

HEALTH INFORMATION PRIVACY NOTICE

LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK and THE COMMON MEDICAL STAFF OF LEHIGH VALLEY HOSPITAL AND LEHIGH VALLEY HOSPITAL-MUHLENBERG

**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 Privacy Officer at (610) 402-9100.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

Lehigh Valley Hospital and Health Network (LVHVN) understands that medical information about you is personal, and we are committed to protecting your health information. For this reason, LVHVN, in addition to the Common Medical Staff of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg, joined together to create and describe how we use and disclose your health information respective to the services offered through LVHVN. Because certain types of health information may identify you, we call this Protected Health Information or “PHI”. In this Notice, we will tell you about:

- How we may use and disclose your PHI
- When we may disclose your PHI to others
- Your privacy rights and how to use them
- Our privacy duties
- Who to contact for more information or with a complaint

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose your PHI. For each category of uses or disclosures, we will explain what we mean and try to provide 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 will fall within one of the categories.

For Treatment. We may use and disclose PHI about you to provide you with medical treatment or services. Your PHI may be disclosed to doctors, nurses, technicians, students, or other personnel who are involved in taking care of you. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, if you are in the hospital, different departments of the hospital may share medical information about

you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital in order for us to provide services that are part of your care, i.e., home care nurses or an ambulance crew for transport.

For Payment. We may use and disclose PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, your insurer may want to review your medical record to be sure that your care was medically necessary. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose PHI about you for health care operations. Health care operations involve administration, education and quality assurance activities. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, students, and other personnel for review and learning purposes. We may combine the medical information we have with medical information from other organizations to compare how we are doing and see where we can make improvements in the care and services we offer. Other operational uses or disclosures may involve business planning, or the resolution of a complaint.

Special Uses. We also use or disclose your PHI for purposes that involve your relationship to us as a patient. We may use or disclose your PHI to:

- Contact you as a reminder that you have an appointment for treatment or medical care.
- Tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- Tell you about our health benefits and services.
- Send greetings to let you know that your relationship to us is important and that we care about your continual recovery.
- Contact you in an effort to raise money for the hospital and its operations, unless you tell us not to contact you.

CERTAIN USES AND DISCLOSURES OF YOUR PHI THAT ARE PERMITTED OR REQUIRED BY LAW

Many laws and regulations either require or permit us to use or disclose your PHI. Here is a listing of required or permitted uses and disclosures.

Facility Directory. We may disclose certain limited information about you while you are a patient in our facility if you wish to remain listed in our facility directory. This information may include your name, location in the facility, and facility telephone number. This information may be released if someone asks for you by name and you do not object to being listed in the directory. This is so your family and friends can visit you. In matters of public record, we are also permitted to release a one-word general condition (fair, good, undetermined, serious or critical).

If you elect to give us your religious affiliation, we may provide your name, location in the facility

and facility telephone number to a member of the clergy, such as a priest or rabbi. We are permitted to release this information even if they do not ask for you by name, unless you object to the disclosure. We will inquire about your wishes prior to releasing information to your clergy.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may release PHI about you to a family member, or friend or any other person you identify who is involved in your medical care. In the event that you are unable to express yourself, we may release PHI, as necessary and that we determine to be in your best interest, to a family member or friend directly involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use and disclose PHI 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 disclose medical information for research, the project will have been approved through this research approval process. There are a few exceptions where the approval process is not necessary. We may disclose PHI 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 PHI they review does not leave the facility. We may also release your medical information to a researcher provided that certain data elements are removed that may identify you (i.e., name, social security number, medical record number, etc.). We will generally ask for your specific permission to use your PHI when the researcher is involved in your care.

As Requested By Law. We will disclose PHI about you when required to do so by federal, state or local law, for example, when ordered by a Court to turn over certain types of your PHI.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI about you when 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 the threat.

For Payment and Health Care Operations of Another Entity. We may disclose PHI about you to another entity covered by the federal health care privacy regulations or to another health care provider if the disclosure is for the payment activities of that entity or provider receiving the information. For example, we may disclose insurance information about a patient to an ambulance company, if such services were provided to the patient. In addition, we may disclose PHI about you to another entity covered by the federal health care privacy regulations if the entity has or had a relationship with you, and the purpose for the disclosure is related to their health care operational activities, i.e., accreditation, licensing or credentialing activities. We will limit the information disclosed to the minimum amount of information needed in accordance with the request.

SPECIAL SITUATIONS

Organ and Tissue Donation. We may release PHI 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.

Military and Veterans. If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose PHI about you for public health activities. These activities generally include the following:

- to report communicable diseases;
- to report cancer cases;
- to prevent or control disease, injury or disability;
- to report birth information;
- to report death information;
- 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;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI information about you in response to a court or administrative order. We may also disclose PHI 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.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;

- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct on facility premises; and
- In emergency circumstances 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 release PHI 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 PHI about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release PHI 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 PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI 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.

CERTAIN STRICTER REQUIREMENTS THAT WE FOLLOW.

Several state laws may apply to your PHI that set a stricter standard than the protections offered under the federal health privacy regulations. Stricter state law in Pennsylvania will for example, limit us from disclosing medical records containing HIV related information; medical records containing alcohol and drug abuse information; and medical records containing psychiatric and psychological treatment. State law dictates to whom and under what circumstances disclosure is appropriate. Generally, release of this information is contingent upon your specific consent, or pursuant to a court order.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

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

Right to Inspect and Copy. You have the right to inspect and copy medical and billing records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request in accordance with Pennsylvania's mandated fee schedule.

We may deny your request to inspect and copy your PHI in certain limited circumstances. If we deny you access to your records because we determine that it may cause you physical harm, or we think that it may cause physical, emotional or psychological harm to another individual, you may request that the denial be reviewed. Another licensed health care professional will be chosen to 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 Amend. If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You should provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the entity;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we refuse to make your requested amendment, you have the right to submit a written statement about why you disagree. We have the right to prepare a counter-statement if we still disagree. Your statement and our counter-statement will become a part of your record.

Contact Individuals for Inspecting, Copying or Amending Your Records.

If you wish to inspect, copy or amend your PHI, you should contact the following individuals to schedule an appointment:

Provider Name	Medical Records	Billing Information
<i>Lehigh Valley Hospital Lehigh Valley Hospital- Muhlenberg</i>	Medical Records Representative (610) 402-8330	Customer Service Line General: (800) 608-6800 Local: (484) 884-4515
<i>Lehigh Valley Hospital Transitional Skilled Unit (TSU)</i>	TSU Administrator (610) 402-9725	Customer Service Line General: (800) 608-6800 Local: (484) 884-4515
<i>Lehigh Valley Physician Group</i>	Contact LVPG Practice and ask to speak to the Practice Manager	Customer Service Line (484) 884-4565
<i>Lehigh Valley Hospice Lehigh Valley Home Care</i>	Medical Records Manager (610) 402-2130	Accounts Receivable Manager (610) 402-7359
<i>Lehigh Valley Health Spectrum</i>	Director of Quality Assurance (610) 402-2144	Director of Quality Assurance (610) 402-2144
<i>Preferred Employee Assistance Program</i>	Clinical Manager (610) 433-8550	Program Director (610) 433-8550
<i>Hematology-Oncology Associates</i>	Practice Manager (610) 402-7880	Practice Manager (610) 402-7880
<i>Lehigh Valley Anesthesia Services</i>	Medical Records Representative (610) 402-8330	Billing Line (610) 402-9099

<i>Lehigh Magnetic Imaging Center</i>	Office Manager (610) 740-9500	Office Manager (610) 740-9500
<i>Lehigh Valley Diagnostic Imaging</i>	LVDI File Room (610) 402-1012	Office Manager (610) 402-1025

If you are a hospital or TSU patient and want to access billing information from one of your treating physicians, you must contact the physician’s private office or the physician’s designated billing company.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures that we have made of your PHI over the past six years. However, because this right went into effect April 14, 2003, you cannot ask for disclosures before April 14, 2003. We do not have to account for all disclosures, including those involving treatment, payment or health care operations; or where you authorized the release of information.

To request a list of accounting of your disclosures, you must submit your request in writing to the Privacy Officer at 2166 South 12th Street, Allentown, Pennsylvania 18103-4798. Your request should state the time period and you should include which entities you wish to have an accounting of disclosures, i.e., Lehigh Valley Hospital, Lehigh Valley Physician Group, etc. We also ask that you include your complete name, date of birth, social security number and address in the request for accuracy purposes. The first list you request within a (12) twelve-month period will be free. For additional lists, we may charge you for the cost 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 PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on PHI we disclose about you to someone who is involved in your care or the payment for your care. For example, you could ask that we not disclose diagnostic information to your insurance plan.

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 emergency treatment.

Please discuss any restriction you wish to request during the registration process. You should indicate what information you want to limit, and to whom you want the limits to apply. You may submit your request in writing. If the provider agrees to your request, the restriction is only applicable to the individual entity, and to that particular episode of care unless agreed otherwise. Please note that you must make separate requests to each entity, which this notice applies, due to their individualized operations. This also includes separate requests to members of the Common Medical Staff of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg.

Right To Request Confidential 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.

Please discuss your request for confidential communications during the registration process. In your request, you must specify how and where you wish to be contacted. We will not ask you for the reason for your request. We will make best efforts to accommodate all reasonable requests, unless the request imposes an unreasonable administrative burden. Please note that you must make separate requests to each entity, which this notice applies, due to their individualized operations. This includes separate requests to members of the Common Medical Staff of Lehigh Valley Hospital and Lehigh Valley Hospital-Muhlenberg .

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 obtain a copy of this notice at our website, www.lvh.org

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 PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the applicable entities. The notice will contain an effective date at the bottom of the notice. In addition, each time you are registered at one of applicable entities or are admitted for health care services, we will offer you a copy of the current notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with LVHHN or with the Office for Civil Rights. To file a complaint with LVHHN, contact the Privacy Officer at (610) 402-9100, or in writing at 2166 South 12th Street, Allentown, Pennsylvania 18103-4798 to the attention of the Privacy Officer. You also have the right to file a complaint with the Office for Civil Rights, either in writing or electronically. You must include the identity of the entity and the alleged violation, and the complaint must be filed within 180 days of knowledge of the alleged violation.

You will not be penalized for filing a complaint.

OTHER USES OF PHI

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

understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

EFFECTIVE DATE.

This Notice takes effect on April 14, 2003.

WHO WILL FOLLOW THIS NOTICE?

This notice applies to the following legal entities:

Lehigh Valley Hospital	Lehigh Valley Diagnostic Imaging
Lehigh Valley Hospital-Muhlenberg	Lehigh Magnetic Imaging Center
Lehigh Valley Physician Group	Lehigh Valley Anesthesia Services, P.C.
Hematology-Oncology Associates, Inc.	Health Spectrum Pharmacy Services*

** Note: Health Spectrum Pharmacy Services is wholly owned by Lehigh Valley Health Services, Inc.*

This notice also applies to the Common Medical Staff of Lehigh Valley Hospital and Lehigh Valley Hospital- Muhlenberg as it relates to services provided on hospital premises. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.