



NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

If you have any questions about this notice, please contact our Privacy Officer at the address or phone number at the end of this notice.

WHO WILL FOLLOW THE PRIVACY PRACTICES IN THIS NOTICE:

Exempla Healthcare provides health care to our patients and residents together with physicians and other health care professionals. This Notice of Privacy Practices describes how Exempla Healthcare will use and disclose medical information as we provide health care. The privacy practices described in this Notice will be followed by:

- Any member of our workforce authorized to enter information into your medical record
- Members of our medical staff
- Allied health professionals who participate in your health care
- All departments and units of Exempla Healthcare
- Any member of our volunteer services

Exempla Healthcare includes Exempla Good Samaritan Medical Center, Exempla Lutheran Medical Center, Exempla Saint Joseph Hospital, Exempla Corporate Office, Exempla Physician Network, Exempla Colorado Lutheran Home and Exempla West Pines. All these entities, sites and locations follow the terms of this notice and may share medical information with each other for treatment, payment or hospital operations purposes described in this notice.

Exempla Healthcare, our medical staff and our allied health professional staff have agreed to participate in an Organized Health Care Arrangement (OHCA). This allows all members of the OHCA to share protected health information (PHI) with each other about you as necessary to carry out treatment, payment or health care operations related to your health care.

UNDERSTANDING YOUR MEDICAL INFORMATION:

Each time you visit one of the Exempla Healthcare entities, sites or locations, a record of your visit is made. This information, often referred to as your health or medical record, serves as a basis for managing and providing your treatment and planning for future care or treatment. Your medical record is a means of communication among the many health professionals who contribute to your care. We understand that the medical information about you and your health is personal, and we are committed to protecting this information.

EXEMPLA HEALTHCARE'S RESPONSIBILITIES:

Exempla Healthcare is required by law to:

- maintain the privacy of your health information;
- provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms of the current notice;
- make a good faith effort to obtain your written acknowledgement that you have received this notice.

Exempla Healthcare reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain as well as new information after the change occurs. Should our information practices change, we will change our Notice of Privacy Practices and post the new notice in our facilities and on our website, www.exempla.org.

HOW EXEMPLA HEALTHCARE MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and, in some categories, give examples to help you understand the meaning. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment: We will use and disclose your medical information to provide you with medical treatment and services. We may disclose medical information about you to doctors, nurses, technicians or other hospital personnel who are involved in taking care of you at the hospital. These members of your health care team will determine the course of treatment that should work best for you. We will also provide your other practitioners with copies of various reports that should assist them in treating you. For example, Exempla Healthcare may share medical information about you with a specialist as part of a referral.

Different departments of the hospital also may share medical information about you in order to coordinate your health care, such as prescriptions, lab tests or X-ray orders. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the facility. For example, Exempla Healthcare may disclose information about you to family members or other health care providers who may be providing continuing health care services such as other hospitals, nursing homes or home health agencies.

Payment: We will use and disclose your medical information to bill for payment of the health care services provided to you. The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures and supplies used. We may need to give your health insurance plan information about surgery you received at the hospital so your health insurance plan will pay us or reimburse you for the surgery. We may also tell your health insurance plan about a treatment you are going to receive to obtain prior approval or to determine whether your insurance plan will cover the treatment. For example, Exempla Healthcare may send information about surgery you had so that your health insurance company or Medicare will pay for the surgery.

Health Care Operations: We will use and disclose your medical information for operations necessary for Exempla Healthcare to function and make sure our patients receive quality care. For example, members of the medical staff and members of the quality improvement team may use information about you 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 we provide.

Business Associates: We may disclose your medical information to certain business partners so they may help us do our jobs. To protect your medical information, however, we require the business associate to appropriately safeguard your information as part of a signed agreement.

Appointment Reminders: We may use and disclose your medical information to contact you that it is time to set up an appointment or remind you of an appointment you have scheduled.

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 Benefits and Services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities: We may use and disclose medical information about you in an effort to raise money for Exempla Healthcare or as part of a fundraising effort by our foundations. We would only release contact information, such as your name, address and phone number and the dates you received treatment or services at the hospital

Marketing: We will obtain your written authorization prior to using your medical information for marketing purposes with the exceptions of face-to-face encounters or communications involving a promotional gift of nominal value (pens, notepads, etc.). We may communicate with you about treatment options or our own health-related products and services, as these are not considered marketing.

Hospital Directory: We may include certain limited medical information about you in the hospital directory while you are a patient in the hospital. This information may include 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. If you do not want your name in the hospital directory, tell the hospital staff at the time you are admitted.

Individuals Involved in Your Care or Responsible for Payment for Your Care: We may use or disclose your medical information to a family member, personal representative, or other person involved in your health care or responsible for payment of your health care services. We may also tell your family or friends about your condition and that you are in the hospital. If you do not want us to share information with your family or friends, tell the hospital staff at the time you are admitted.

As part of a disaster relief effort, we may disclose your medical information to an agency assisting in the relief effort so that your family can be notified about your condition, status and location.

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 are subject to a special approval process. Before we use or disclose medical information for research, the project will have been approved through this research approval process.

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 and Safety: We may use or 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.

Incidental Use and Disclosure: Your medical information may be disclosed in situations that are incidental to an otherwise permitted use or disclosure. For example, sign-in sheets in physician offices or hospital registration areas may be used; physicians may confer with patients in semi-private rooms; physicians may confer with other health care professionals at the nurses' stations.

Future Communications: We may use your medical information to communicate with you by newsletters, mailings, or other means regarding treatment options, health related information, disease-management programs, wellness programs or other community based initiatives or activities.

SPECIAL SITUATIONS:

Organ and Tissue Donation: Consistent with applicable law, we may disclose medical information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Military and Veterans: If you are a member of the Armed Forces, we may disclose medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may disclose medical information to the extent necessary to comply with laws relating to workers' compensation or other similar programs providing benefits for work-related injuries or illness.

Public Health Reporting: We may disclose medical information about you for public health activities that may include the following:

- prevention or control of disease, injury or disability;
- reporting spinal cord injuries;
- reporting head injuries;
- reporting births and deaths;
- reporting child abuse or neglect;
- reporting communicable diseases, including HIV/AIDS, venereal diseases, rabies and animal bites, environmental and chronic diseases, and tuberculosis;
- reporting reactions to medications or problems with products;
- notification to people about recalls of products they may be using;
- notification to people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- notification to the appropriate government authority if we believe that a patient has been the victim of abuse, neglect or domestic violence;
- reporting injuries caused by weapons or involved in a crime.

Health Oversight Activities: We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities may include, for example, audits, investigations, inspections and licensure and are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Required by Law: We may disclose your medical information when required by law, such as in response to a request from law enforcement personnel in specific circumstances.

Lawsuits and Disputes: We may disclose your medical information in response to valid judicial or administrative orders.

FDA-Regulated Products and Activities: We may disclose your medical information, without authorization, to the FDA for public health purposes related to the quality, safety or effectiveness of FDA-regulated products or activities such as collecting or reporting adverse events, dangerous products, defects or problems.

Coroners, Medical Examiners and Funeral Directors: We may disclose your medical information to a coroner, medical examiner, or funeral director, consistent with applicable law to carry out their duties.

National Security and Intelligence Activities: We may disclose medical information about you to authorized federal officials so that they may provide protection to the President, other authorized persons or foreign heads of state or so that they may conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you 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.

YOUR HEALTH INFORMATION RIGHTS:

Unless otherwise required by law, your health record is the physical property of the health care practitioner or facility that compiled it. The information contained in the record belongs to you.

Right to Inspect and Obtain a Copy of Your Medical Information: You have the right to access and receive copies of your medical information in accordance with [Colorado Law C.R.S. 25-1-801](#). Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and receive copies of the medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management department (Medical Records). If you request a copy of your medical information, a fee may be charged for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and receive copies of your medical information in certain very limited circumstances. If you are denied access to your medical information, you may contact the Colorado Department of Health in accordance with the procedures provided by [Colorado Law C.R.S. 25-1-801](#), and we will comply with the outcome of the review.

Right to Request that We Correct Your Medical Information: If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Exempla Healthcare. To request an amendment, your request must be in writing and submitted to the Privacy Officer at the address at the end of this notice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us;
- is not part of the medical information maintained by us;
- is not part of the medical information which you would be permitted to review or copy; or
- is accurate and complete.

Right to a List of Disclosures Made of Your Medical Information: You have the right to a list of those instances in which we have disclosed medical information about you, other than for treatment, payment and health care operations, or when you specifically authorized a disclosure. Your request must be in writing and must state a time period, which may not be longer than six years and may not include dates prior to April 14, 2003. The first list you request within a 12-month period will be free. For additional lists within this time period, we will charge a fee for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request that Medical Information About You be Communicated in a Confidential Manner: You have the right to request, in writing, that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home or calling you at work. Your request must specify how or where you wish to be contacted. We will honor reasonable requests.

Right to Request that We Not Use or Disclose Your Medical Information: You have the right to request, in writing, that we not use or disclose medical information about you for treatment, payment or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request. Your request must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Right to a Paper Copy of the Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of the notice at our website, www.exempla.org, or from the admissions or registration area.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions, would like additional information, or would like to file a complaint because you believe your privacy rights have been violated, you may contact the Exempla Privacy Officer at the address or phone number at the end of this notice.

You may also file a complaint with the Secretary of the Department of Health and Human Services.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to Exempla Healthcare will be made only with your written permission. You may revoke that permission, in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Contact information:

Privacy Officer
Exempla Healthcare
1835 Franklin Street
Denver, CO 80218
303-837-6709

