Notice of 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.

Excela Health is required by law to keep your health information private and to inform you of our legal duties and privacy practices with respect to your health information.

Who follows this notice?

Excela Health provides easy access to a full range of services to meet your health care needs. The privacy practices described in this notice are followed by the employees, doctors, other professionals and volunteers who serve you at any of our locations including:

- *Frick Hospital, Latrobe Hospital, and Westmoreland Hospital* [including off-campus services]
- *Excela Square at Norwin* [Norwin Medical Commons]
- *CareGivers of Southwestern PA* [including behavioral health outreach services]
- *Excela Health Home Care & Hospice*
- *Excela Health Physician Practices, Inc.*
- *MedCare Equipment Co. LLC*
- *The Latrobe Area Hospital Charitable Foundation and Westmoreland/Frick Hospital Foundation*

How we may use or disclose your health information

The Excela Health mission is "improving the health and well-being of every life we touch." We respect the privacy of your health information, including demographic, financial and medical information.

We may use or disclose your health information for:

- *Treatment provided to you.* Example: your health information may be accessed by anyone directly or indirectly involved in your care at Excela Health.
- *Payment sought for services provided to you.* Examples: your insurance company may require or request health information about you to pay a claim; we may provide health information to other providers to enable them to bill for services they provide you.
- *Health care operations.* Examples: We may review health information in an effort to maintain or improve quality, comply with health care regulations and/or insurance provisions, review or approve doctor privileges, coordinate your continued care needs, or seek legal representation regarding potential claims.
- We may share your health information with a business associate that supports our operations (e.g., an independent auditor copying service, etc.).
- We may contact you to schedule or remind you about appointments, or to notify you of other treatments, services or health care products we offer that may be of interest to you.
- We may contact you with information on our fundraising activities.
- Federal law permits use or disclosure of your health information *without* obtaining individual authorization for certain administrative activities of Excela Health that are necessary and/or required. These activities include reports: of public health activities to public health agencies such as the state or federal government (e.g., disease/injury reports, births, deaths, child abuse or neglect, adverse events); to employers in certain situations (e.g., for workplace medical or injury/illness evaluation); of victims of abuse, neglect or domestic violence; for health oversight activities authorized by law (e.g., audits, inspections); for legal or administrative proceedings (e.g., compliance reviews, court orders); to law enforcement; about decedents (e.g., coroner, medical examiner, funeral director); about organ donation; for workers' compensation benefits, and for research when an approved authorization waiver is obtained.
- We will obtain your oral approval or objection for use and disclosure of your health information for: involving family or friends in your care, and listing your name, location, general condition and religion in our facility directory when you are in the hospital. The information in our facility directory may be disclosed to clergy or other people who ask for you by name. It could also be disclosed to a disaster relief agency to inform your family of your location and condition.

Effective date: February 1, 2003 for LH; April 1, 2003 for FH and WH

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You have the right to restrict or deny the use and disclosure of your health information for these purposes. In an emergency, when we cannot obtain your oral approval or objection, we will use professional judgment in the use or disclosure of your health information for these purposes.

- Other uses and disclosures not described in this notice will be made only *with your written authorization* and you may revoke such authorization by informing us in writing of your request.

What are your rights regarding your health information?

- *Requesting restrictions on use and disclosure* ~ You have the right to request that we restrict the use and disclosure of your health information for treatment, payment or health care operations, or for purposes that require your oral approval or objection as previously noted. We are not required to agree to a requested restriction.
- *Receiving confidential communications related to your health information* ~ You have the right to specify other ways or locations you receive confidential communications from Excela Health about your health information.
- *Accessing and copying your health information* ~ In most cases, you have the right to review or get a copy of your health information maintained by Excela Health. In a few instances, we can deny access. If we deny access, we will inform you in writing. If you request a copy of your health information, we may charge a fee for the cost of copying and mailing this information to you.
- *Requesting corrections in your health information* ~ You may ask that we change any of your health information if you believe it is incorrect or incomplete. You must give us the reason why you are asking for the change. We may deny your request if the information was not created by Excela Health, is not part of your medical record maintained by Excela Health, or if we find that the information is accurate and complete. If we deny your request, we will inform you in writing. You have the right to respond to us if you do not agree with the denial.
- *Receiving a list of disclosures* ~ You may ask for a list of disclosures of your health information that relate to *non-routine purposes where your written authorization is not required* [e.g., public health activities, legal proceedings, law enforcement, etc.]. We are not required to list disclosures related to treatment, payment and health care operations; facility directory listings; involvement of family or friends in your care; correctional institutions, or any disclosure for which you gave your written authorization.
- *Requesting a paper copy of this notice* ~ You may request a paper copy of this notice from the physician office, registration clerk, or Customer Service Department. You may also obtain this notice through our website at www.excelahealth.org.

You may exert any of these rights by informing us in writing of your request.

What are our duties with respect to this notice and your health information?

We are required to follow the privacy practices described in this notice as of the effective date. We have the right to change our notice and apply any new privacy practices to any of your health information that we maintain. We will make the revised notice available on its effective date. You may receive a revised notice by requesting one during your visit.

How can you contact us or complain about our privacy practices?

If you want to make a written request regarding your protected health information, or think we may have violated your privacy rights and want to file a complaint, please contact the Excela Health Customer Service Department at:

Excela Health Customer Service
532 West Pittsburgh Street
Greensburg, PA 15601
Phone: 724-830-8566

You have the right to send a written complaint to the United States Department of Health and Human Services Office of Civil Rights. We will not take retaliatory action against you if you file a complaint about our privacy practices.

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