



NOTICE OF INFORMATION PRACTICES

WellSpan Health, through its entities York Hospital, Gettysburg Hospital, WellSpan VNA Home Health, WellSpan Pharmacies, WellSpan Medical Group, Apple Hill Surgical Center and all of its employees, medical staff and other personnel, is committed to protecting medical information about you. All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or hospital operation purposes described in this notice. To obtain a listing of all WellSpan Health entities and their locations, please log onto www.WellSpan.org. or contact the WellSpan Privacy Officer.

This notice, in compliance with federal privacy regulations, describes how information about you may be used and disclosed and how you can get access to this information. In cases where state law is more restrictive than the federal privacy regulations, WellSpan Health will comply with state law. Please review this notice carefully.

Understand Your Health Record/Information

Each time you are treated at the hospital or by a physician or other healthcare provider, a record of your treatment is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information is referred to as your health or medical record.

Your Health Information Rights

Although your health record is the private property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- obtain a paper copy of the notice of information practices upon request
- inspect and obtain a copy of your health record (associated fees may apply)
- request an amendment to your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities

WellSpan Health will:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction



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- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, notification will be provided.

The following categories describe different ways that we use and disclose medical information based on your consent. For each category of uses or disclosures we will explain and try to give some examples. Not every use or disclosure in every category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

For Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, clinical students, or other healthcare personnel who are involved in your care within WellSpan Health. For example, a doctor treating you for a broken leg may need to know if you have diabetes because it may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments or entities of WellSpan Health may also share medical information about you in order to coordinate the things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside WellSpan Health who may be involved in your medical care during and/or after your hospital stay, such as family members or others who provided or will provide services that are a part of your care.

For Payment: We may use and disclose medical information about you so that the treatment and services you received at WellSpan Health may be billed, and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations: We may use and disclose medical information about you for WellSpan Health operational reasons. These uses and disclosures are necessary to run WellSpan Health and make sure that all of our patients receive quality care. For example, we may use and disclose medical information to review our treatment and services and to evaluate the performance of our staff in caring for you, or to accrediting agencies that evaluate our performance. We may also combine medical information about many WellSpan Health patients to evaluate current services, decide what additional services WellSpan Health should offer, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, clinical students, and other WellSpan Health personnel for review and learning purposes. We may also disclose information to business associates who provide contracted services such as accounting, legal representation, claims processing, accreditation, and consulting. If we do so, we will do so subject to a contract that provides that the information will be kept confidential. We may also combine the medical information we have with medical information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information



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so others can use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Fundraising: Unless you choose otherwise, we may disclose information to the departments/entities of WellSpan Health whose duty it is to raise money for WellSpan Health, its Foundations and charitable programs. We would only release contact information, such as your name, address, age, gender, insurance status, and the dates you received treatment or services from WellSpan Health. If you do not wish to receive fund raising materials, you may submit your request in writing to: WellSpan Privacy Officer, York Hospital Medical Records Department, 1001 S. George St., York, PA 17403.

Hospital Patient Information Services: We may include certain limited information about you in the patient information listing while you are a patient at a WellSpan Health hospital, unless you choose otherwise. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The information listed, except for your religious affiliation, may be released to people and the media who ask for you by name. This will allow your family, friends, and clergy to visit you in the hospital and generally know how you are doing. Your religious affiliation may be given to a member of the clergy even if they don't ask for you by name. You will have the option to not have your information listed. Information on patients who are admitted under behavioral health care is not released.

Individuals Involved in Your Care or Payment for Your Care: We may release information about you to family members, personal representatives, close personal friends, or any other person you identify. This medical information will be relevant to that person's involvement in your care or payment related to your care.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the patients' needs for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. Medical information about you may be disclosed to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the WellSpan Health facility. We will generally ask for your specific permission if the researcher will have



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access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

As Required by Law: We will disclose medical information about you when required to do so by federal, state, or local law.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone who is handling the situation.

Sale or Merger: If WellSpan Health at any time sells or merges any of its entities with another health system, the new owner may have access or acquire records associated with that entity.

SPECIAL SITUATIONS:

- Organ and Tissue Donation - information may be released to organ procurement organizations.
- Military and Veterans.- information may be released to military command authorities.
- Workers' Compensation - information may be released on work-related injuries.
- Public Health Risks - information may be released to public agencies to prevent or control disease, report births and deaths, abuse or neglect and product problem/recall issues.
- Health Oversight Activities - information may be released to agencies such as the Pennsylvania Department of Health, Joint Commission on Accreditation of Healthcare Organizations, The Pennsylvania Department of Welfare, Office of Attorney General, Office of the Inspector General, and peer review organizations designated by the Medicare program to review medical services provided to Medicare beneficiaries.
- Lawsuits and Disputes - information may be released in response to a court or administrative order, subpoena, discovery request or other lawful process.
- Law Enforcement - information may be released to law enforcement officials (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct at a WellSpan facility; and (6) in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- Coroners, Medical Examiners and Funeral Directors - information may be released to identify a deceased person, determine cause or death, or for burial purposes.
- National Security and Intelligence Activities - information may be released to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Protective Services for the President and Others - information may be released to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.



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- Inmates - information may be released to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the WellSpan Privacy Officer at 1-800-320-6023.

If you believe your privacy rights have been violated, you can file a complaint with the WellSpan Privacy Officer or with the U.S. Department of Health and Human Services, Office of Civil Rights. Contact information for the Office for Civil Rights can be obtained from the WellSpan Privacy Officer. There will be no retaliation for filing a complaint.

Effective Date of Notice - April 14, 2003.

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