

Joint Notice of Privacy Practices

This Notice of Privacy Practices (“Notice”) describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date: April 14, 2003

Revision Date: June 23, 2016

This Notice of Privacy Practices identifies the general ways your Protected Health Information (PHI) can be used or disclosed by **EINSTEIN HEALTHCARE NETWORK (“EINSTEIN”)**, which is identified for purposes of federal privacy requirements as an Organized Healthcare Arrangement. The organizations listed below use PHI about you for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive. “PHI” is the individually identifiable personal health information found in your medical and billing records. This information can be transmitted or maintained in any form by EINSTEIN. This Notice describes your legal rights regarding your protected health information. It also informs you of the legal duties and privacy practices of EINSTEIN.

For the purpose of this Notice, the terms “you” or “your” refers to the patient who is the subject of the protected health information. The terms “we”, “our” or “us” refers to EINSTEIN.

ORGANIZATIONS COVERED BY JOINT NOTICE

This Joint Notice describes the privacy practices of EINSTEIN, a Pennsylvania nonprofit corporation, its affiliated entities, divisions, programs, departments and units, including, but not limited to:

Albert Einstein Medical Center

Einstein Medical Center Philadelphia

Einstein Medical Center Elkins Park

MossRehab

Willowcrest

Einstein Center One

Einstein Medical Center Montgomery

Einstein Practice Plan, Inc. (doing business as “Einstein Physicians”)

Einstein Community Health Associates, Inc. (doing business as “Einstein Physicians”)

Fornance Physician Services (doing business as “Einstein Physicians Montgomery”)

OUR LEGAL DUTIES

We are required by law to keep your identifiable PHI private, provide you with this Notice of our legal duties and privacy practices with respect to your protected health information and follow the terms of this Notice as long as it is in effect. If we revise this Notice, we will follow the terms of the revised Notice, as long as it is in effect.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following information describes how we are permitted, or required by law, to use and disclose your protected health information. Not every use or disclosure in a category will be listed.

Treatment: We may use or disclose your PHI to a physician or other health care provider in order to provide care and treatment to 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. We also may disclose PHI about you to those who may be involved in your health care outside of EINSTEIN, such as hospitals, physicians and others who provide you with follow-up care and medical equipment or product suppliers. We may contact you to provide appointment reminders and to provide you with information about health-related benefits and services provided by us, or treatment alternatives that may be of interest to you.

Payment: We may use or disclose your PHI to obtain payment for services we provide to you. We may disclose your PHI to another health care provider or entity. For example, we may need to provide your health plan with information about surgery you received so your health plan will pay us or reimburse you for the surgery. We’ll also tell your health plan about a treatment you are going to receive to obtain the health plan’s prior approval for this treatment or to determine whether your plan will cover the treatment.

Health Care Operations: We may use or disclose PHI about you to support the programs and activities of EINSTEIN such as quality and service improvement, health care delivery review, regulatory compliance, staff performance evaluation, competence or qualification review of health care professionals, education and training of physicians and other health care providers, business planning and development, business management and general administrative activities. We use this information to continuously improve the quality of care for all patients we serve. For example, we may combine PHI about many patients to evaluate the need for new services or treatments. We may disclose information to doctors, nurses, and other students for educational purposes. We may also combine PHI we have with that of other facilities to see where we can make improvements.

Additionally, we may share your PHI with other health care providers and payors for certain of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your protected health information.

Health Information Exchange (HIE): As a member with HealthShare Exchange of Southeastern Pennsylvania, Inc., (HSX) we may use or disclose your PHI to this Health Information Organization (HIO) and also to the HIO of the Commonwealth, The Pennsylvania Patient and Provider Network (P3N). Other health care providers, such as physicians, hospitals and other health care facilities, may have access to this information for treatment, payment and other purposes, to the extent permitted by law. More information can be obtained by visiting <http://www.hsxsepa.org>.

You have the right to “opt-out” or decline to participate in the Health Information Exchange (HIE). If you choose to opt-out of the HIE, we will not use or disclose any of your information in connection with HSX or P3N. To opt out of HSX go to <http://www.hsxsepa.org/patient-options-opt-out-back> or call 215-391-4906.

Authorization for Other Disclosures: We will not use or disclose your protected health information, except as described throughout this document, unless you authorize us, in writing, to do so. You can revoke an authorization at any time, in writing. If you revoke an authorization, we will no longer use or disclose your PHI for the purpose covered by the authorization. However, we are unable to take back any uses or disclosures already made with your authorization. Specific examples of uses or disclosures requiring authorization include: use of psychotherapy notes, marketing activities, the sale of your PHI and most non-treatment uses and disclosures for which we are compensated and for any other uses and disclosures of PHI not described in this Joint Notice of Privacy Practices.

Family and Friends: We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or other person responsible for your care, of your location and general condition. We will also disclose PHI to a family member, other relative, close personal friend, or any other person you identify, if the information is relevant to that person’s involvement with your care or payment for your care. You can prohibit disclosure of this information.

Fundraising: We may contact you for EINSTEIN fundraising efforts, but you can tell us not to contact you again.

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 or call 215-456-7200. Contact our Marketing office at 101 E. Olney Avenue, Suite 503, Philadelphia, PA 19120 or call 1-800-EINSTEIN.

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

Your written authorization is not required in the following circumstances:

- (1) EINSTEIN receives no financial compensation for making the communication;
- (2) the communication is face-to-face or consists of a promotional gift of nominal value provided by EINSTEIN;
- (3) communications about a drug or biological or refill reminders for medication that the patient is currently taking/being prescribed;

(4) communications that involve general health promotion, such as community events, health screenings

(5) communications about case management and helping you find a physician, rather than the promotion of a specific product or service;

(6) communications encouraging routine diagnostic tests; and

(7) communications about government and government-sponsored programs.

Future Communications: We may use or disclose your information to communicate with you via newsletters, mailings, emails, SMS(text messages) or other electronic means regarding treatment options, health related information, disease-management programs, wellness programs or other community based initiatives or activities in which we participate. If we receive any financial compensation for such communications (with limited exceptions), we will obtain your authorization prior to sending the communication and your authorization can be revoked at any time.

Public Health and Safety: We may use or disclose your protected health information, as authorized or required by local, state or federal law, for the purposes deemed to be in the public interest or benefit. For example,

- To report certain diseases and wounds, births and deaths, and suspected cases of abuse, neglect or domestic violence;
- To help identify, locate or report criminal suspects, crime victims, suspicious deaths or criminal conduct on the premises of EINSTEIN;
- To respond to a court order, subpoena or other judicial process;
- To assist federal disaster relief efforts;
- To enable product recalls, repairs or replacements;
- To respond to an audit, inspection, or investigation by a health-related government agency;
- To assist in federal intelligence, counterintelligence and national security issues;
- To facilitate organ and tissue donations;
- To assist coroners, medical examiners and funeral directors;
- To respond to a request from a jail or prison regarding an inmate’s health or medical treatment;
- To respond to a request from your military command authority (if you are a member or veteran of the armed forces);
- To comply with laws and regulations related to workers’ compensation.

Other Uses. Other uses and disclosures will be made only with your written authorization.

Business Associates: There are some services provided at EINSTEIN through contracts with business associates. When these services are contracted, we may disclose your PHI to the business associate so they can perform the job we have asked them to do. However, business associates are required by federal law to appropriately safeguard your information.

Research: We will disclose information to researchers after approval by an Institutional Review Board (IRB) in preparation for a research study, to recruit research subjects or for a research study. The IRB reviews research proposals and establishes protocols to protect your safety and the privacy of your protected health information.

Confidential Communications: You have the right to request that we communicate PHI to you by an alternate means or location other than your home address and telephone number. Your request must be made in writing to us, and must specify how or where you wish to be contacted. We will try to accommodate your request for alternate communications. If you request an alternate means of communication, that request should also be communicated by you to each of your physicians.

YOUR HEALTH INFORMATION RIGHTS

You have the right to:

Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information to a family member about a surgery you had. To request a restriction, you must make your request in writing to the listed contact person. We are not required to agree to your request. If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment.

Additionally, you have the right to request that we not use or disclose your PHI to a health plan for purposes of payment or health care operations (not for treatment) if the information pertains solely to a health care item or service that has been paid for out-of-pocket and in full. Your request for restriction must be submitted in writing to us. In this case, we must honor your request. However, you should be aware that such restrictions may have unintended consequences, particularly if other providers need to know that information (such as a pharmacy filling a prescription). It will be your obligation to notify any such other providers of this restriction. Additionally, such a restriction may impact your health plan’s decision to pay for related care that you may not want to pay for out of pocket (and which would not be subject to the restriction).

Access: You have the right to review and obtain a copy of your health information, with certain exceptions. Usually, this includes medical and billing records, but does not include psychotherapy notes. Your request to review or obtain a copy of your health information must be in writing to our listed contact person. You will be charged fees as authorized by law. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Amendment: If you feel that the health information we have about you is incorrect or incomplete, you have the right to ask for an amendment of that information. You have the right to request an amendment for as long as the information is kept by or for us. Your request for an amendment must be made in writing to our listed contact person and include a reason that supports your request. We do not have to honor your request but will advise you of our decision in writing.

Accounting of Disclosures: You have the right to receive a list of certain disclosures of your PHI that we have made within the last six years. Your request for an accounting must be in writing to our listed contact person, and must state a time period for which you want an accounting. You may request one accounting free of charge within a 12-month period. A fee will be charged for additional lists within this same time period.

Breach Notification: In certain instances, you have the right to be notified in the event that we, or one of our Business Associates, discover an inappropriate use or disclosure of your protected health information. Notice of any such use or disclosure will be made in accordance with state and federal requirements.

Copy of Notice: You have the right to a paper copy of this Notice. In addition, a copy of this Notice also may be obtained at our Website, <http://www.EINSTEIN.edu/patients-visitors/for-patients/patient-support-services/notice-of-privacy-practices/>.

Revisions of this Notice: We reserve the right to change this Notice, and the right to make the new provisions effective for all health information we currently maintain, as well as any information we receive in the future. If we make a major change to this Notice, the revised Notice will be posted in EINSTEIN’s place of business and on its Website. In addition, a paper copy of the revised Notice will be available upon request.

To Report a Complaint: If you believe your PHI privacy rights have been violated, you can file a complaint with us by mail, at the address provided in this Notice. You may also file a complaint with the Secretary of the United States Department of Health and Human Services, Office of Civil Rights, by completing a Health Information Privacy Complaint Form (available at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf>) and sending it to the applicable OCR Regional Office listed on the form, or by calling 1-800-368-1019 for instructions and contact information. There will not be any penalty or retaliation against you for making a complaint to us or to the Department of Health and Human Services.

Contact Person: If you have any questions or need information regarding our legal duties and privacy practices, or how to exercise any of your PHI rights listed in this Notice, or need assistance with exercising your right to “opt-out” from any disclosure, please contact: Chief Information Security and Privacy Officer, EINSTEIN Healthcare Network Gratz Building, 1000 W. Tabor Road Philadelphia, PA 19141; Telephone: 215-456-3517; E-mail: Privacy@EINSTEIN.edu

NOTE: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specific PHI may enjoy certain special confidentiality protections under applicable state and federal law. Any disclosure of these types of records will be subject to these special protections.