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 read it carefully.

UNDERSTANDING THIS NOTICE

We understand that information about your health, health care and payment for health care is personal and confidential, and is protected by federal and state law. Further, your health information is protected by state and federal laws and regulations. This notice will tell you about the ways in which we may use and disclose your protected health information ("PHI"). We also describe your rights to review and copy your health information, and how you can get access to this information. This notice describes the practices of the following entities:

Saint Thomas Health Outpatient Rehabilitation
Saint Thomas Hilltop Hospital
Saint Thomas West Hospital
Saint Thomas Midtown Hospital
Saint Thomas Plant Pharmacy
Saint Thomas Riverside Hospital
Saint Thomas River Park Hospital
Saint Thomas Dekalb Hospital
Saint Thomas Stones River Hospital
Saint Thomas Highlands Hospital

In this notice, we refer to these entities collectively as "Saint Thomas Health." This notice applies to Saint Thomas Health facilities, clinically integrated health care professionals (such as your doctor) with staff privileges at Saint Thomas Health, and other participants in our organized health care arrangements mentioned in this notice. You are a patient at Saint Thomas Health. Health care professionals with staff privileges at Saint Thomas Health may have different practices or notices regarding your PHI created in their offices or clinics. All entities, sites, and locations follow the terms of this notice.

YOUR HEALTH INFORMATION RIGHTS

Although the physical property of Saint Thomas Health, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your PHI for treatment, payment or health care operations.
- Inspect and request a copy of your PHI in electronic form or hard copy as provided by law. You may also access health information in your medical record through a portal by creating an account and providing an email address. We may charge a reasonable fee for labor and supplies.
- Request that we limit the uses and disclosures of your PHI to the extent that such action has been taken in reliance on your authorization.
- Exercise your rights set forth in this notice by providing a written request to the Saint Thomas Health Corporate Privacy Officer, 2000 Church Street, Nashville, TN 37236.

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT

If you are an inmate in a correctional institution and if the correctional institution makes the information available to you, you may request that we limit the communications about you to family members involved with your care or the payment for your care. However, we are not required to honor these requests, but we will comply if we agree with you. We may disclose your PHI to avert a serious threat to health or safety.

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR PAYMENT

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR OTHER PURPOSES

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION AS OTHERWISE ALLOWED BY LAW

The following categories describe different ways that we may use and disclose your PHI for other than treatment, payment or health care operations without your written authorization. Under certain circumstances, we here at Saint Thomas Health, or one of our business associates, may share your PHI with a public health authority as required by law to report certain communicable diseases to public health authorities.

Business Associates: We provide some services through business associates. Examples include certain laboratory tests and copy services. To protect your information, however, we require business associates to take appropriate measures to safeguard your PHI.

Directory: Unless you notify us that you object, we will use and disclose your name, location in our facility and general condition for directory purposes while you are a patient at Saint Thomas Health to the person who asks for you by name. If you agree, we may also provide this information and your religious affiliation to clergy, regardless of whether they ask for you by name.

At your request, we will provide you with information about our policies and procedures related to the use and disclosure of your PHI. We may also provide you with information about your PHI that is not protected by federal and state laws and regulations. This notice was last revised on September 1, 2016, and is effective September 1, 2016. We reserve the right to change our practices and to make changes effective for all PHI we maintain, including information created or received before the change. Should our privacy practices change, we will post the revised notice at each facility, and you may request copies of the revised notice in person at Saint Thomas Health or at website: selfh.com.

HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Generally, we may not use or disclose your PHI without your written authorization. However, in certain circumstances, we are permitted to use your PHI without your authorization. The following categories describe different ways that we may use and disclose your PHI without your written authorization. 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 for other than treatment, payment or health care operations without your written authorization should fall within one of these categories. 

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION FOR PAYMENT

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION AS OTHERWISE ALLOWED BY LAW

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Involvement In Care or Notification: We may use or disclose relevant information to family members or friends who ask for your location in your hospital room. You may notify or assist in notifying a family member, personal representative or other person responsible for your care, of your location, general condition or death.

Research: We may disclose information to researchers whose research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Funeral Directors, Coroners and Medical Examiners: We may disclose your PHI to funeral directors, coroners and medical examiners where required by law for identification and to determine if death occurred.

Organ Procurement Organizations: Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of tissue or organs. We may use and disclose your PHI for research, training, or quality improvement activities.

Contacting You About Appointments, Insurance and Other Matters: We may contact you by mail, phone, fax or email about appointments, registration questions, insurance updates, billing or payment information, or other services to which you or a family member may be entitled. We will base our contact on the contact information that you have provided to us to help you with your care. Consent or Authorization for Use of Information for Research Purposes: We may use or disclose your PHI to conduct research as provided by law, if we have obtained your written authorization.

Marketing and Sale of PHI: We may communicate with you face-to-face regarding goods and services that may be of interest to you and may provide you with promotional gifts of nominal value. With very limited exceptions, we must obtain your written authorization before we may use or disclose your PHI for marketing purposes or when selling your PHI.

Fund Raising: We may use or disclose your PHI to the extent authorized by law and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health, Disaster Relief and Immunization Records: Consistent with applicable law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease or injury or disability, disaster relief agencies, or with parental or guardian agreement, immunization records to vaccine providers.

Abuse, Neglect or Domestic Violence: Consistent with applicable law, we may disclose your PHI to a governmental authority authorized by law to receive reports of abuse, neglect or domestic violence.

Workers' Compensation: We may disclose your PHI to the extent authorized by law and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Legal Proceedings: We may disclose your PHI, to the extent authorized by law and to the extent necessary to comply with laws relating to legal proceedings.

Financial Institutions: We may disclose your PHI to financial institutions or other entities in connection with collections of debt owed to us.

Required or Allowed by Law:

- Use or disclosure of PHI as required by law (e.g., to comply with legal process, government requests).
- Use or disclosure of PHI as permitted by law.
- Use or disclosure of PHI for public interest purposes (e.g., to report certain communicable diseases to public health authorities).