

## **Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can access it.

**Please review it carefully.**

### **I. Who We Are**

This notice describes the privacy practices of the following Albert Einstein Healthcare Network affiliates: Albert Einstein Medical Center, Germantown Community Health Services, MossRehab, Willowcrest and Willow Terrace. This notice also applies to all of these affiliates' outpatient offices, primary care physicians and specialists, nurses, residents, researchers and other members of the Einstein community.

Einstein is required by law to maintain the privacy of your health information ("Protected Health Information" or "PHI") and to provide you with this notice.

### **II. How We May Use and Disclose Health Information – Treatment, Payments and Healthcare Operations**

We will take precautions to protect information necessary to your care. We will use your health information for treatment, to run our healthcare network and to obtain payment.

- A. Treatment.** We may use and disclose (give out) 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 record your information at nurses' stations, provide it in bedside charts and collect it in sign-in sheets in order to coordinate your care.
- B. 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.
- C. Healthcare Operations.** We may 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. We may use your PHI to evaluate our physicians, nurses and other healthcare workers – or to support training of these professionals. We may also use PHI to address patient concerns, to provide patient education and to assess patient satisfaction. We may provide licensing and accrediting organizations with your PHI to maintain the approvals we need to continue to offer our services.

- D. Other Healthcare Providers.** We may also disclose PHI to other healthcare providers when such PHI is required for them to treat you (e.g., specialists, pharmacists), receive payment for services they provide to you, or conduct certain healthcare operations. For example, emergency ambulance companies use PHI to request payment for services in bringing you to the hospital.

### **III. Other Uses and Disclosures of Your PHI That Don't Require Your Written Authorization**

- A. Use or Disclosure for Our Hospital Directory.** If you are admitted to Albert Einstein Medical Center, MossRehab, Willowcrest or Willow Terrace, we may include your name, room number, general health condition and religious affiliation in our patient directory without obtaining your written authorization, unless you object after reading this notice. Information in the directory (other than religious affiliation) may be disclosed to anyone who asks for you by name, either in person or by telephone. This information (including your religious affiliation) may also be disclosed to members of the clergy.
- B. Disclosure to Relatives, Friends and Other Caregivers.** We may disclose your PHI to a family member, other relative, friend or any other person if we: 1) obtain your agreement; 2) provide you with the opportunity to object to the disclosure, and you do not object; or 3) we reasonably assume that you do not object. If we provide information to any individual(s) listed above, we will release only information that we believe is directly relevant to that person's involvement with your healthcare or payment related to your healthcare. We may also disclose your PHI in the event of an emergency or to notify (or assist in notifying) such persons of your location, general condition or death.
- C. Fundraising Communications.** We may contact you to request a donation to support our healthcare network's important activities. We may disclose to our fundraising staff non-medical information about you (e.g., your name, address and phone number) and dates on which we provided healthcare to you.
- D. Marketing.** We may use PHI to communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings, without your written authorization. We offer you help in finding a physician and look at how this referral service is used. We may send you newsletters or informational mailers regarding our services, programs and community events. If you have taken part in one of our health screenings or other community events, we may follow up with you by telephone or mail about services that may benefit you. We also conduct patient surveys to enhance the quality of our care and service.
- E. Public Health Activities.** We may disclose your PHI for the following public health activities: 1) reporting births or deaths; 2) preventing or controlling disease, injury or disability; 3) reporting child abuse and neglect to public health or other government authorities authorized by law to receive such reports; 4) 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; 5) 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; 6) notifying people of recalls of products they may be using; and 7) reporting information to your employer as required by laws addressing work-related illnesses and injuries or workplace medical surveillance.

- F. 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.
- G. 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.
- H. Legal Proceedings and Law Enforcement.** We may disclose your PHI in response to a court order, subpoena or other lawful process.
- I. Deceased Persons.** We may disclose PHI of deceased individuals to a coroner or medical examiner authorized by law to receive such information.
- J. Obtaining Organs and Tissues.** We may disclose your PHI to organizations that obtain organs or tissues for banking and / or transplantation.
- K. 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 in certain circumstances (for example, if we believe that because of your illness or medical condition you might benefit from or have interest in learning about a particular research study).
- L. Public Safety.** We may use or disclose your PHI to prevent or lessen a serious and imminent threat to personal or public safety.
- M. Specialized Government Functions.** We may release your PHI to government units 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.
- N. Workers' Compensation.** We may disclose your PHI as authorized by state law relating to workers' compensation or other similar government programs.
- O. Inmates.** If you are or become a correctional institution inmate 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.
- P. As Required by Law.** We may use and disclose your PHI when required to do so by any other laws not already referenced above.
- Q. Einstein Business Associates.** If a business associate assists Einstein in its healthcare operations, Einstein will disclose PHI as needed, but only if the business associate has signed a privacy addendum agreeing to maintain the privacy of PHI.

#### **IV. Uses and Disclosures Requiring Your Specific Written Authorization**

For any purpose other than the ones described above, we may use or disclose your PHI only when you give Einstein your specific written authorization. For instance, you will need to sign an authorization form before we can send your PHI to a life insurance company.

- A. Highly Confidential Information.** Federal and state laws require special privacy protections for certain highly confidential information about you. This includes PHI: 1) maintained in psychotherapy notes; 2) documenting mental health and developmental disabilities services; 3) about drug and alcohol abuse, prevention, treatment and referral; 4) relating to HIV/AIDS testing, diagnosis or treatment and other sexually transmitted diseases; and 5) 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.

#### **V. Your Rights Regarding Your Protected Health Information**

- A. Right to Inspect and Copy Your Health Information.** You may request to see and obtain copies of your medical and billing records and to have copies sent to others. To do so, please submit a written request to the appropriate Einstein office or department. We will charge you for copies according to Pennsylvania law. If you are a parent or legal guardian of a minor who is an Einstein patient, certain portions of the minor's medical record may be inaccessible to you (for example, records relating to abortion, contraception and/or family planning services) unless the patient authorizes Einstein to give you access to this PHI. Additionally, under limited circumstances defined by law, we may deny you access to a portion of your records.
- B. Right to Request Restrictions.** You may request additional restrictions on Einstein's use and disclosure of your PHI 1) for treatment, payment and healthcare operations; 2) 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; and 3) to notify or assist in the notification of such individuals regarding your location in the hospital and your general condition. You will need to make a separate request in each Einstein department or facility that uses or discloses your PHI. While we will consider all requests for restrictions carefully, we are not required to agree to a request.
- C. Right to Receive Confidential Communications.** You may request to receive your PHI by alternate means of communication or at alternate locations. For example, you may instruct us not to contact you by telephone at home, or you may give us a mailing address other than your home for test results. You will need to make a separate written request in each Einstein department or facility.
- D. Right to Revoke Your Authorization.** You may revoke (take back) your authorization by delivering a written form requesting us to stop using your authorization. The request will be effective once it is received. A revocation form is available upon request from the appropriate Einstein records office or department. This form must be completed by you and returned to the appropriate office.

- E. Right to Amend Your Records.** You have the right to request that we amend (change) PHI maintained in your medical or billing records. To do so, you must submit a written request to the appropriate Einstein office or department. We may deny your request if Einstein reasonably believes that the information is accurate and complete, if the PHI was not created by Einstein, or other special circumstances apply.
- F. Right to Receive An Accounting of Disclosures.** You may request a record of certain disclosures of your PHI. Your request may cover any disclosures made in the six years prior to the date of your request. However, we are not required to give you a record of disclosures that occurred before April 14, 2003.
- G. Right to Stop Receiving Fundraising or Marketing Materials.** You may request that your name be removed from our fundraising and marketing lists. Please contact our fundraising office at 5501 Old York Road, Philadelphia, PA, 19141. Contact our marketing office at 101 E. Olney Avenue, Suite 503, Philadelphia, PA 19120.
- H. For Further Information or Complaints.** If you want 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 your PHI, you may contact our Privacy Officer at:

Privacy Officer  
Albert Einstein Healthcare Network  
Sheerr Building  
5501 Old York Road  
Philadelphia, PA 19141  
Telephone: 215-456-7084  
E-mail: [Privacy@einstein.edu](mailto:Privacy@einstein.edu)

Additionally, you may 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 contact information.

## **VI. Effective Date and Duration of This Notice**

- A. Effective Date.** This notice is effective on April 14, 2003.
- B. Right to Change Terms of this Notice.** We may change the terms of this notice at any time. If we change this notice, we will post the revised notice in appropriate locations throughout Einstein and online at [www.einstein.edu](http://www.einstein.edu). You also may obtain any revised notice by contacting the Privacy Officer.

**Albert Einstein  
Healthcare Network**



## Notice of Privacy Practices

### Acknowledgment and Authorization

By signing below, I acknowledge that I have received Albert Einstein Healthcare Network's Notice of Privacy Practices and I authorize Einstein to use, access and disclose my health information in the manner described in the Notice.

Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## For Einstein Staff Use Only

### Inability to Obtain Acknowledgment

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgment, describe the reasons why the acknowledgment was not obtained:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining the acknowledgment
- Other (Please specify): \_\_\_\_\_

Name of Einstein representative: \_\_\_\_\_  
(Please print)

Date: \_\_\_\_\_