I. Who We Are

This notice describes the privacy practices of the following Einstein Healthcare Network affiliates: Einstein Center One, Einstein Germantown, Einstein Medical Center Elkins Park, Einstein Medical Center Montgomery, Einstein Medical Center Philadelphia, MossRehab, and Willowcrest. This notice applies to all of these affiliates’ outpatient, primary care, specialty care, urgent care, inpatient care, residents, researchers and other members of the Einstein community involved in the treatment of your PHI. You may request a paper copy of this notice by contacting the Privacy Officer. Einstein requires 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, Payment 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 use PHI to address patient concerns, to provide patient education and to assess patient satisfaction. We may provide licensing and accreditation services to us and use or disclose it as required to satisfy those requirements.

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., consultants, 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 or become a correctional institution inmate or you are in the custody of a law enforcement official, we may release PHI as permitted by law.

B. Disclosure to Relative, Other and Clarification.

We may disclose your PHI to a family member, other relative, friend or 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 health care or payment related to your healthcare. We may also disclose your PHI in the event of an emergency or to notify (or assist in the notification of) such persons your location, general condition or death.

C. Fundraising Communication.

We may contact you to request a donation to support our healthcare network’s important activities. We may disclose to our fundraising staff certain non-medical, demographic information about you (e.g., your name, address and phone num-
ber). We may also disclose information such as health insurance status, date(s) on which we provided healthcare to you, the department, the provider of service, and treatment outcomes. You do have the ability to opt out of current and future fundraising. Please see Section V, Part B below to read information about opting out if you so choose.

D. 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; and 4) conducting patient surveys to enhance the quality of our care and service.

E. 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.

F. Health Oversight Activities.

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

G. Legal Proceedings and Law Enforcement.

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

H. Deceased Persons.

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

I. Obtaining Organs and Tissues.

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

J. 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).

K. Public Safety.

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

L. Specialized Government Functions.

We may release your PHI to federal government functions, such as the U.S. military or the U.S. Department of State, under certain circumstances, to notify foreign embassies of your location or general condition.

M. Workers’ Compensation.

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

N. 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.

O. As Required by Law.

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


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.

b. 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: 1) maintained by psychotherapists; 2) documenting mental health and developmental disabilities services; 3) about drug and alcohol abuse, prevention, treatment and referral; and 4) HIV/AIDS testing, diagnoses, treatment and other sexually transmitted diseases; and 5) genetics 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.

B. Marketing.

Written authorization is required prior to using or disclosing your PHI for marketing activities that are supported by payments from third parties.

C. Sale of PHI.

Sale of PHI without your authorization is not permitted. As such, should we wish to disclose your PHI in any matter that violates this “sale”, we will obtain your written consent to do so. Exceptions where your authorization is not required include disclosures for public health activities and certain research purposes. Additionally, your authorization is not required for disclosures required to provide you with healthcare or to protect the health and safety of others. You do not need to sign a separate agreement in each Einstein department or facility that uses or discloses your PHI. We will consider all requests for restrictions carefully. We may not be able to agree to a restriction if we believe it would jeopardize your location in the hospital and your general protection. 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 restriction regarding your location in the hospital and your general protection. We may deny your request if Einstein has signed a privacy addendum agreeing to maintain the privacy of PHI.

D. Right to Request Restrictions.

You may request additional restrictions on Einstein’s use of and disclosure of your PHI 1) for treatment, payment and healthcare operations; 2) to a health plan if an individual has paid for services out of pocket in full; 3) to individuals (such as family members, 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 person your location, general condition or death.

E. Right to Request Confidential Communications.

We may request that any PHI be sent to you in a format that you request. For instance, you may request that we send your PHI by mailing or in a different format.

F. Record of Uses and Disclosures.

You have the right to receive notice from Einstein in the event of a breach of your PHI, no later than 60 days after discovery of the breach.

G. Effective Date and Duration of This Notice

This notice is effective April 14, 2003. 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.