

## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

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

This Notice describes the privacy practices of Thomas Jefferson University (TJU), Jefferson University Physicians (JUP), and TJUH System<sup>1</sup> and its controlled affiliates, including Thomas Jefferson University Hospitals, Inc. (TJUH, Inc.) (collectively referred to as Jefferson).

Jefferson facilities include all patient care, research, laboratory and administrative space owned or leased by Jefferson and any location where Jefferson employees work. All employees, medical staff, students and other members of the Jefferson community ("we" or "us") follow the terms of this Notice. Jefferson 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, Payment and Health Care Operations**

Except in an emergency or other special circumstance, we will ask you to sign a general authorization, as required by Pennsylvania law, so that we may use and disclose your PHI for the purposes detailed below:

#### **A. Treatment**

We may use and disclose 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 also disclose PHI to other providers (e.g. physicians, nurses, pharmacists and other health care facilities involved in your treatment).

#### **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 health care services.

#### **C. Health Care Operations**

We may use and disclose your PHI for our health care operations. These include internal administration and planning, and various activities that improve the quality and cost effectiveness of health care services. For example, we may use your PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. We may also use PHI to resolve patient problems and complaints.

#### **D. Business Associates**

We may disclose your PHI to our business associates to perform certain business functions or provide us certain business services. A business associate is defined as a company which creates, maintains, receives or transmits PHI in its performance of services for us. For example, we may use another company to perform billing services on our behalf. Our business associates are required to maintain the privacy and confidentiality of your PHI.

#### **E. Other Health Care Providers**

We may also disclose PHI to other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, for example, for emergency ambulance companies to request payment for services in bringing you to the hospital.

### **III. Other Uses and Disclosures of Your PHI for which your written authorization is not required**

#### **A. Use or Disclosure for the In-Patient Directory**

If you are admitted to a Jefferson hospital facility, we may include your name, room number, general health condition and religious affiliation in our hospital patient directory without obtaining your written authorization, unless you choose to object after reading this Notice. Information in the hospital 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 health care or payment related to your health care. 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 important activities of Jefferson. We may disclose to our fundraising staff certain demographic information about you (e.g. your name, address, other contact information, age, gender, and date of birth), dates on

which we provided health care to you, department of service information, your treating physician, outcome information, and your health insurance status. You may request to opt-out of receiving fundraising communications.

Jefferson will not condition treatment or billing for those services on your choice of whether to receive fundraising communications.

#### **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 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.

#### **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 to a health oversight agency that is responsible for ensuring compliance with rules of government 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, medical examiner or funeral director 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 if Jefferson's Institutional Review Board ("IRB") has waived the authorization requirement. The IRB is a committee that oversees and approves research involving living humans.

#### **K. Public Safety**

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

#### **L. Specialized Government Functions**

We may release your PHI to units of the government 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.

#### **M. Workers' Compensation**

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

#### **N. Inmates**

If you are or become an inmate of a correctional institution 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.

### **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 Jefferson your specific written authorization. For instance, you will need to sign an authorization form before we send your PHI to a life insurance company. The following are examples of other uses or disclosures for which your specific written authorization is required:

#### **A. Marketing**

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

However, authorization from you is not required if:

1. Jefferson receives no compensation for the communication;

2. the communication is face-to-face or consists of a promotional gift of nominal value provided by Jefferson;
3. the communication involves refill reminders of a drug or biologic the patient is currently being prescribed and the payment is limited to reasonable reimbursement of the costs of the communication (no profit);
4. the communication involves general health promotion and case management, rather than the promotion of a specific product or service; or
5. the communication involves government or government-sponsored programs.

## **B. Sale of PHI**

Should we wish to disclose your PHI in any manner that would constitute a sale of your PHI, we will obtain your written authorization to do so.

## **C. Highly Confidential Information**

Federal and state laws require special privacy protections for certain highly confidential information about you. This includes:

1. psychotherapy notes;
2. documentation of mental health and developmental disabilities services;
3. information about drug and alcohol abuse, prevention, treatment and referral;
4. information relating to HIV/AIDS testing, diagnosis or treatment and other sexually transmitted diseases; and
5. information involving genetic testing and other genetic-related information.

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. For example, certain sexually transmitted diseases must be reported to the Department of Health.

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

### **A. Right to Inspect and Copy Your Health Information**

You may request to see and receive paper or electronic copies of your medical and billing records. To do so, please submit a written request to the appropriate Jefferson office or department. You will be charged for copies in accordance with established professional, Pennsylvania and federal guidelines and laws. If you are a parent or legal guardian of a minor, certain portions of the minor's medical record may be inaccessible to you under the law (for example, records relating to abortion, contraception and/or family planning services) unless the patient him/herself authorizes Jefferson 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 Jefferson's use and disclosure of your PHI:

1. for treatment, payment and health care 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,
3. to notify or assist in the notification of such individuals regarding your location in the hospital and your general condition, and
4. to your health plan (i.e. third party insurer or healthcare payor) when the PHI is the result of a healthcare item or service that has been fully paid out of pocket.

If we agree to a restriction, we will state the agreed restrictions in writing and will abide by them, except in emergency situations when the disclosure is needed for purposes of treatment.

### **C. Right to Receive Confidential Communications**

You may request, and we will accommodate, any reasonable written request from you to receive your PHI by alternative means of communication or at alternative 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.

### **D. Right to Revoke Your Authorization**

You may revoke your authorization, except to the extent that we have already used or disclosed your PHI. A revocation form is available upon request from one of the Jefferson Privacy Officers, as noted below. This form must be completed by you and returned to the Privacy Officer.

### **E. Right to Amend Your Records**

You have the right to request that we amend PHI maintained in your medical or billing records. To do so, you must submit a written request to the appropriate Jefferson office or department. We may deny your request if Jefferson reasonably believes that the information is accurate and complete, if the PHI was not created by Jefferson, 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.

### **G. Right to Receive Notification**

You have the right to receive written notification from Jefferson in the event of a breach of unsecured PHI, i.e., if there is an unauthorized use or disclosure of your PHI which meets certain criteria under the law.

## **H. For Further Information; Complaints**

If you desire 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 Officers at:

Privacy Officer  
Thomas Jefferson University  
Office of University Counsel  
1020 Walnut Street, 6th Floor  
Philadelphia, PA 19107  
(215) 955-8585

Privacy Officer  
Thomas Jefferson University Hospitals, Inc.  
Compliance Office  
925 Chestnut Street, Suite 311  
Philadelphia, PA 19107  
(215) 955-4177

Additionally, you may also 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 the correct address for the Director. Filing a complaint will not result in retaliation.

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

### **A. Effective Date**

This Notice is effective on April 14, 2003.

### **B. Date of Revision**

This Notice was revised, effective September 23, 2013

### **C. 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 around Jefferson and online. You also may obtain any revised notice by contacting one of the Privacy Officers.

<sup>1</sup> TJUH System includes TJUH, Inc., (the Center City Campus, Methodist Hospital Division, Jefferson Hospital for Neuroscience), JeffCARE, Inc., Riverview Surgery Center at the Navy Yard, LLC, Riverview Surgery Center at the Navy Yard LP, Jeffex, Inc., Emergency Transport Associates Inc., Walnut Home Therapeutics, Inc., TJUH Health Affiliates, Jefferson medical Care, Methodist Associates in Health Care, Inc., The Atrium corporation, and Healthmark, Inc.