



NOTICE OF PRIVACY PRACTICES

Effective Date: January 28, 2005

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: LibertyHealth Privacy Officer, 55 Meadowlands Parkway, Secaucus, N.J. 07096. You may also ask LibertyHealth registration personnel any questions you may have.

WHO WILL FOLLOW THESE PRIVACY PRACTICES

This Notice describes LibertyHealth's practices and that of:

- ◆ Any healthcare professional or worker authorized to access or enter information into your medical chart.
- ◆ All departments and units of its hospitals, clinics, outpatient facilities, faculty practices and other related entities. Liberty Hospitals include its Jersey City Medical Center, Greenville Hospital and Meadowlands Hospital Medical Center campuses.
- ◆ All employees, medical/dental staff, administrative staff and other hospital personnel and volunteers that help you while you are in our facilities.
- ◆ In addition to these entities, sites and locations may share medical information with each other for treatment, payment or hospital operations described in this notice.
- ◆ Contracted physicians, technical or other persons or entities who may provide health or other related services for Liberty and its entities and facilities.

LibertyHealth is dedicated to maintaining the privacy of your individually identifiable health information. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create records of the care and services you receive at our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. The terms of this notice apply to all records containing your personal health information that are created or retained by LibertyHealth. We reserve the right to revise or amend this Notice of Privacy Practices. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- ◆ Make sure that medical information that identifies you is kept private;
- ◆ Give you this Notice of our legal duties and privacy practices with respect to medical information about you;
- ◆ And follow the terms of the Notice that is currently in effect

WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) AS FOLLOWS:

The following categories describe different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. 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 below:

- ◆ **For Treatment.** We may use your protected health information to provide you with medical treatment or services. We may use and disclose your protected health information to doctors, nurses, technicians, medical students, and other hospital personnel who are involved in taking care of you, or other physicians who may be treating you.

For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Also, the doctor may need to tell the dietitian if you have diabetes so we can arrange for appropriate meals.

Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We may disclose your protected health information to another physician or health care provider, such as a specialist who becomes involved in your care by providing assistance with your health care diagnosis or treatment. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave our hospitals or facilities, such as family members, clergy or others who may provide services that are part of your care, including home health agencies, long term care facilities, hospices, nursing homes, etc.

- ◆ **For Payment.** We may use and disclose your protected health information so that we may obtain payment from you or an insurance company, the government or a third party for the treatment and services you receive at our hospitals, entities or our other facilities. For example, we may tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

We also may need to give your health plan information about surgery you received so your eligibility or benefits coverage can be determined and they will pay us or reimburse you for the surgery. Other related instances where we may also disclose your protected health information may involve review for medical necessity or utilization review activities.

- ◆ **For Health Care Operations.** We may use and disclose medical information about you in order to operate our business activities, run the hospitals or facilities, and make sure our patients receive quality care. These activities include, but are not limited to, disclosing information to physicians, nurses, medical students, technicians, and other hospital personnel for review and learning purposes, quality, analysis, compliance, licensing, fundraising, marketing, etc.

We will share your protected health information with third party business associates that perform various activities for us such as billing, collection, copying, transcription, analysis, data processing services, etc. In doing so, we will have a written agreement with the business associate that will protect the privacy of your protected health information.

We may combine medical information we have with that from our hospitals, facilities and entities, or other hospitals 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, so others may 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 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 medical information about you to contact you in an effort to raise money for our hospitals and other facilities, and provide information to a Foundation related to our hospitals so that it may contact you in raising money for our hospitals, entities or facilities. We only would release demographic information such as your name, address, phone number, etc., and the dates you received treatments for services at our hospitals or facilities. If you do not want our hospitals or Foundation to contact you for fundraising efforts, you must notify, in writing, the Senior V.P. of Development and Public Affairs, 355 Grand Street, Jersey City, N.J. 07302.

- ◆ **Hospital Directory.** We may include certain limited information about you in our hospital directory while you are a patient at one of our hospitals. This information may include your name, location in the hospital, your general condition and religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. You may request that your information not be listed in the directory. Your religious affiliation may be given to a member of the clergy even if they don't ask for you by name.

Individuals Involved in Your Care or Payment for Your Care

We may disclose or use your PHI to notify family, friends or others identified by you as being involved in your care or payment of your care. We may allow family or friends to act for you and pick up x-rays, etc, when we determine it is in your best interest to do so. If you are available, we will give you the opportunity to object to these disclosures. In addition, we may disclose your PHI to an entity in a disaster relief effort so that your family and friends 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, 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 patients' need 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, but we may, however, disclose medical information about you 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 our hospital, entity or facility. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at our hospital or facility.

- ◆ **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 able to help prevent the threat.

SPECIAL SITUATIONS

- ◆ **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue transplantation.
- ◆ **Military and Veterans.** If you are a member of the armed forces, we may release 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 release medical information about you for workers' compensation or similar programs.
- ◆ **Public Health Risks.** We may disclose medical information about you for public health activities. Some, but not all, of these activities generally may include the following:
 - . To prevent or control disease, injury or disability;
 - . To report births and deaths;
 - . To report child abuse or neglect;
 - . To report reactions to medications or problems with products;
 - . To notify people of recalls of products they may be using;
 - . To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
 - . To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- ◆ **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- ◆ **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure.
- ◆ **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - . In response to a court order, subpoena, warrant, summons or similar process;
 - . To identify or locate a suspect, fugitive, material witness, or missing person;
 - . About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - . About a death we believe may be the result of criminal conduct.
 - . About criminal conduct at our hospitals and facilities; and
 - . 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.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about our patients to funeral directors as necessary to carry out their duties.

- ◆ **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of State, or to conduct special investigations for intelligence, counterintelligence and other national security activities authorized by law.

- ◆ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release 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 that of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

- ◆ **Right to Inspect and Copy.** You have the right to inspect and/or obtain a copy of your medical information. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and/or obtain a copy of your medical information you must submit your request in writing to the Correspondence Supervisor in Medical Records at the applicable hospital, facility or entity. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and/or obtain a copy of your medical information in certain very limited circumstances. If your request is denied, you may request that the denial be reviewed. Another licensed health care professional (not the person who denied your request) chosen by the hospital, will review your request and the denial. We will comply with the outcome of the review.

- ◆ **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as it is kept by or for our hospital or facility. Your request must be in writing and submitted to the Director-Medical Records at the applicable hospital or facility.

You must provide a reason supporting 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, unless the person or entity that created the information is no longer available to make the amendment;
- . Is not part of the medical information kept by or for the hospital;
- . Is not part of the information which you would be permitted to inspect and obtain a copy of; or
- . Is accurate and complete.

- ◆ **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures we have made, if any, of your protected health information. This is a list of disclosures we made of medical information about you to individuals or entities when we were not required to obtain an authorization from you to release your protected health information. One example could be when we are served with a court order requiring us to release your protected health information.

To request this list or accounting of disclosures, you must submit your request in writing to: LibertyHealth Privacy Officer, 55 Meadowlands Parkway, Secaucus, N.J. 07096.

Your request must state a time period, which may not be longer than six years, and may not include dates before April 14, 2003. The first list you request within a 12-

month period will be free. For additional lists, we may charge you for the costs 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 Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request known to a LibertyHealth supervisory person responsible for your care. Your request must be in writing, and you 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, for example, disclosures to your spouse.

- ◆ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Correspondence Supervisor in Medical Records at the applicable LibertyHealth hospital or facility. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ◆ **Right to a Paper Copy of This 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. When we initially offer to give you a copy of this notice, we will ask you to acknowledge in writing that you have received a copy. You may also obtain a copy of this notice at our web site: www.libertyhcs.org

- ◆ **Changes to This Notice.** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our hospitals and facilities. The notice will contain the effective date on the first page in the top right hand corner. In addition, when you come to our hospitals or facilities for treatment or health care services, we will offer you a copy of the current notice in effect.

- ◆ **Complaints.** If you believe we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may file a written complaint with LibertyHealth to: Privacy Officer, c/o LibertyHealth, 55 Meadowlands Parkway, Secaucus, N.J. 07096. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at: Office For Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 3312
New York, New York 10278

You will not be penalized for filing a complaint.