a threat when doing so is necessary to prevent a serious threat to the health and safety of you, the public or another person. Pennsylvania law may require such disclosure when an individual or group has been specifically identified as the target or potential victim.
- **Organ and Tissue Donation.** If you are an organ or tissue donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Special Government Purposes.** We may use and share your health information with certain government agencies such as:
  - **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
  - **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
  - **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
  - **Workers' Compensation.** We may release medical information about you for workers' compensation or similar

programs. These programs provide benefits for work-related injuries or illness.

- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; disaster relief efforts.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The federal government has determined that it must have access to this information to adequately monitor beneficiary eligibility for government programs (for example, Medicare or Medicaid), compliance with program standards, and/or civil rights laws.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the Hospital to funeral directors as necessary to carry out their duties.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Food and Drug Administration.** We may release medical information to entities regulated by the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls.

## OTHER WAYS WE ARE ALLOWED TO SHARE YOUR HEALTH INFORMATION WITH OTHERS

- **Patient Directory.** We may include certain limited information about you in the Patient directory while you are a patient at the Hospital. This information may include your name, location in the Hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the Hospital and generally know how you are doing. You may request to be excluded from the Patient Directory or Clergy List upon registration or admission.
- **Individuals Involved in Your Care or Payment for Your Care.** We may share your health information about you to one of your family members, to other relatives or close personal friends or to any other person identified by you, but we will only disclose information which we feel is relevant to that person's involvement in your care or the payment of your care. If you are feeling well enough to make decisions about your care, we will follow your directions as to who is sufficiently involved in your care to receive information. If you are not present or cannot make these decisions, we will make a decision based on our experience as to whether it is in your best interest for a family member or friend to receive private health information or how much information they should receive.
- **Exceptions to the Above.** If you are a patient with psychiatric, mental or behavioral health records, none of the above information will be given to anyone outside the Washington Health System unless you give your written permission. If you are under 14 years of age, this permission must come from your parent or legal guardian. If you are 14 years of age or older, you must give this permission.

## OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. However, we are unable to take back any disclosures we have already made with your permission.

## YOUR RIGHTS CONCERNING YOUR HEALTH INFORMATION

The law gives you the following rights about your health information.

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. This includes your right to request a copy of your electronic medical record in electronic form. To inspect and copy medical information, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we customarily charge a fee for the costs of copying, mailing or other supplies associated with your request. In accordance with federal Law, you have a right to obtain laboratory test results. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Health System will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Ask for Correction.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to correct the information. You have the right to request an amendment for as long as the information is kept by or for the Hospital. You must submit your request in writing and send it to the System's Privacy Officer. We have the right to refuse your request if you ask us to correct information that was not made by us, or is not part of the health information that we keep, is not part of the information that you are permitted by law to see and copy or if we decide that the information is already correct and complete. If we do not agree to amend your information, you may add a supplemental statement to your records indicating why you believe the information should be changed. We will append or otherwise link your statement to your records.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This list will account for those disclosures of information about you that are required by law. Disclosures for treatment, payment, operations and any individual authorizations signed by you do not require tracking. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Services paid for by you: Where you have paid for your services out of pocket in full, at your request, we will not share information about those services with a health plan for purposes of payment or health care operations.

- **Right to Request Alternative Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request alternative communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may also obtain a copy of this notice at our Web site, [www.whs.org](http://www.whs.org). To obtain a paper copy of this notice, call (724) 250-4567.

## **VIOLATION OF PRIVACY RIGHTS**

In the event that a breach of your unsecured protected health information occurs by Washington Health System or one of its Business Associates, you will be provided with written notification as required by law.

If you believe that your privacy has been violated by us, you may file a confidential complaint directly with us. You can do this by contacting the Privacy Office at the System at (724) 250-4567.

You may also file a complaint with the Secretary of the US Department of Health and Human Services. To file a complaint with the Secretary, you must name the person or place at The Washington Health System that you believe violated your privacy rights and file the complaint within 180 days of when you knew or should have known that the violation occurred. All complaints can be sent to:

US Department of Health and Human Services  
200 Independence Ave, S.W.  
Washington, DC 20201

You will not be penalized for filing a complaint.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice at all registration locations within the System and in physician offices. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the Hospital for treatment or health care services as an inpatient or outpatient, you will have the opportunity to request a copy of the current notice in effect.