

Communication with Family: Health professionals, using their best judgment, may tell a family member, other relative, close personal friend or any other person you say, your health information to help that person in your care or payment related to your care.

Marketing: WPAHS may contact you to provide appointment reminders or information about treatment alternatives or other WPAHS health-related benefits and services that may be of interest to you.

Fund Raising: WPAHS may contact you in the future to raise funds for the hospital.

Food and Drug Administration (FDA): WPAHS may tell the FDA health information related to bad events with respect to food, supplements, product defects or information to enable product recalls, repairs or replacement.

Workers Compensation: WPAHS may disclose health information to the extent authorized by law and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, WPAHS may tell your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including legally approved disease or condition registries.

Correctional Institutions: Should you be in the care or custody of a prison, jail or other correctional institution, WPAHS may tell them the health information necessary for your health and the health and safety of other individuals.

Law Enforcement: WPAHS may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that there has been unlawful conduct or violation of professional or clinical standards which are potentially dangerous to one or more patients, workers or the public.

For More Information or to Report a Problem

If you have questions or would like more information, you may contact the West Penn Specialty Practice Network Privacy Officer at 5001 Baum Boulevard, Suite 430, Pittsburgh, PA 15213, 412-224-6464.

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**WEST PENN
ALLEGHENY HEALTH SYSTEM**

**NOTICE OF PRIVACY
PRACTICES**

As required by the regulations
written for the Health Insurance
Portability and Accountability
Act of 1996 (HIPAA)

**THIS NOTICE TELLS HOW YOUR
HEALTH INFORMATION MAY BE
USED AND TOLD TO OTHERS, AND
HOW YOU CAN GET YOUR HEALTH
INFORMATION**

**PLEASE READ THIS NOTICE
CAREFULLY.**

West Penn Specialty Practice Network



**WEST PENN ALLEGHENY
HEALTH SYSTEM**

Our Promise About Your Privacy

West Penn Allegheny Health System (“WPAHS”) promises to try to maintain the privacy of your health information. For the purposes of this document we will refer to your identifiable health information as Protected Health Information. WPAHS will make and keep records about you and the treatment and services WPAHS gives to you. WPAHS will try to keep the confidentiality of this Protected Health Information. WPAHS gives you this notice of our duties to describe what WPAHS does with your Protected Health Information.

This notice gives you the following important information:

- How WPAHS may use and tell others about your Protected Health Information
- Your privacy rights regarding your Protected Health Information
- WPAHS’ duties concerning the use and disclosures of your Protected Health Information

The terms of this notice apply to all records containing your Protected Health Information that are created or kept by West Penn Allegheny Health System, which includes Allegheny General Hospital, Allegheny General Hospital-Suburban Campus, Allegheny Home Care, Allegheny Medical Practice Network, Allegheny Specialty Practice Network, Alle-Kiski Medical Center, Canonsburg General Hospital, Forbes Hospice, The Western Pennsylvania Hospital, The Western Pennsylvania Hospital-Forbes Regional Campus, West Penn Specialty Practice Network and all associates, affiliates and doctors who take care of you in the hospitals and in doctors’ offices and other facilities operated by WPAHS. WPAHS may change this notice at any time. Any change to this notice will apply to all Protected Health Information WPAHS will make and keep in the future effective on the publication or revision date. WPAHS will post a copy of this notice as it is now or as it might be changed in an easy-to-see place, and you may request a copy any time.

Understanding Your Protected Health Information

Each time you visit a hospital, doctor or other person who gives you health care at WPAHS, a record of your visit is made. Usually this record contains information about who you are and where you live, your health problems, the examination and test results done to you, what the doctors think is wrong with you, your treatment and a plan for future care. This information, called your Protected Health Information, serves as a way to:

- plan your care and treatment
- communicate between the doctors and others who take care of you
- make a record telling about the care you got
- show that what WPAHS billed to you or your insurance was actually given to you
- teach student doctors and others who take care of patients
- do medical research
- tell public health officials about things to improve the health of the nation
- let WPAHS tell you about what WPAHS can do for you
- let WPAHS measure and improve the care WPAHS gives you

Understanding what is in your Protected Health Information and how it is used helps you to:

- make sure it is right
- better understand who, what, when, where and why others may look at your Protected Health Information
- make better decisions about who else can look at your Protected Health Information

raised will be used to expand and improve the services provided to the community. If you do not wish to be contacted for fund-raising efforts, please tell the President, The Western Pennsylvania Hospital Foundation, 4818 Liberty Avenue, Pittsburgh, PA 15224, in writing.

Examples of Disclosures for Treatment, Payment and Health-care Operations

THESE ARE EXAMPLES ONLY, AND DO NOT LIMIT THE USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

WPAHS will use your health information for treatment.

For example: Information obtained by a nurse, doctor or other member of your health-care team will be recorded in your record and used to decide the course of treatment that should work best for you. Your doctor will write in your record his or her expectations for the members of your health-care team. Members of your health-care team will then write the actions they took and what they saw. In that way, the doctor will know how you are doing.

WPAHS will give your doctor, or people who take care of you, copies of various reports that should help them take care of you when you leave the hospital.

WPAHS will use your health information for payment.

For example: A bill may be sent to you or your insurance company. The information on or with the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. In some cases, your insurance company may require a complete copy of your medical record to determine that the treatment billed for was actually given and to show you needed the care you were given.

WPAHS will use your health information for regular health-care operations.

For example: Members of the medical staff, the risk or quality improvement manager or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service WPAHS provides.

Business Associates: There are some services provided at WPAHS through contracts with others. Examples include doctors in the emergency department and radiology, certain lab tests and a copy service used when making copies of your health record. When these services are contracted, WPAHS may tell your health information to those others so that they can do their job and bill you or your insurance company. To protect your health information, however, WPAHS requires them to appropriately safeguard your information.

Directory: **Unless you tell us not to**, WPAHS will use your name, location in the facility, general condition and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: WPAHS may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location and general condition.

9. **Law Enforcement.** WPAHS may disclose Protected Health Information if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations
 - Concerning a death which might have resulted from criminal conduct
 - Regarding criminal conduct at WPAHS facilities
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the person responsible.)
10. **Deceased Patients.** WPAHS may tell Protected Health Information to a medical examiner or coroner to identify a dead person or to identify the cause of death. If necessary, WPAHS will tell Protected Health Information to funeral directors to perform their jobs.
11. **Organ and Tissue Donation.** WPAHS may tell Protected Health Information to organizations that handle organ, eye or tissue donation and transplantation, including organ donation banks, as necessary, to help organ or tissue donation and transplantation if you are an organ donor or potential recipient.
12. **Research.** WPAHS may use and disclose your Protected Health Information sometimes for research purposes. WPAHS will obtain authorization to use your Protected Health Information for research purposes *except when:* (a) using or telling without an authorization was approved by an Institutional Review Board or a Privacy Board; (b) WPAHS gets the assurance of a researcher that the information is necessary for the research study and the use or telling of your Protected Health Information is only to prepare a research study, and the researcher cannot take any of your Protected Health Information off our property; or (c) the Protected Health Information sought by the researcher only relates to deceased people and the researcher agrees that the use or telling is necessary for the research and, if asked, to provide proof of death prior to access of the Protected Health Information of the deceased people.
13. **Serious Threats to Health or Safety.** WPAHS may use and disclose your Protected Health Information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, WPAHS will only tell your Protected Health Information to the person or organization able to help prevent the threat.
14. **Military.** WPAHS may disclose your Protected Health Information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.
15. **Education.** WPAHS may use and disclose your Protected Health Information in the course of training people to become doctors, nurses, and other kinds of health-care providers.
16. **Clergy.** WPAHS may tell your Protected Health Information to ministers, priests or other clergy in order to help them take care of your spiritual needs.
17. **Fund Raising.** WPAHS may use certain information (name, address, telephone number, dates you were here, age and sex) to contact you in the future to raise funds for the hospital. WPAHS may also provide this information to our related foundation for the same purposes. The money

Your Rights

Although your record is the property of WPAHS, the Protected Health Information in it belongs to you. You have the right to:

- ask that it not be used or told to anybody else for some reasons
- get a paper copy of this notice
- look at and copy your record
- ask for a change to your record
- get an explanation from WPAHS of who WPAHS has shown your Protected Health Information to
- take back any authorization you gave WPAHS to use or tell others your Protected Health Information unless it has already been done.

Your Rights About Your Protected Health Information

You have these rights about the Protected Health Information that WPAHS keeps about you:

1. **Confidential Communications.** You have the right to ask that WPAHS tell you about your health and other Protected Health Information in the way you like and the place you want. For instance, you may ask that WPAHS contact you at home, rather than at work. In order to ask for a type of confidential communication, you must ask in writing to the Privacy Officer at West Penn Specialty Practice Network, 5001 Baum Boulevard, Suite 430, Pittsburgh, PA 15213, saying how or where, or both, you want to be contacted. WPAHS will do it if it's reasonable. You do not need to tell WPAHS why you are asking.
2. **Asking for Restrictions.** You have the right to ask that WPAHS only use or tell others your Protected Health Information so that WPAHS can take care of you, get paid or manage its business. Additionally, you have the right to ask that WPAHS only tell your Protected Health Information to people involved in your care or the payment for your care, such as family members and friends. WPAHS does not have to say yes to what you ask; however, if WPAHS does say yes, it must do what it said unless required by law, in emergencies, or when the information is necessary to take care of you. In order to ask for a restriction on WPAHS' use or disclosure of your Protected Health Information, you must ask in writing to the Privacy Officer at West Penn Specialty Practice Network, 5001 Baum Boulevard, Suite 430, Pittsburgh, PA 15213. You have to write: (a) what you want restricted; (b) whether you are asking WPAHS not to use, tell others or both; and (c) who you don't want to use or be told your Protected Health Information.
3. **Inspection and Copies.** You have the right to look at and get a copy of your Protected Health Information, including medical records and billing records, but not including psychotherapy notes, social service notes and risk management litigation records. You must fill out a WPAHS form called an authorization form in order to look at and/or get a copy of your Protected Health Information. WPAHS may charge you money for the costs of copying the records you request. WPAHS may say no when you ask to look at and/or copy your Protected Health Information sometimes; but you may ask for a review of that if it happens. These reviews will be conducted by a licensed health-care professional chosen by WPAHS.
4. **Changes.** You may ask WPAHS to change your Protected Health Information if you think it is wrong or not complete, and you may ask for a change for as long as your Protected Health Information is kept by or for WPAHS. To ask for a change, you have to fill out a WPAHS form called an amendment form in writing and give or mail it to the Privacy Officer at West Penn Specialty Practice Network, 5001 Baum Boulevard,

Suite 430, Pittsburgh, PA 15213. You must tell WPAHS what is wrong or not complete. WPAHS may say no if you do not fill out the whole form. Also, WPAHS may say no if WPAHS thinks: (a) your Protected Health Information is accurate and complete; (b) what you ask is not about your Protected Health Information; or (c) is about Protected Health Information that WPAHS didn't make.

5. **Accounting of Disclosures.** You have the right to ask for an "accounting of disclosures." An "accounting of disclosures" is a list of whom WPAHS has told your Protected Health Information to and what WPAHS told them. The list will NOT include disclosures WPAHS told others so that WPAHS could take care of you, get paid, manage its business or which you requested by an authorization per #8 below in this section. In order to obtain an accounting of disclosures, you must fill out the WPAHS form called an accounting form and give it or mail it to the Privacy Officer at West Penn Specialty Practice Network, 5001 Baum Boulevard, Suite 430, Pittsburgh, PA 15213. All accounting forms must state the period of time you want the list for, which cannot be more than six years or before April 14, 2003. The first list you ask for within a 12-month period is free, but WPAHS will charge you for additional lists within the same 12-month period. WPAHS will notify you of the costs involved each time you ask, and you may decide not to ask if you don't want to pay.
6. **Right to a Paper Copy of This Notice.** You are getting a copy of this notice of privacy practices. You may ask for a copy of this notice any time. To get a paper copy of this notice, contact the Privacy Officer at West Penn Specialty Practice Network, 5001 Baum Boulevard, Suite 430, Pittsburgh, PA 15213.
7. **Right to File a Complaint.** If you think your privacy rights have not been followed, you may file a complaint with WPAHS or with the Secretary of the Department of Health and Human Services of the United States. To file a complaint with WPAHS, contact the Privacy Officer at West Penn Specialty Practice Network, 5001 Baum Boulevard, Suite 430, Pittsburgh, PA 15213. All complaints must be in writing. You will not be penalized for filing a complaint, and WPAHS will still take care of you no differently because you file a complaint.
8. **Right to Give an Authorization for Other Uses and Disclosures.** WPAHS will get your permission in writing (called an "authorization") any time WPAHS wants to use or tell somebody else your Protected Health Information in a way not told to you in this notice or permitted by the law. Any authorization you provide regarding the use and telling of your Protected Health Information you may take back at any time. This must be done in writing by contacting the Privacy Officer at West Penn Specialty Practice Network, 5001 Baum Boulevard, Suite 430, Pittsburgh, PA 15213. After you take back your authorization, WPAHS will not use or tell your Protected Health Information the way you said WPAHS could in the authorization. WPAHS will still keep all records of your care.

WPAHS Responsibilities

WPAHS will:

- Keep your health information private
- Give you this notice
- Do what it says in this notice
- Tell you if WPAHS cannot do what you ask about your Protected Health Information
- Do what you ask about your Protected Health Information if it is reasonable

WPAHS will not use or disclose your Protected Health Information without your permission, except as it says in this notice.

**WPAHS Will Use and Disclose Your
Protected Health Information in These Ways**

1. **Treatment.** WPAHS will use your Protected Health Information to take care of you. For example, you may get lab tests (such as blood or urine tests), and the results may be used to help reach a diagnosis. WPAHS might use your Protected Health Information in order to write a prescription for you, or might tell your Protected Health Information to a pharmacy when calling and ordering a prescription for you. Many of the people who work for WPAHS — including doctors, nurses, pharmacists, therapists, psychotherapists and others — may use or tell your Protected Health Information in order to treat you or to help others in your treatment. There may also be doctors, nurses, therapists and others who do not work for WPAHS who take care of you after you come to WPAHS who WPAHS will give your Protected Health Information if they need it to take care of you. Also, WPAHS may tell your Protected Health Information to others who may help in your care, such as your spouse, children or parents.
2. **Payment.** WPAHS will use and disclose your Protected Health Information in order to bill and get paid for the services and things you may receive from WPAHS. For example, WPAHS may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and WPAHS may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. WPAHS also may use and tell your Protected Health Information to obtain payment from third parties that may be responsible for such costs, including family members, insurance companies, HMOs, etc.
3. **Health-care Operations.** WPAHS will use and disclose your Protected Health Information to manage its business, called “operations.” As examples of the ways in which we may use and tell your information for operations, WPAHS may use your Protected Health Information to evaluate the quality of care you received from WPAHS, to conduct cost-management and business planning activities, or to maintain or update a disease or condition registry.
4. **Appointment Reminders.** WPAHS will use and disclose your Protected Health Information to contact you and remind you of an appointment.
5. **Treatment Options.** WPAHS will use and disclose your Protected Health Information to tell you the different ways you can be taken care of.
6. **Health-related Benefits and Services.** WPAHS will use and disclose your Protected Health Information to tell you of health-related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends.** WPAHS may tell your Protected Health Information to a friend or family member who is helping you pay for your health care, or who assists in taking care of you, unless you tell WPAHS not to do so.
8. **Disclosures Required by Law.** WPAHS will use and disclose your Protected Health Information when required to do so by federal, state or local law.

