WHO DOES THIS NOTICE APPLY TO?  
All care is rendered by the Joint Health Care System and Covenant Health System we, along with other affiliated members of St. Joseph Health System and Covenant Health System, participate in the St. Joseph Health and Covenant Health Organized Health Care Arrangement (OHCA) in order to share medical information. The joint operating agreement (JOA), also known as a Care Partner ("Care Partners"), is available at http://www.stjh.org/healthCalling.aspx. A paper copy is available upon request. This JOA was approved by the St. Joseph Health and Covenant Health Care Partners of the OHCA (i.e., hospitals, skilled nursing facilities, community clinics and physician groups). 

Physicians and allied health professionals having staff privileges participating in the OHCA, in connection with hospital-based episodes of care (i.e. medical staff at hospitals).  

All departments and units of a Care Partner participating in the OHCA, including members of a volunteer group. 

All employees, staff and other personnel of a Care Partner participating in the OHCA. 

Any business associate of a Care Partner with whom members of the OHCA share medical information. 

O UR RESPONSIBILITY TO YOU REGARDING YOUR MEDICAL INFORMATION  
We will use and disclose your personal health information to carry out the treatment, payment and healthcare operations necessary to provide quality healthcare services. We may use and disclose your health information to tell you about and to provide services that might be of interest to you. 

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU  
Use or disclosure of your personal health information is required by law or your request. Use or disclosure of your personal health information is required by your applicable insurance plan. Use or disclosure of your personal health information is required for operations of the Joint Health Care System. Use or disclosure of your personal health information is required to carry out the Joint Health Care System's Joint Notice of Privacy Practices. Use or disclosure of your personal health information is required to conduct joint health care operations. Use or disclosure of your personal health information is required for a court order or a subpoena. Use or disclosure of your personal health information is required to report the death. Use or disclosure of your personal health information is required for national security purposes. Use or disclosure of your personal health information is permitted by law. Use or disclosure of your personal health information is permitted by operation of law. Use or disclosure of your personal health information is permitted by operation of law. 

How it's used: 

We may use and disclose medical information about you:  

1. To Treatment: We may use and disclose medical information about you for your treatment. 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 disclose medical information about you to people, places and entities beyond our hospital, such as other healthcare providers, who may need to know about your medical information in order to provide you with your healthcare. For example, we may give your physician access to your medical information to assist your physician in treating you. 

2. To Payment: We may use and disclose medical information about you to obtain payment or to be reimbursed for payment of your care. For example, we may disclose medical information about you to your insurance company to obtain payment for our services. We also may disclose your health information to a third party to obtain payment for your care. 

3. To Operations: We may use and disclose medical information about you to support our health care operations. For example, we may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you. 

H OW WILL MY INFORMATION BE USED OR DISCLOSED? 

We may use or disclose your health information for any purpose that is permitted or required by law. In most cases, we will obtain your permission before using or disclosing your health information, but there are a number of situations in which we may use or disclose your health information without your permission. 

1. Treatment Alternatives: We may use and disclose medical information about you to tell you about or recommend possible treatment options or alternatives that may be of interest to you. 

2. Payment of Medical Services: We may use medical information about you to obtain payment or to be reimbursed for payment of your care. For example, we may disclose medical information about you to your insurance company to obtain payment for our services. 

3. Treatment Planning: We may use and disclose medical information about you to contact you to solicit support for certain fundraising activities related to our operations. You will have an opportunity to opt-out of receiving such communications. 

Health Plan: We may disclose information about you to a health plan to notify the plan about your treatment, payment and health care operations. For example, your medical information may be shared across the OHCA in order to assess quality and to manage costs.  

Health Information Exchange: We may participate in one or more health information exchanges (HIEs) and may electronically share your medical information for treatment, payment and health care operations purposes with other participants in the HIEs. HIEs allow your health care providers to securely access and use your medical information in order to provide services to you. The information we share with each HIE will be limited to only the information necessary to carry out the functions of that HIE. 

4. Appointment Reminders: We may use and disclose your medical information to contact you to solicit your interest in an HIE. If you opt-out of receiving these communications, we will no longer contact you about such an HIE. 

Family and Friends: We may release medical information about you to a family member, friend, or any other person involved in your medical care. 

5. Medical Information to Care Partner: We may use and disclose medical information about you to tell you about and provide services that may be of interest to you. For example, we may disclose medical information about you to one or more of our Care Partners who may be involved in your medical care. For example, we may disclose medical information about you to your Care Partner after you leave our facility. 

6. Fundraising Activities: We may use and disclose medical information about you to solicit support for certain fundraising activities related to our operations. You will have an opportunity to opt-out of receiving such communications. 

Hospitals and Health Systems: Unless you tell us otherwise, we will list your name, location in the facility, general condition, and religious affiliation in a hospital directory, if applicable. If you wish to limit the information you wish to be made available to the public, you may inform hospital staff. If you are not a member of the medical community, we will honor your request to the extent that we have taken action in response to it. 

7. Health Plan: We may disclose information about you to a health plan to notify the plan about your treatment, payment and health care operations. For example, your medical information may be shared across the OHCA in order to assess quality and to manage costs. 

8. Health Information Exchange: We may disclose information about you to one or more health information exchanges (HIEs) and may electronically share your medical information for treatment, payment and health care operations purposes with other participants in the HIEs. 

9. Treatment Planning: We may disclose your medical information in an HIE is voluntary and subject to your right to opt-out if you receive services in an HIE. You may opt-out of the HIE at any time; however, if you opt-out, we will no longer use or disclose your medical information in accordance with applicable law to the HIEs in which we participate. 

10. 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. 

11. National Security: We may release medical information about you to authorized federal officials for the purpose of national security or intelligence, counterintelligence, and other national security activities authorized by law. 

12. Correctional Institutions: Should you be an inmate of a correctional institution, we may disclose medical information necessary for your health and the health and safety of other inmates to the institution's or its agents. 

13. Organized Health Care Arrangement: We participate in an Organized Health Care Arrangement (OHCA) in order to share medical information with other providers as necessary to carry out treatment, payment and health care operations. For example, your medical information may be shared across the OHCA in order to assess quality and to manage costs. 

14. Special Categories of Information: In some circumstances, your medical information may be subject to restrictions on use or disclosure. For example, there are special restrictions on the use or disclosure of certain types of medical information (e.g., HIV test results, mental health records, and alcohol and substance abuse treatment records). Government health benefit programs, also may also limit the disclosure of beneficiary information for purposes unrelated to the program and the care provided to the beneficiary. 

OTHER USES OR DISCLOSURES OF MEDICAL INFORMATION  

In any situation not covered by this notice, we will ask you for your written authorization before using or disclosing your medical information. 

Y OUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU  

You have the following rights regarding medical information we maintain about you: 

1. You have the right to see and get a copy of your medical information. There may be a fee for this. 

2. You have the right to ask us to correct medical information about you. If we agree with your request, we will correct the information in your medical record. 

3. You have the right to ask us to limit the way we use or disclose your medical information. If we agree with your request, we will abide by your request unless the limit would interfere with treatment, payment, or health care operations. 

4. You have the right to request in writing* a restriction on cert certain uses or disclosures of your medical information. However, we are not required to agree to your request. 

5. You have the right to request in writing* a copy of this notice. If we make changes to this notice, we will make the changes prospectively and disclose it to you. 

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can contact the Privacy Officer listed below. 

CHANGES TO THIS NOTICE  

We reserve the right to change this notice at any time. We have the right to make the revised notice effective for all information we maintain after its revision, including information we received before we made the revision. If we make a material change to this notice, we will post the revised notice at your location where you receive services and on our website and make the revised notice available upon request. 

COMPLAINTS  

If you feel your privacy has been violated, you can contact the Integrity Hotline at 888-249-8455. 

Effective Date: June 2017