

NOTICE OF PRIVACY PRACTICES

Effective Date: 9/2/2009 Version 90209.3 Hospital

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.

We at Mount Carmel Health System ("MCHS") are required by law to maintain the privacy of individually identifiable patient health information (this information is "protected health information" and is referred to herein as "PHI"). We are also required to provide patients with notice of our legal duties and privacy practices with respect to PHI. We are required to post this Notice in a prominent place within our facilities. We will only use or disclose your PHI as permitted or required by applicable state law. This Notice applies to your PHI in our possession, including the medical records generated by us.

MCHS understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how MCHS will use and disclose your PHI.

This Notice applies to the delivery of health care by MCHS' affiliated entities and all departments, units and practice locations of such affiliated entities. MCHS affiliated entities means Mount Carmel Medical Group, Mount Carmel Hospice, Palliative Care, Mount Carmel St. Ann's Hospital, Mount Carmel Health, d.b.a. Mount Carmel East Hospital and Mount Carmel West Hospital, and Mount Carmel New Albany Surgical Hospital (the "MCHS Facilities").

While you are a patient at a MCHS Facility, you may also receive health care services from other health care providers who are not employees or agents of MCHS, but who will follow the terms of this Notice with respect to the privacy of your health information. Accordingly, this Notice also applies to records of your care kept at a MCHS Facility and created by a physician or licensed professional on the medical staff at a MCHS Facility seeing and treating you while you are a patient at a MCHS Facility, even if they are not employed by MCHS. This Notice also applies to all volunteers and medical students and trainees who provide service or receive medical training at a MCHS Facility. This Notice also applies to the utilization review and quality assessment activities of Trinity Health and MCHS as a member of Trinity Health, a Catholic health care system with facilities in 7 states.

PERMITTED USE OR DISCLOSURE:

Treatment: MCHS will use and disclose your PHI in the provision and coordination of health care to carry out treatment functions.

- MCHS will disclose all or any portion of your patient medical record information to your attending physician, consulting physician(s), nurses, technicians, medical students, medical equipment suppliers, and other health care providers who have a legitimate need for such information in your care and continued treatment.
- MCHS is a Catholic-sponsored health care provider. Spiritual care providers are members of our care staff and will be a part of MCHS' team of care providers who use your medical information to provide health care services to you when you are in MCHS' Facilities.
- Different departments will share medical information about you in order to coordinate specific services, such as lab work, x-rays and prescriptions.
- MCHS will also disclose your medical information to people or entities outside MCHS who will be involved in your medical care after you leave a MCHS Facility.
- MCHS will share certain information such as your name, address, employment, insurance carrier, emergency contact information and appointment scheduling information in an effort to coordinate your treatment with us and with other health care providers.
- MCHS will use and disclose your PHI to inform you of or recommend possible treatment options or alternatives that will be of interest to you.

- MCHS will use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at a MCHS Facility.

- If you are an inmate of a correctional institution or under the custody of a law enforcement officer, MCHS will disclose your PHI to the correctional institution or law enforcement official.

Payment: MCHS will disclose PHI about you for the purposes of determining coverage, eligibility, funding, billing, claims management, medical data processing, stop loss / reinsurance and reimbursement.

- The medical information will be disclosed to an insurance company, third party payer, third party administrator, health plan or other health care provider (or their duly authorized representatives) involved in the payment of your medical bill and will include copies or excerpts of your medical records which are necessary for payment of your account. It will also include sharing the necessary information to obtain pre-approval for payment for treatment from your health plan.
- MCHS will disclose PHI to collection agencies and other subcontractors engaged in obtaining payment for care.

Health Care Operations: MCHS will use and disclose your PHI during routine health care operations including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of MCHS, and for educational purposes.

- For instance, MCHS will need to share your demographic information, diagnosis, treatment plan and health status for population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination. MCHS may also share your

medical information with medical or nursing students for review and learning purposes.

Other Uses and Disclosures:

- **Fundraising Activities:** MCHS may contact you to raise funds for a MCHS affiliated entity. MCHS will use and may also disclose some of your PHI to a business associate that is contracted to conduct fundraising or to a related foundation so that the business associate or the foundation can contact you to raise funds for a MCHS entity, such as a hospital. For example, MCHS will use your demographic information (e.g., name, address and other contact information, age, gender, and insurance status) and the dates MCHS provided service to you. Any communication sent to you will let you know how you may opt out of receiving similar communications in the future. (If you wish to opt-out, you may do so by contacting the Executive Director of Mount Carmel Foundation at 6150 East Broad Street, Columbus, Ohio 43213.
- **Medical Research:** MCHS may disclose your PHI without your authorization to medical researchers who request it for approved medical research projects; however, with very limited exceptions such disclosures must be cleared through a special approval process before any PHI is disclosed to the researchers. Researchers will be required to safeguard the PHI they receive.
- **Information and Health Promotion Activities:** MCHS will use and disclose some of your PHI for certain health promotion activities. For example, your name and address will be used to send you newsletters or general communications. MCHS will also send you information based on your own health concerns. MCHS may send you this information if it has determined that a product or service may help you. These communications will explain how the products or services relate to your well being and can improve your health.

PERMITTED USE OR DISCLOSURE WITH AN OPPORTUNITY FOR YOU TO AGREE OR OBJECT:

Family/Friends: MCHS will disclose PHI about you to a friend or family member who is involved in your medical care. MCHS will also give information to someone who helps you pay for your care. In addition, MCHS will disclose PHI about you to an agency assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have a right to request that your PHI not be shared with some or all of your family or friends.

MCHS Directory: MCHS will include certain limited information about you in the MCHS Directory while you are a hospital patient at a MCHS Facility. This information will include your name, location in MCHS, your general condition (e.g., fair, stable, critical, etc.) and your religious affiliation. This is so your family and friends can visit you in MCHS and know how you are doing. The directory information, except for your religious affiliation, will also be disclosed to people who ask for you by name. You have the right to request that your name not be included in a MCHS Facility Directory. If you request to opt out of the Facility Directory, we cannot inform visitors of your presence, location, or general condition. MCHS generally discloses the patient's death in response to a directory inquiry after the patient's next of kin have been notified.

Spiritual Care: Directory information including your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. Your name, location and general condition may be disclosed to members of the religious community. MCHS may notify your local religious organization, by disclosing your name that you are in a MCHS facility and your

condition. A spiritual care provider may be called in to consult regarding your care. Spiritual care providers are members of the health care team at MCHS. You have a right to request that your name not be given to any member of the clergy.

Promotional Communications: MCHS does not share or sell your PHI to companies that market health care products or services directly to consumers for use by those companies to contact you, such as drug companies. MCHS does maintain a database of individuals for promotional communications, disease management, health promotion, and fundraising purposes. This database includes individuals to whom MCHS may have sent health improvement materials and news about MCHS previously and also individuals who have donated to MCHS or who have expressed an interest in donating to MCHS or other health-related activities. You may be included in this database. MCHS sends information to the individuals in this database about the programs and services of MCHS. If you wish to be deleted from this database, you may notify the Director of Marketing at MCHS, 6150 East Broad Street, Columbus, Ohio 43213.

Media Conditions Reports: MCHS may release information for an update to the media if the media requests information about you using your full name and after we have given you an opportunity to agree or object. The following information may then be disclosed: your condition described in general terms that do not communicate specific medical information, such as "good", "fair", "serious", or "critical".

USE OR DISCLOSURE REQUIRING YOUR AUTHORIZATION:

Marketing: MCHS is not permitted to provide your PHI to any other person or company for marketing to you of any products or services other than certain MCHS' products or services unless you have signed an authorization.

Research: MCHS will use or disclose your PHI as part of research that includes providing you with treatment. For example, if you are part of a research study that includes treatment, MCHS may require that you sign an authorization to allow the researchers to use or disclose your PHI for this research.

Other Uses: Other uses and disclosures of your medical information not covered by this Notice or required by the laws that apply to MCHS will be made only with your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time.

USE OR DISCLOSURE PERMITTED BY PUBLIC POLICY OR LAW WITHOUT YOUR AUTHORIZATION:

Law Enforcement Purposes: MCHS will disclose your PHI for law enforcement purposes as required by law, such as responding to a court order or subpoena, identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct.

Required by Law: MCHS will disclose PHI about you when required by federal, state or local law to make reports or other disclosures. MCHS also will make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order or subpoena. MCHS will disclose your medical information to government agencies concerning victims of abuse, neglect or domestic violence. MCHS will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Specialized government functions will warrant the use and disclosure of PHI. These government functions will include military and veteran's activities, national security and

intelligence activities, and protective services for the President and others. MCHS will make certain disclosures that are required in order to comply with workers' compensation or similar programs.

Coroners, Medical Examiners, Funeral Directors: MCHS will disclose your PHI to a coroner or medical examiner. For example, this will be necessary to identify a deceased person or to determine a cause of death. MCHS will also disclose your medical information to funeral directors as necessary to carry out their duties.

Organ Procurement: MCHS will disclose PHI to an organ procurement organization or entity for organ, eye or tissue donation purposes.

Health or Safety: MCHS will use and disclose PHI to avert a serious threat to health and safety of a person or the public. MCHS will use and disclose PHI to Public Health Agencies for immunizations, communicable diseases, etc. MCHS will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA-regulated products or activities, including collecting and reporting adverse events, tracking and facilitating product recalls, etc. and post-marketing surveillance.

YOUR HEALTH INFORMATION RIGHTS:

Although we at MCHS must maintain all records concerning your hospitalization and/or treatment by MCHS, you have the following rights concerning your PHI:

Right to Inspect and Copy: You have the right to access your PHI and to inspect and copy your PHI as long as we maintain it except for: psychotherapy notes, information that will be used in a civil, criminal or administrative action or proceeding, and where prohibited or protected by law. MCHS will deny your request for access to your PHI without giving you an opportunity to review that decision if:

- You are an inmate at a correctional institution and obtaining a copy of the information would risk the health, safety, security, custody or rehabilitation of you or other inmates;
- The disclosure of the information would threaten the safety of any officer, employee or other person at the correctional institution or who is responsible for transporting you;
- You are involved in a clinical research project and MCHS created or obtained the PHI during that research. Your access to the information will be temporarily suspended for as long as the research is in progress;
- MCHS obtained the information that you seek access to from someone other than the health care provider under a promise of confidentiality and your access request is likely to reveal the source of the information; or
- Under other limited circumstances specified by the federal privacy law. In these instances, however, MCHS will allow the review of its decision by a health care professional that MCHS has chosen. This person will not have been involved in the original decision to deny your request.

You agree to pay a reasonable copying charge, subject to applicable limitations on the amounts that can be charged for copying medical records under Ohio law.

The address information for submitting a request to inspect or copy your PHI is found under the CONTACT INFORMATION section on the last page of this document.

MCHS will respond to your request within 30 days of its receipt. If MCHS cannot, MCHS will notify you in writing to explain the delay and the date by which we will act on your request. In any event, MCHS will act on your request within 60 days of its receipt

Right to Amend: You have the right to amend your PHI for as long as MCHS maintains it. However, MCHS will deny your request for amendment if:

- MCHS did not create the information;
- The information is not part of the designated record set;
- The information would not be available for you to inspect and copy; or
- The information is accurate and complete

If MCHS denies your request for changes in your PHI, MCHS will notify you in writing with the reason for the denial. MCHS will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that MCHS include your request for amendment and the denial any time that MCHS discloses the information that you wanted changed. MCHS may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal. You must make your request for amendment of your PHI in writing including your reason to support the requested amendment.

The address information for submitting a request for amendment is found under CONTACT INFORMATION on the last page of this document.

MCHS will respond to your request within 60 days of its receipt. If MCHS cannot, MCHS will notify you in writing to explain the delay and the date by which MCHS will act on your request. In any event, MCHS will act on your request within 90 days of its receipt

Right to an Accounting: You have a right to receive an accounting of the disclosures of your PHI that MCHS made, except for the following disclosures:

- To carry out treatment, payment or health care operations;
- To you;
- For facility directories;
- For disclosures you have authorized in writing;
- National security purposes;
- For corrections or law enforcement staff
- Certain other disclosures exempted by federal privacy law; or
- That occurred prior to April 14, 2003.

For each disclosure, you will receive: the date of the disclosure, the name of the receiving organization and address if known, a brief description of the PHI disclosed and a brief statement of the purpose of the disclosure or a copy of the written request for the information, if there was one.

You must make your request for an accounting of disclosures of your PHI in writing.

You must include the time period of the accounting, which may not be longer than 6 years. MCHS will respond to your request within 60 days from its receipt. If MCHS cannot, MCHS will notify you in writing to explain the delay and the date by which MCHS will act on your request. In any event, MCHS will act on your request within 90 days of its receipt.

In any given 12-month period, MCHS will provide you with an accounting of the disclosures of your PHI at no charge. We may charge for the costs of providing any additional requests for an accounting within the same 12-month period. MCHS 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.

The address information for submitting a request for an accounting of disclosures on your health information rights is found below.

Contact Information for Exercising Your Right to Inspect/Copy, Request an Amendment and Request an Accounting.

Requests to inspect or copy your health record, requests for an amendment to your health record and requests for an accounting of disclosure of your PHI should be directed to the physician office or health care facility where you received treatment. Address information is as follows:

- If you are a patient of Mount Carmel Medical Group, your requests should be made in writing and sent to the physician's office where you received treatment.
- If you are a patient of Mount Carmel Hospice and Palliative Care, your requests should be made in writing to the company's business office at 1144 Dublin Road, Columbus, Ohio 43215.
- If you are a patient of Mount Carmel St. Ann's Hospital, your requests should be made in writing to Mount Carmel St. Ann's Hospital, Health Information Management Department, 495 Cooper Road, Suite 200, Westerville, Ohio 43081.
- If you are a patient of Mount Carmel East Hospital, your requests should be made in writing to Mount Carmel East Hospital, Health Information Management Department, 6001 East Broad Street, Columbus, Ohio 43213.
- If you are a patient of Mount Carmel West Hospital, your requests should be made in writing to Mount Carmel West Hospital, Health Information Management Department, 793 West State Street, Columbus, Ohio 43222.
- If you are a patient of Mount Carmel New Albany Surgical Hospital, your requests should be made in writing to Mount Carmel New Albany Surgical Hospital, Health Information Management Department, 7333 Smiths Mill Road, New Albany, Ohio 43054.

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or health care operations functions or to prohibit such disclosure. However, MCHS will consider your request but is not required to agree to the requested restrictions.

You also have an additional right to limit the release of PHI to family, friends, or in the facility directory. For example, you may ask that your name not be used in the waiting room or that information about your expected discharge date not be shared with your family

Right to Confidential Communications: You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. For example, you may request that MCHS only contact you at work or by mail.

Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice of Privacy Practices, upon request.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with MCHS or with the Secretary of the Department of Health and Human Services. To file a complaint with MCHS, please contact MCHS' Privacy Official at (614) 546-3284. All complaints must be submitted in writing directly to MCHS' Privacy Official at 6150 East Broad Street, Columbus, Ohio 43213. MCHS assures you that there will be no retaliation for filing a complaint.

SHARING AND JOINT USE OF YOUR HEALTH INFORMATION:

In the course of providing care to you and in furtherance of MCHS' mission to improve the health of the community, MCHS will share your PHI with other organizations as described below who have agreed to abide by the terms described below::

Medical Staff: The medical staff of MCHS' Facilities as well as certain contracted hospital-based physician groups providing services at the MCHS' Facilities participate together in an organized health care arrangement to deliver health care to you at MCHS. Such hospital-based physician groups provide the following services at MCHS' Facilities: emergency medicine, pathology, radiology, anesthesia and hospitalist service. MCHS, the medical staff of MCHS Facilities' and the physician groups listed in the prior sentence have all agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care services to you in MCHS. Physicians and allied health care providers are members of MCHS' medical staff and will have access to and use your PHI for treatment, payment and health care operations purposes related to your care within MCHS. MCHS will disclose your PHI to the medical staff for payment, treatment and health care operations.

Business Associates: MCHS will use and disclose your PHI to business associates contracted to perform business functions on its behalf including Trinity Health, its parent, who performs certain business functions for MCHS. Whenever an arrangement between MCHS and another company involves the use or disclosure of your PHI, that business associate will be required to keep your information confidential.

Membership in Trinity Health: MCHS, members of Trinity Health and Trinity Health participate together in an organized health care arrangement for utilization review and quality assessment activities. We have agreed to abide by the terms of this Notice with respect to PHI created or received as part of utilization review and quality assessment activities of Trinity Health and its members. As a part of Trinity Health, a national, Catholic health care system, MCHS and other hospitals, nursing homes, and health care providers in Trinity Health share your PHI for utilization review and quality assessment activities of Trinity Health, the parent company, and its members. Members of Trinity Health also use your PHI for your treatment, payment to MCHS and/or for the health care operations permitted by HIPAA with respect to operations of the organized health care arrangement.

ADDITIONAL INFORMATION:

For further information regarding the issues covered by this Notice of Privacy Practice, please contact MCHS' Privacy Official by phone at (614) 546-3284 or in writing at: 6150 East Broad Street, Columbus, Ohio 43213.

CHANGES TO THIS NOTICE:

MCHS will abide by the terms of the Notice currently in effect. MCHS reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. MCHS will provide you with the revised Notice at your first visit following the revision of the Notice.