

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed for treatment, payment or healthcare operations, and for other purposes that are permitted or required by law, and how you can get access to and control this information (the “Notice”). Please review it carefully.

Who We Are

This Notice describes the privacy practices of Magee Rehabilitation Hospital (“Magee”).

Magee facilities include all patient care, research, laboratory and administrative space owned or leased by Magee and any location where Magee staff work. All staff, students and other members of the Magee community (together, “we or us”) follow the terms of this Notice because we may share certain information with each other for treatment, payment or healthcare operation, as described in this Notice. Magee is required by law to maintain the privacy of your health information (“Protected Health Information” or “PHI”) and to provide you with Notice that explains Magee’s legal duties and privacy practices with respect to PHI under the federal Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”), and the HIPAA Privacy and Security regulations. PHI means all paper or electronic records of your care that identify you or can reasonably be used to identify you (including demographic information) and that relate to your past, present or future physical or mental health or condition and related health services, including information about payment and billing for your health care services.

How We May Use and Disclose Health Information – Treatment, Payment and Healthcare Operations.

Except in an emergency or other special circumstance, we will ask you to sign a general consent, as required by Pennsylvania law, so that we may use and disclose your PHI for the purposes detailed below- The following are examples for the types of uses and disclosures, but not every use or disclosure will be listed. However, all of the ways in which we are permitted to use and disclose your PHI will fall within one of the categories listed in this Notice.

Treatment

We may use and disclose your PHI in connection with your treatment and/or other services provided to you - for example, to diagnose and treat you. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services. We may disclose PHI to other providers (e.g. physicians, nurses, pharmacists and other healthcare facilities involved in your treatment).

Payment

We may use and disclose your PHI to obtain payment for services that we provide to you - for example, to request payment from your health insurer and to verify that your health insurer will pay for your healthcare services.

Healthcare Operations

We use and disclose your PHI for our healthcare operations. These include internal administration and planning, and various activities that improve the quality and cost effectiveness of healthcare services. For example, we may use your PHI to evaluate the quality and competence of our physicians, nurses and other healthcare workers. We may also use PHI to resolve patient problems and complaints.

Other Healthcare Providers

We may also disclose PHI to other healthcare providers when such PHI is required for them to treat you, receive payment for services they render to you or conduct certain healthcare operations, for example, for emergency ambulance companies to request payment for services in bringing you to the hospital.

Business Associates

We may disclose PHI to third party contractors, or "Business Associates," that provide services for us, such as claims processing, consulting, auditing and accounting, and legal representation. If we disclose PHI to a business associate, we will do so subject to a contract that requires the business associate to appropriately safeguard and restrict the use of your PHI to the purpose of the arrangement, as required under HIPAA and its regulations, including requiring the business associate to have contracts with any subcontractors the business associate may use to perform a function involving your PHI.

Other Uses and Disclosures for Which Your Written Authorization Is Not Required

We are permitted or required by law to make certain uses or disclosures of your PHI without your written authorization or consent for the following purposes, subject to conditions imposed by law.

The Inpatient Directory

Unless you object, Magee will include your name, room number, general health condition and religious affiliation in our hospital patient directory. Information in the hospital directory (other than religious affiliation) may be disclosed to anyone who asks for you by name, either in person or by telephone. This information, as well as your religious affiliation, may also be disclosed to members of the clergy.

Disclosure to Relatives, Friends and Other Caregivers

For your confidentiality, you will be given a secret four (4) digit PIN number (“PIN number”) when you are admitted. Only give your PIN number to family members or other persons involved in your care, to whom you want Magee to disclose information about you. When someone requests information about you without the correct PIN number, we will not provide them with any information about you. For individuals who provide the correct PIN number, we may still rely upon our professional judgment in deciding to disclose the information.

We may also use or disclose your PHI to notify family members, your personal representative or other person responsible for your care, of your location, your general condition, or in the event of an emergency or your death. If there are family members, other relatives or friends to whom you do not want us to disclose your PHI, do not give those people your PIN number. In addition, you can notify the appropriate Magee department, or our Privacy Officer about those restricted family members.

Fundraising Communications

We may contact you to request a donation to support important activities of Magee. We may disclose to our fundraising staff non-medical information about you (e.g. - your name, address and telephone number) and PHI, including dates on which we provided health care to you. We will not share your PHI with anyone else for another person’s or entity fundraising purposes. If we contact you, we will tell you how to opt out of receiving future fundraising communications from us. You have the right to opt out of receiving fundraising communications from us. If you do not want to receive any fundraising requests, you may contact Magee at the following address to opt out of receiving future fundraising communications:

Development Office of Magee Rehabilitation Hospital
1513 Race Street
Philadelphia, PA 19102

Public Health Activities

We may disclose your PHI for the following public health activities:

- Preventing or controlling disease, injury or disability
- Reporting abuse and neglect to public health or other government authorities
- Reporting of deaths
- Reporting information about products and services under the jurisdiction of the United States Food and Drug Administration, such as reactions to medications and problems with products
- Alerting a person who may have been exposed to an infectious disease or may be at risk of contracting or spreading a disease or condition
- Notifying people of product recalls
- Reporting information to your employer as required by laws addressing work-related illness and injuries or workplace medical surveillance

Disaster Relief Efforts

We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. For example, to enable the entity to locate a family member or other persons that may be involved in some aspect of caring for you.

Victims of Abuse, Neglect or Domestic Violence

If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.

Health Oversight Activities

We may disclose your PHI to a health oversight agency that is responsible for ensuring compliance with rules of government health programs such as Medicare or Medicaid.

Legal Proceeding and Law Enforcement

We may disclose your PHI in response to a court order, subpoena or other lawful process.

Deceased Persons

We may disclose PHI of deceased individuals to a coroner or medical examiner authorized by law to receive such information.

Obtaining Organs and Tissues

We may disclose your PHI to organizations that obtain organs or tissues for banking and/or transplantation.

Research

When conducting research, in most cases we will ask for your written authorization before PHI is used. However, we may use or disclose your PHI without your specific authorization if Magee's Institutional Review Board ("IRB") has waived the authorization requirement, and in accordance with federal and states law and regulations for the use or disclosure of PHI for research purposes. The IRB is a committee that oversees and approves research involving people.

Public Safety

We may use or disclose your PHI to prevent or lessen a serious and imminent threat to the safety of a person or the public.

Specialized Government Functions

We may release your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances, such as for intelligence, counter-intelligence or national security activities.

Workers' Compensation

We may disclose your PHI as authorized by state law relating to workers' compensation or other similar government programs.

Inmates

If you are or become an inmate of a correctional institution or you are in the custody of a law enforcement official, we may release your PHI to the institution or official if required to provide you with healthcare or to protect the health and safety of others.

As Required By Law

We may use and disclose your PHI when required to do so by any other laws not already referenced above.

Uses and Disclosures Requiring Your Written Authorization

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. Except as permitted under this Notice or as permitted by law, we will seek your written authorization prior to using or sharing your information for marketing purposes and before selling your information. If you provide us permission in the form of a written authorization to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI 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.

Highly Confidential Information

Federal and state laws require special privacy protections for certain highly confidential information about you. This includes PHI:

- Maintained in psychotherapy notes
- Documenting mental health and developmental disabilities services
- About drug and alcohol abuse, prevention, treatment and referral
- Relating to HIV/AIDS testing, diagnosis or treatment and other sexually transmitted diseases
- Genetic testing

Generally, we must obtain your written authorization to release this type of information. However, there are limited circumstances under the law when this information may be released without

your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.

Your Rights Regarding Your Protected Health Information

Right to Inspect and Copy Your Health Information

With a few limited exceptions, you may request to see and receive copies of your medical and billing records. To receive copies of records, please submit a written request to the appropriate Magee office or department. You may request an electronic copy of your PHI, if we maintain the PHI in an electronic format. Your request should specifically state what PHI you want to inspect or copy. We must act on your request within thirty (30) days of our receipt of your request. You will be charged a fee for copies, mailing or other supplies associated with your request as permitted by Pennsylvania law, and we will tell you the fee amount in advance. If you are a parent or legal guardian of a minor, certain portions of the minor's medical record may be inaccessible to you (e.g., records relating to abortion, contraception and/or family planning services) unless the patient authorizes Magee to give you access to PHI. Under other limited circumstances defined by law, we may deny you access to a portion of your records.

We may deny your request to inspect and copy in limited circumstance. If you are denied access to your PHI, you may submit a written request that such denial be reviewed to our Privacy Officer at the address indicated below in this Notice. Your denial of access will be reviewed by a health care professional designated by us, but who did not participate in the original decision to deny access. We will ordinarily act on your request for review within thirty (30) days. In certain circumstances you will not be granted a review of a denial.

Right to Request Restrictions

You may request additional restrictions on Magee's use and disclosure of your PHI for the following situations:

- For treatment, payment and healthcare operations;
- To individuals (such as family members or other relatives, close friends or any other person identified by you) involved with your care or with payment related to your care;
- To notify or assist in the notification of such individuals regarding your location in the hospital and your general condition; or
- To your health insurer or other third party payer if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law, and the PHI pertains solely to a healthcare item or service for which you, or another person acting on your behalf, paid us out-of-pocket in full.

While we will consider all requests for restrictions carefully, we are not required to agree to every restriction, For example when sharing information is necessary for emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer at the address indicated below in this Notice. 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, restriction of disclosures to your spouse.

We may terminate the restriction if: (1) you agree or request the termination in writing; or (3) as to restrictions related to treatment payment or health care operations, if we inform you that we are terminating our agreement to your restriction, except that such termination will only be effective for your PHI that is created or received after your notice of termination.

Right to Receive Confidential Communications

We will accommodate any reasonable written request to receive your PHI by alternative means of communication or at alternative locations. For example, you may instruct us to not contact you by telephone at home; you may give us a mailing address other than your home for test results.

Right to Revoke Your Authorization

You may revoke your authorization, except to the extent that we have already used or disclosed your PHI. A revocation form is available upon request from the Privacy Officer.

Right to Amend Your Records

You have the right to request that we amend PHI maintained in your medical or billing records. To do so, you must submit a written request to the appropriate Magee office or department. Magee may deny your request if we reasonably believe that the information is accurate and complete, if Magee did not create the PHI, or if other special circumstances apply.

Right to Receive an Accounting

You have the right to request an "accounting of disclosures" for disclosures of your PHI. The list of disclosures does not include disclosures: (1) for treatment payment and healthcare operations, with the exception of disclosures made for such purposes via an electronic health record in compliance with the applicable effective dates related to such required accountings; (2) made with your authorization or consent ; (3) to your family member, close relative friend or any other person identified by you; (4) for national security or intelligence purposes; (5) to correctional institutions or law enforcement officials; or (6) as part of a limited data set.

Additionally under certain circumstances, government officials can request that we withhold disclosures from the accounting.

To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer at the address indicated below in this Notice. Your request must state the time period for which you would like an accounting which may not be longer than six (6) years from the date of your request for all disclosures except for disclosures made for treatment, payment or healthcare operations via an electronic health record.

Your request for an accounting for disclosures for treatment payment and healthcare operations made via an electronic health record cannot be greater than three (3) years from the date of your request. Your first accounting request within any 12-month period will be provided to you free of charge. For additional accounting 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.

We will ordinarily act on your accounting request within sixty (60) days of your request. We are permitted to extend our response time for a period of up to thirty (30) days if we notify you of the extension. We may temporarily suspend your right to receive an accounting of disclosures of your PHI, if required to do so by law.

Breach Notification

You have the right to be notified following a breach (as defined by HIPAA) of your unsecured PHI. We will notify you in writing in the event of a breach unless we determine through a risk assessment that there is a low probability that the privacy and/or security of your PHI has been compromised.

For Further Information or Complaints

If you desire further information about your privacy rights, are concerned that your privacy rights were violated, or disagree with a decision that we made about access to PHI, you may contact our Privacy Officer at:

Magee Rehabilitation Hospital
Attn: Privacy Officer
1617 JFK Blvd
18th Floor One Penn Center
Philadelphia, PA 19102-1177

Additionally, you may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for the Director. You will not be penalized or retaliated against for filing a complaint or voicing a privacy concern.

Right to Change Terms of This Notice

We may change the terms of this Notice at any time. Any changes in the terms of this Notice will be effective for all PHI that Magee is maintaining at that time. If we change this Notice, we will post the revised Notice in appropriate locations around Magee and on-line at www.mageerehab.org. You also may obtain any revised notice by contacting the Privacy Officer.