

## JOINT NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

**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.**

### UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

St. Vincent's Health System creates a record of the care and services you receive at the hospital. We understand that medical information about you and your health is personal. We are committed to protecting the confidentiality of medical information about you.

This notice describes the way that St. Vincent's Birmingham, St. Vincent's East, St. Vincent's St. Clair, St. Vincent's Blount, One Nineteen Health and Wellness Center, St. Vincent's Ambulatory Healthcare Network and any physician or other healthcare provider with medical staff privileges within St. Vincent's Health System<sup>1</sup> will treat your health information about you created while you are a patient at one of the above listed facilities. In addition, St. Vincent's, physicians, and other healthcare providers with medical staff privileges may share medical information with each other for treatment, payment or health care operations as described in this notice.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of St. Vincent's Health System, the information belongs to you. You have the following legal rights with respect to your health information:

- You have the right to request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care. However, we are not required by law to agree to a requested restriction, except for when you request that we not disclose information to your health plan about services for which you paid out-of-pocket in full. In those cases, we will honor your request, unless the disclosure is necessary for your treatment or is required by law. Requests for restrictions must be made in writing to the Privacy Officer, St. Vincent's Hospital Birmingham, 810 St. Vincent's Drive, Birmingham, AL 35205.
- You have the right to obtain a paper copy of this notice of information practices upon request. Please contact the St. Vincent's Health System Privacy Officer at 1-205-930-2027 or at 1-800-707-2198 to request a copy of this Notice. A copy of this notice may also be obtained from St. Vincent's website at [www.stvhs.com](http://www.stvhs.com).
- Except under certain limited circumstances, you have the right to inspect and request a copy of your health record. You do not have the right to free copies of your records. We will charge you a reasonable fee for copying your records.
- If you believe that information in your records is incorrect or incomplete, you have the right to request that we amend your health record. However, we are not required by law to agree to a request to amend your health record. We will notify you if we are unable to grant your request.
- You have the right to ask for a list of instances when we have disclosed your health information for any reasons other than treatment, payment, healthcare operations or upon your written authorization. If you ask for this information more than once in a twelve month period, we may charge you a fee for responding to your request.
- You have the right to request communications of your health information by alternative means or at alternative locations. For example, you may ask that we contact you only at home or through a post office box. We will accommodate reasonable requests. To request confidential communications, you must make your request in writing to: Privacy Officer, St. Vincent's Hospital Birmingham, 810 St. Vincent's Drive, Birmingham, AL 35205.
- You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.

You may exercise your rights set forth in this notice, by providing a written request to the Health Information Management department of St. Vincent's Health System unless otherwise specified above.

<sup>1</sup>The physicians participating in your care at a facility in the St. Vincent's Health System are typically not employees or agents of St. Vincent's Health System and are not acting for or on behalf of St. Vincent's Health System. They are independent Physicians who are engaged in the private practice of medicine and have been granted privileges to use this facility for the care of their patients. All medical decisions regarding your care and treatment at a St. Vincent's facility are made by such physicians and not by St. Vincent's Health System.

## OUR RESPONSIBILITIES

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you;
- Abide by the terms of this notice as it may be revised from time to time;
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures.

We must obtain your written authorization before we may use or disclose your psychotherapy notes, except for: use by the originator of the psychotherapy notes for treatment; use or disclosure by St. Vincent's Health System for its own mental health training programs; or use or disclosure by Covered Entity to defend itself in a legal action or other proceeding brought by the individual.

We must obtain your written authorization before we may sell your PHI.

We are required to notify you in the event of a breach of your unsecured PHI.

St. Vincent's Health System reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our information practices change we are not required to notify you, but we will have the revised notice available for you to request at each of the facilities within St. Vincent's Health System and on St. Vincent's website, <http://www.stvhs.com/>

We will not use or disclose your health information without your written authorization, except as described in this notice or permitted by law.

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### EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS AND AS OTHERWISE ALLOWED BY LAW

The following categories describe different ways that we use and disclose medical information.

For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information should fall within one of the categories.

#### ***WE WILL USE YOUR HEALTH INFORMATION FOR TREATMENT.***

For example: We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you within the facility. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also provide your other health-care providers with copies of various reports to assist in treating you after you are discharged from the facility. If you are a Blue Cross/Blue Shield patient, unless you notify us that you object we will submit your medical information to Blue Cross/Blue Shield of Alabama's InfoSolutions®. This information can be accessed by other participating providers to assist in your treatment. In order to notify us that you do not want your medical information submitted to InfoSolutions® you must make your request in writing to: Privacy Officer, St. Vincent's Hospital Birmingham, 810 St. Vincent's Drive, Birmingham, Alabama 35205.

#### ***WE WILL USE YOUR HEALTH INFORMATION FOR PAYMENT.***

For example: A bill may be sent to you or a third-party payer such as an insurance company or an HMO. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, the medical procedures performed on you, and supplies used in taking care of you.

#### ***WE WILL USE YOUR HEALTH INFORMATION FOR REGULAR HEALTH CARE OPERATIONS.***

For example: We may use the information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

#### ***WE WILL USE YOUR HEALTH INFORMATION TO COMMUNICATE WITH FAMILY AND FRIENDS INVOLVED IN YOUR CARE.***

We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to a family member or friend who helps pay for your care. Unless you object to being included in our patient information system (hospital directory), we may also tell your family members or friends about your general medical condition and that you are in the facility.

***WE WILL USE YOUR HEALTH INFORMATION TO REMIND YOU OF APPOINTMENTS AT THE FACILITY***

We may use and disclose medical information to contact you by telephone or mail. We will do this in order to remind you that you have an appointment for treatment, medical care, or other services at the facility.

***WE WILL USE YOUR HEALTH INFORMATION AS OTHERWISE ALLOWED BY LAW.***

The following are some examples of how we may use and disclose medical information about you.

***BUSINESS ASSOCIATES:*** There are some services provided in our organization through contracts with business associates. Examples include certain laboratory tests, and copy services. To protect your health information, however, we require business associates to take the appropriate measures to safeguard your information.

***DIRECTORY:*** Unless you notify us that you object, we will use your name, your room number or other location within in the facility, your general medical condition (such as serious, good, fair, etc.), and your religious affiliation as part of our hospital patient information system. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

***NOTIFICATION:*** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, about your location in the facility, and your general medical condition.

***RESEARCH:*** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

***FUNERAL DIRECTORS:*** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

***ORGAN PROCUREMENT ORGANIZATIONS:*** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

***MARKETING:*** We may contact you to provide information about treatment alternatives or other health-related benefits, goods, and services provided by the facility that may be of interest to you. We must obtain your written authorization before we may use or disclose your PHI for marketing purposes, except for face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you.

***FUNDRAISING:*** We may contact you to raise money for the Health System. We would use only contact information, such as your name, address and phone number, and the dates you were here. We may communicate with you as part of our fundraising activities, but you have the right to opt out of receiving such communications. If you do not want the Health System to contact you for fundraising efforts, you must notify us in writing. Your notification must be sent to: St. Vincent's Foundation, 2800 University Blvd, Suite 304, Birmingham, AL 35205 or Eastern Health Foundation, 50 Medical Park Drive East, Birmingham, AL 35235.

***UNITED STATES FOOD AND DRUG ADMINISTRATION (FDA):*** We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

***HEALTH OVERSIGHT ACTIVITIES:*** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws.

***WORKER'S COMPENSATION:*** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

***PUBLIC HEALTH:*** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

***ABUSE, NEGLECT OR DOMESTIC VIOLENCE:*** As required by law, we may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence.

***JUDICIAL, ADMINISTRATIVE AND LAW ENFORCEMENT PURPOSES:*** Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes. This may include disclosures in response to subpoenas or court orders.

***TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:*** We may use and disclose your health information when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat or to law enforcement authorities in particular circumstances.

***NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:*** We may release your health information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.

**PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS:** We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations.

**CUSTODIAL SITUATIONS:** If you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to us, we may disclose your health information to a correctional institution or law enforcement official.

**REQUIRED OR ALLOWED BY LAW:** We will disclose medical information about you when required or allowed to do so by federal, state or local law.

## FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information,  
You may contact the St. Vincent's Health System Privacy Office at  
1-205-930-2027 or at 1-800-707-2198.

If you believe your privacy rights have been violated, you can file a complaint with St. Vincent's Health System or with the Secretary of the Federal Department of Health and Human Services. To file a complaint with St. Vincent's Health System, call 1-205-930-2027 or at 1-800-707-2198. To file a complaint with the Secretary of Health and Human Services, call 404-562-7886. There will be no retaliation for filing a complaint.



St. Vincent's Hospital Birmingham  
810 St. Vincent's Drive, Birmingham, Alabama 35205

St. Vincent's Hospital East  
50 Medical Park Drive East, Birmingham, Alabama 35235

St. Vincent's Hospital St. Clair  
2805 Dr. John Haynes Drive. Pell City, Alabama 35125

St. Vincent's Hospital Blount  
150 Gilbreath Drive, Oneonta, Alabama 35121

One Nineteen Health and Wellness Center  
7191 Cahaba Valley Road, Hoover, Alabama 35242