

JOINT NOTICE OF PRIVACY PRACTICES

Effective Date: 9/1/2020, Revised: September 1, 2020

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WHAT IS THIS DOCUMENT?

Ascension St. John, which is comprised of physicians, hospitals, clinics and other health care providers who work together to deliver a broad range of health care services, is committed to protecting your health information. We create and maintain a record of your care and services you receive on a variety of media, including paper, film and electronic. This information is available to workforce members, such as medical staff members, business associates and volunteers, who need this information to provide treatment to you, obtain payment for services provided or to support various operational functions necessary to provide health care. We are required by law to:

- Have reasonable safeguards in place to discourage improper use or access to your health information;
- Maintain and protect your privacy and the confidentiality of your health information and records;
- Provide you with this Joint Notice describing your rights and our legal duties regarding your health information; and,
- Notify affected individuals in the event of a breach of health information.

HOW DO WE USE OR DISCLOSE YOUR HEALTH INFORMATION?

The following categories describe how we may disclose your health information when required or permitted to do so by federal, state, or local law. **THE INFORMATION AUTHORIZED FOR USE AND DISCLOSURE MAY INCLUDE INFORMATION WHICH MAY INDICATE THE PRESENCE OF COMMUNICABLE OR NON-COMMUNICABLE DISEASE.** Disclosure may also include psychiatric and drug abuse treatment. If you do not consent, we cannot provide you treatment except in emergency situations.

Treatment: We may use your health information for medical treatment and services. We may disclose your health information to physicians, nurses, technicians, medical students and other workforce members who are involved in your care.

Example: We may tell your primary care physician, nursing home or other health care provider about your hospital stay so they can provide appropriate follow-up care.

Payment: We may use and disclose your health information to bill for the treatment and services you receive and to collect payments from you, your insurance company or a third party.

Examples:

- We may tell your health plan about a proposed treatment for you to obtain prior approval or to determine if your plan will cover the treatment.

- We may disclose your health information to physicians or their billing agents, so they can send their claims to your insurance company or to you.

Health Care Operations: We may use or disclose your health information for health care operations. These uses, and disclosures are necessary to run our organizations and make sure patients receive quality care.

Examples:

- We may use health information to review our treatment and services, evaluate staff performance and train health care professionals.
- We may use the health information of many patients to decide if additional services should be offered if services are needed or if new treatments or processes are effective.

Business Associates: We may disclose your health information to Business Associates with whom we contract to provide services on our behalf. We require business associates to take appropriate measures to safeguard your information.

Examples:

- We may contract with a company outside the organization to provide medical transcription services or to provide collection services for past due accounts.

Electronic Health Information Exchanges: We may access or disclose your health information to other health care members through health information exchange organizations. These organizations are committed to securing the information and allowing your health information to be available when needed for the purposes of treatment, payment or health care operations. You have the right to opt out of participating in a health information exchange.

Appointment Reminders: We may use and disclose your health information to contact you by telephone, cell phone, text, email, patient portal or mail, as a reminder that you have an appointment for treatment or medical care. This may be done through an automated system or by one of our associates. If you do not answer, we may leave this information on your voicemail or in a message left with the person answering the phone.

Facility Directory: Unless you notify us that you object, we will use your name, your room number or other location within the facility, your general medical condition (critical, serious, good, fair, etc.), and your religious affiliation as part of our patient information system. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Individuals Involved in Your Care or Payment of Your Care:

We may release health information to a friend or family member who is involved in your medical care and those who help pay for your care. We may disclose health information about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location.

Marketing: We may contact you to provide information about treatment alternatives or other health-related benefits, goods, and services provided by the facility that may be of interest to you. We must obtain your written authorization before we may use or disclose your health information for marketing purposes, except for face-to-face communications made by us to you.

Fundraising: We may contact you as part of our fundraising activities, but you have the right to opt out of receiving such communications. If you do not want to be contacted about our fundraising efforts, you must notify us in writing.

Research: We may disclose information to researchers when the research project has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Workers' Compensation: We may disclose your health information for workers' compensation or similar programs as authorized by state law. These programs provide benefits for work related injuries or illnesses.

Coroners, Medical Examiners and Funeral Directors: We may disclose health information to a coroner, Medical examiner or funeral director.

Examples:

- To identify a deceased person or determine the cause of death.
- To assist the funeral director in completing the death certificate.

Organ and Tissue Procurement Organizations: We may disclose your health information to organizations that handle organ, eye, or tissue procurement or transplantation, or to a donation bank as necessary to facilitate donation and transplantation.

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

Judicial, Administrative and Law Enforcement Purposes: We may disclose health information about you for judicial, administrative and law enforcement purposes. This may include disclosures in response to subpoenas or court orders.

To Advert a Serious Threat to Health or Safety: We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the

health and safety of the public or another person. This disclosure would only be made to someone able to help prevent the threat.

Health Oversight Agencies: We may disclose health information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws; for example, audits, investigations, inspections, medical device reporting and licensure.

Public Health: We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

National Security and Intelligence Activities: We may disclose your health information to federal officials for intelligence, counterintelligence or other national security activities authorized by law.

Protective Services for the President and Others: We may disclose your health information to federal officials, so they may provide protection for the President, other authorized persons or foreign heads of state, or to conduct special investigations.

Custodial Situation: If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your health information to the correctional facility or law enforcement official.

WHAT ARE MY RIGHTS REGARDING MY HEALTH INFORMATION?

You have the following rights regarding your health information. You are required to submit in writing requests to exercise any of these rights for records that the facility creates and maintains.

Right to Inspect and Copy: You have the right to inspect and request a copy of your health record, except as prohibited by law. If you request a copy in either paper or electronic format, you may be charged a fee in accordance with federal and state law. In certain circumstances, we may deny your request to inspect a copy. If you are denied access, you may request that the denial be reviewed.

Right to Amend: If you believe the information in your records is incorrect or incomplete, you have the right to request that we amend your health record. We are not required by law to agree to a request to amend your health record. We will notify you in writing within 60 days if we are unable to grant your request.

Right to Request a Paper Copy of this Notice: You have the right to a paper copy of this notice even if you agreed to receive this notice electronically.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare

operations or disclose about you to a family member or friend involved in your care. We are not required by law to agree to a requested restriction, except when you request that we not disclose information to your health plan about services for which you paid out-of-pocket in full. For all other restriction requests, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or the use or disclosure is required by law.

Right to Request Confidential Communications: You have the right to request that we communicate with you about your health information via a certain method or certain location. We will accommodate all reasonable requests.

Examples:

- You may request that we only contact you via mail or at your work phone number.

CAN ASCENSION ST. JOHN HEALTH SYSTEM CHANGE THIS NOTICE?

We reserve the right to change this notice and to make the revised or changed notice effective for health information we already have about you as well as for any health information we create or receive in the future. Each notice has an effective date. Copies of the current notice are posted. Additionally, the current notice is available to you upon request and on our website.

WHAT IF YOU HAVE QUESTIONS OR NEED TO FILE A COMPLAINT?

If you have questions or would like to file a complaint, you may contact our Privacy Officer. If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Ascension St. John
Attention: Privacy Officer
1924 S. Utica Avenue, Suite 601
Tulsa, OK 74104
1-800-707-2198
PrivacyProgram@ascension.org

**U.S. Department of Health and Human Services
Office for Civil Rights**
200 Independence Avenue, S.W.
Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

WHAT IS AN ORGANIZED HEALTH CARE ARRANGEMENT?

Ascension St. John, its medical staff and other health providers are part of a clinically integrated care setting that creates an organized health care arrangement (OCHA) under HIPAA. This allows sharing of information among these legally separate entities to enhance the delivery of quality care to our patients; however, no entity is responsible for the medical judgement or patient care provided by other entities in the arrangement. Medical staff and other independent health care providers may have different privacy practices for medical records they create or maintain in their offices.

These entities are designated as an Affiliated Covered Entity and follow the terms of this Joint Notice:

Jane Phillips Medical Center Auxiliary, Inc., d/b/a Ascension St. John Jane Phillips
Jane Phillips Memorial Medical Center, Inc., d/b/a Ascension St. John Jane Phillips
Jane Phillips Nowata Hospital, Inc., d/b/a Ascension St. John Nowata
Omni Medical Group, Inc., d/b/a Ascension Medical Group St. John
Owasso Medical Facility, Inc., d/b/a Ascension St. John Owasso
Regional Medical Laboratory, Inc.
St. John Anesthesia Services, Inc., d/b/a Ascension Medical Group St. John
St. John Auxiliary, Inc., d/b/a St. John Auxiliary
Ascension Medical Group St. John, LLC
St. John Broken Arrow, Inc., d/b/a Ascension St. John Broken Arrow
St. John Health System, Inc., d/b/a Ascension St. John
St. John Medical Center, Inc., d/b/a Ascension St. John Medical Center
St. John Physicians, Inc., d/b/a Ascension Medical Group St. John
St. John Sapulpa, Inc., d/b/a Ascension St. John Sapulpa
St. John Urgent Care Clinics, Inc., d/b/a/a Ascension St. John Urgent Care