

## **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 REVIEW IT CAREFULLY.**

This Notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its implementation regulations, as amended. If you have any questions about this Notice, please contact our Privacy Office at 609-926-4300 or 1-866-314-4722

### **OUR COMMITMENT TO YOUR PRIVACY**

Shore Medical Center understands that information about you is personal. We are required by law to maintain the privacy of individually identifiable patient health information which is referred to as “protected health information”. Shore Medical Center creates and maintains a record of your protected health information regarding the care and services you receive at Shore Medical Center. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by Shore Medical Center health care personnel, including your physician. Your personal physician may have different policies or notices regarding the use and disclosure of your information created and maintained in his or her office.

This Notice will tell you about the ways in which we may use and disclose your protected health information as well as your rights and certain obligations we have regarding these uses and disclosures.

Shore Medical Center is required by law to:

- Make sure your protected health information is kept private.
- Give you this Notice of our legal duties and privacy practices with respect to your protected health information.
- Follow the terms of this Notice that is currently in effect.

### **WHO WILL FOLLOW THIS NOTICE**

This Notice describes Shore Medical Center’s practices and that of:

- Any health care professional authorized to document in your medical record. For example, physicians, nursing staff, or therapists.
- All departments and units of the medical center such as the laboratory, radiology, or patient billing.
- Any member of a volunteer group we allow to help you while you are at or receiving services from Shore Medical Center.
- All members of our workforce including employees, staff and other medical center personnel.
- All members of the SMC Organized Health Care Arrangement (OHCA).

- All Shore Medical Center (previously Shore Memorial Hospital) entities and off-site locations. These entities and off-site locations may share your protected health information with each other for treatment, payment or medical center operations described in this Notice.

## **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The following are categories or special situations that describe the different ways that we may use and disclose your protected health information. For each of the categories we will explain what we mean and provide 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 your protected health information will fall within one of the categories.

### **TREATMENT**

We may use your protected health information to provide you with medical treatment or services. We may disclose your information to physicians, nurses, technicians, health care students, or other medical center personnel who are involved in providing you treatment or services. For example, doctors and staff of various departments may share your information in order to coordinate the treatment and services you need, such as prescriptions, lab work, x-rays, as well as the type of meals you should receive during your stay. We may also disclose your protected health information to people outside Shore Medical Center who may be involved in your care after you leave the medical center, such as family members, clergy, or other health care providers where you may be transferred to for continued care.

### **PAYMENT**

We may use and disclose your protected health information so that the treatment and services you receive at the medical center may be billed to and payment collected from you, an insurance company, or a third party. For example, we may give your insurance company information about surgery you received at the medical center so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment or surgery you are going to have in order to obtain prior approval or to determine whether your plan will cover the treatment or surgery.

### **HEALTH CARE OPERATIONS**

We may use and disclose your protected health information for medical center operations. These uses and disclosures are necessary to run the medical center and make sure that all our patients receive quality care. For example, we may use this information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer or if new treatments are effective. We may remove information that identifies individuals from a set of medical information to study health care and health care delivery without knowing who the specific patients are. Also, in certain areas of the medical center, we may ask that you sign-in so that we know you have arrived and are awaiting your appointment or test. Our personnel may call your name in the waiting room to let you know that our staff is ready to see you. In addition, your name may be posted on a census board for location purposes.

We may also provide your information to third party “business associates” that perform various activities and services (e.g., billing, transcription) on our behalf. In such situations, we will have a written contract in place that restricts the ability of the business associate to use or disclose the information in accordance with HIPAA requirements.

## **APPOINTMENT REMINDERS**

We may use and disclose your protected health information to contact you as a reminder that you have an appointment for treatment, testing, or medical care.

## **TREATMENT ALTERNATIVES**

We may use and disclose your protected health 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 your protected health information to tell you about health-related benefits or services that may be of interest to you.

## **FUNDRAISING ACTIVITIES**

We may use your protected health information to contact you in an effort to raise money for the medical center and its operations. We may disclose your information to a foundation related to the medical center so that the foundation may contact you in raising money for the hospital. We only would release contact information such as your name, address and phone number and the dates you received services at the center.

If you do not want the medical center to contact you for fundraising efforts, you must notify the Shore Medical Center Privacy Office in writing.

## **MEDICAL CENTER DIRECTORY**

We may include certain limited information about you in our directory while you are a patient at Shore Medical Center. This information may include your name, location, your general condition (for example fair, good, etc.) and your religious affiliation. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This directory information, except for your religious affiliation, may also be released to people who ask for you by name. The purpose for this is so your family, friends, and clergy can visit you while you are in Shore Medical Center.

If you do not want to be listed in the hospital directory, you must inform a member of our registration staff. You will be asked to put this request in writing.

## **INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT OF YOUR CARE**

We may release your protected health information to a family member or friend who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may tell your family or friends your condition and that you are in the medical center.

## **USES AND DISCLOSURES PERMITTED BY LAW**

Certain state and federal laws and regulations require or permit us to use or disclose your protected health information without your permission. These uses and disclosures are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. These uses and disclosures, which we may make pursuant to these laws and regulations, include the following:

### **PUBLIC HEALTH ACTIVITIES**

We may use and disclose your protected health information to public health authorities that are authorized by law to receive and collect this information. These uses and disclosures may be for the following public health activities in order to:

- prevent or control disease, injury, or disability

- report births and deaths
- report suspected or actual abuse, neglect, or domestic violence involving a child or an adult
- report adverse reactions to medications or problems with health care products
- notify individuals of product recalls they may be using
- notify an individual who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition.

## **RESEARCH**

We may use and disclose your protected health information under certain circumstances for research purposes. 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, but we may, however, disclose your protected health information to people preparing to conduct a research project. For example, these people use this information to assist them in identifying patients with specific health care needs who may qualify to participate in a research project. Any use or disclosure of your protected health information, which may be done for the purposes of identifying qualified participants, will be conducted on site at Shore Medical Center. In most instances we will ask for your specific permission to use or disclose your protected health information if the researcher will have access to your name, address, or other identifying information, or we will ask for a waiver of the requirement to obtain an authorization from you. A waiver of authorization will be based upon assurances from a review board that the researchers will adequately protect your health information.

## **HEALTH OVERSIGHT ACTIVITIES**

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities may include, for example, audits, inspections, and licensure or certification surveys. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

## **JUDICIAL OR ADMINISTRATIVE PROCEEDINGS**

We may disclose your protected health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your protected health information 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 your health information.

## **LAW ENFORCEMENT**

We may disclose your protected health information in a response to a request 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 a criminal conduct
- about criminal conduct at the hospital
- 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.

## **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY**

We may use or disclose your protected health information, when necessary, to prevent a serious threat to the health or safety of you or other individuals. Any such use or disclosure would be made solely to the individual(s) or organization(s) that have the ability and/or the authority to assist in preventing the threat.

## **WORKERS COMPENSATION**

We may disclose your protected health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.

## **ORGAN AND TISSUE DONATION**

We may use or disclose your protected health information to authorized organ/tissue procurement organizations as necessary to facilitate organ, eye or tissue procurement, banking, or transplantation.

## **CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS**

We may disclose your protected health information to a coroner or medical examiner in order to, for example, identify a deceased person or determine the cause of death. We may also release your medical information to funeral directors, as necessary, to carry out their duties.

## **INMATES**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your protected health information 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 the health and safety of you and others; (3) for the safety and security of the correctional institution.

## **MILITARY AND VETERANS**

We may disclose your protected health information as required by military command authorities if you are a member of the armed forces. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

## **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES**

We may disclose your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

## **PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS**

We may disclose your protected health information to authorized federal officials so they may provide protection to the President of the United States of America, other authorized persons or foreign heads of state or to conduct special investigations.

## **OTHER USES OF MEDICAL INFORMATION**

We may use or disclose your protected health information for purposes other than treatment, payment, medical center operations or the other purposes described above, only after receiving your written authorization. You have the right to revoke a written authorization at any time as long as your revocation is provided to us in writing. If you revoke your written authorization, we will no longer use or disclose your protected health information for the purposes identified in that authorization. We are unable to retrieve any disclosures that we may have made pursuant to your authorization before you provided us with written revocation.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding your protected health information we create and/or maintain about you:

## **RIGHT TO INSPECT AND COPY**

You have the right to inspect and obtain a copy your protected health information that may be used to make decisions about your health care. Usually this includes medical and billing records, but does not include psychotherapy notes. If your health information is maintained in an Electronic Health Record (“EHR”), your access rights include a right to a copy in an electronic format.

We may charge you a reasonable fee to cover copying, postage and/or preparation of a summary or other related supplies or expenses. We may charge you the amount of our labor costs in responding to your request for an electronic copy of your records maintained in an EHR

We may deny your request to inspect or copy your protected health information in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

To inspect and/or receive a copy of your protected health information, you must submit your request in writing to the Shore Medical Center Health Information Management (Medical Records) Department.

## **RIGHT TO REQUEST AN AMENDMENT**

To amend protected health information means to correct or update.

If you believe that protected health information we have about you is incorrect or incomplete, you may ask us to correct or update the information. You have the right to request an amendment for as long as the information is maintained by or for the hospital.

To request an amendment your request must be made in writing and submitted to the Shore Medical Center Health Information Management (Medical Records) Department You must also provide us with 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, 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 copy, or
- is accurate and complete.

Please use the following address to request to inspect, receive a copy, or amend your protected health information for services or treatment received from Shore Medical Center:

**Shore Medical Center  
Health Information Management Services Department  
1 E. New York Avenue  
Somers Point, NJ 08244**

## **RIGHT TO AN ACCOUNTING OF DISCLOSURES**

You have the right to receive an accounting of disclosures of your protected health information made by us, except we do not have to account for disclosures: made prior to April 14, 2003; authorized by you; made for treatment, payment health care operations (unless such disclosures are made through an EHR, in which case an additional accounting may be provided to you in accordance with applicable law); made in response to an Authorization; made in order to notify and communicate with family; for certain government functions, and/or disclosures provided to you, to name a few. The right to receive an accounting is subject to exceptions, restriction and limitations.

To request this accounting of disclosures, you must submit your request in writing to the Shore Medical Center Privacy Office. Your request must include a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first request within a 12-month period will be free of charge. For additional requests, we may charge you for the costs of providing the accounting. 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 your protected health information that we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received.

*However, we are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and the information you wish to restrict pertains solely to a health care item or service for which you have paid us “out of pocket” in full. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.*

To request restrictions, you must make your request in writing to the Shore Medical Center Privacy Office. In your request, you must include (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 your health care 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 Shore Medical Center Privacy Office. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify where and how 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. To obtain a paper copy of this Notice, contact the Privacy Office or mail a written request to the Shore Memorial Hospital Privacy Office.

You may also obtain a copy of this Notice at our web site ([www.shoremedicalcenter.org](http://www.shoremedicalcenter.org)).

## **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice and make the new provisions applicable to all your health information – even if it was created prior to the change in the Notice. We will post a copy of the current Notice in the medical center. The Notice will contain the effective date on the upper right-hand corner of the first page of this Notice.

In addition, each time you register at or are admitted to the medical center for treatment or health care services as an inpatient or outpatient, we will make available a copy of the current Notice in effect.

## **COMPLAINTS**

If you believe your privacy rights have been violated, or you disagree with a decision we made about access to your protected health information, you may file a written complaint with the Shore Medical Center Privacy Office. You will not be penalized for filing a complaint.

**Shore Medical Center Privacy Office  
1 E. New York Avenue  
Somers Point, NJ 08244**

You may also file a written complaint with the Office for Civil Rights at:

**U.S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza, Suite 3312  
New York, NY 10278**