



# Saint Alphonus

A MEMBER OF  TRINITY HEALTH

## NOTICE OF PRIVACY PRACTICES

Version 101509.2

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**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 Saint Alphonus 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 a Notice of Privacy Practices regarding PHI. We are required to post this Notice in a prominent place within our facility. We will only use or disclose your PHI as permitted or required by applicable federal and state law. This Notice applies to your PHI in our possession including the medical records generated by us.

Saint Alphonus 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 the Hospital will use and disclose your PHI.

This Notice applies to the delivery of health care by Saint Alphonus and its medical staff in the main Hospital, outpatient departments, and clinics (collectively referred to in this Notice as “Saint Alphonus” or “the Hospital”). This Notice also applies to the utilization review and quality assessment activities of Trinity Health and Saint Alphonus as a member of Trinity Health, a Catholic health care system with facilities in seven states.

### **I. Permitted Use or Disclosure**

**A. Treatment:** Saint Alphonus will use and disclose your PHI in the provision and coordination of health care to carry out treatment functions. For example:

- ◆ The Hospital may disclose all or any portion of your patient medical record information to your attending physician, consulting physician(s), nurses, technicians, medical students, nursing and allied health professional students, and other health care providers who have a legitimate need for such information in your care and continued treatment.
- ◆ Different departments will share medical information about you in order to coordinate specific services, such as lab work, x-rays, and prescriptions.
- ◆ Saint Alphonus is a Catholic sponsored health care provider. We believe spiritual care is an important part of the healing and treatment process. Accordingly, the Saint Alphonus Chaplaincy Services are integral members of the health care treatment team and will have access to PHI so that they may provide care to Hospital patients.

- ◆ The Hospital will also disclose your medical information to people or entities outside the Hospital who will be involved in your medical care after you leave the Hospital, such as family members, health care providers and others who will provide services that are part of your care.
- ◆ The Hospital 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.
- ◆ The Hospital will use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at Saint Alphonsus.

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

- ◆ 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 necessary information to obtain pre-approval for payment for treatment from your health plan. It may also use or disclose your PHI to other health care providers to assist them in obtaining payment for health care services they have or will provide to you.
- ◆ The Hospital will disclose PHI to collection agencies and other subcontractors engaged in obtaining payment for care.

**C. Health Care Operations:** Saint Alphonsus will use and disclose your PHI during routine health care operations including for business and administrative purposes, quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of the Hospital, and for educational purposes. For example:

- ◆ Saint Alphonsus 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, contacting health care providers and patients with information about treatment alternatives, and in order for us to operate our business in an efficient, safe and legal manner.

## II. Permitted Use or Disclosure with an Opportunity for You to Agree or Object

**A. Idaho Health Data Exchange (IHDE):** Saint Alphonsus is a participant in the Idaho Health Data Exchange, a secure statewide internet-based "virtual" health record that provides one source for your provider(s) to access patient information about you. The virtual health record contains lab results, transcription reports, radiology results, medical history, transcriptions and chart notes, insurance information and demographic information from all of your health care providers who participate in the IHDE. (Generally, information related to treatment for substance abuse, HIV and/or mental health is not included.) The IHDE can provide better coordination of care and faster access to health information. You may request to have your information restricted to providers who participate in the IHDE by completing a Request to Restrict Disclosure form and submitting it directly to the IHDE by mail or fax.

**B. Fundraising Activities:** Saint Alphonsus 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. Saint Alphonsus does maintain a database of individuals for the Hospital's promotional communications, disease management, and health promotions. This database may include individuals who have received healthcare at Saint Alphonsus, to whom Saint Alphonsus may have sent health improvement materials and news about the Hospital previously and also individuals who have donated to the Hospital or who have expressed an interest in donating to Saint Alphonsus and other Hospital-sponsored health-related activities. You may be included in this database. Individuals in this database may also receive information about the programs and services of Saint Alphonsus, or about Saint Alphonsus and its charitable foundations and fundraising activities. Such fundraising activities are directed at expanding and improving the Hospital's services and programs provided to the community. You may request to be deleted from this database by contacting the Privacy Officer at Saint Alphonsus.

**C. Information and Health Promotion Activities:** Saint Alphonsus will use and disclose limited PHI for certain health promotion activities. For example, your name and address will be used to send you newsletters or general communications from the Hospital. The Hospital will also send you information based on your own health concerns. The Hospital may send you this information if it has determined that a product or service may help you. The communication will explain how the product or service relates to your well-being and can improve your health. You may request that you not receive promotional health information.

**D. Family/Friends:** Saint Alphonsus will disclose PHI about you to a friend or family member who is involved in your medical care. The Hospital will also give information to someone who helps you pay for your care. In addition, the Hospital 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, or to disaster relief agencies.

**E. Saint Alphonsus Directory:** The Hospital will include certain limited information about you in the Hospital Directory while you are a Hospital patient at Saint Alphonsus. This information will include your name and location in the Hospital and a general statement of your condition, such as stable, good, critical, etc. This is so your family and friends can visit you in the Hospital and know how you are doing. The directory information 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 the Hospital Directory. If you request to opt out of the Facility Directory, we cannot inform visitors of your presence or location nor of your general condition.

F. **Outside Clergy:** Directory information, including your religious affiliation, will be given to members of the clergy who are not part of our own Chaplaincy Service only if you agree that we may inform any such clergy members of your admission to the Hospital.

G. **Media Conditions Reports:** Saint Alphonsus may release condition updates to the media, using your full name, if the media requests information about you. This is done only after you have been given an opportunity to agree or object. The following information may then be disclosed: your condition described in general terms such as “good”, “fair”, “serious”, or “critical”.

### III. Use or Disclosure Permitted by Public Policy or Law without your Authorization

A. **Law Enforcement Purposes:** Saint Alphonsus 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, including reporting a crime that may have occurred on Hospital premises.

B. **Required by Law:** Saint Alphonsus will disclose PHI about you when required by federal, state, or local law to make reports or other disclosures. The Hospital will also make disclosures for judicial and administrative proceedings such as lawsuits or other disputes in response to a court order or subpoena. The Hospital will disclose your medical information to government agencies concerning suspected victims of abuse, neglect, domestic violence, or victims of crimes. The Hospital will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Specialized government functions require the use and disclosure of PHI. These government functions include military and veteran’s activities, national security and intelligence activities, and protective services for the President and others. The Hospital will also make certain disclosures that are required in order to comply with workers’ compensation, and similar programs, including reporting information about certain work-related injuries and illness.

C. **Coroners, Medical Examiners, Funeral Directors:** Saint Alphonsus will disclose your PHI to a coroner or medical examiner. This is necessary to identify a deceased person and/or to determine the cause of death. The Hospital will also disclose your PHI to funeral directors as necessary to carry out their duties.

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

E. **Health or Safety:** Saint Alphonsus will use and disclose PHI to avert a serious threat to your health and safety or that of another person or the public. The Hospital will use and disclose PHI to Public Health Agencies to report immunizations, communicable diseases, and similar health control purposes to prevent or control disease, injury, or disability. The Hospital will report births and deaths to appropriate government agencies. The Hospital 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, and post marketing surveillance. Any patient receiving a medical device subject to FDA tracking

requirements may prohibit the disclosure of their name, address, telephone number, and social security number, or other identifying information for the purpose of tracking.

- F. **Health Oversight Activities:** Saint Alphonsus may use or disclose PHI in connection with certain health oversight activities of licensing and other regulatory agencies that oversee the Hospital, the medical staff, and other practitioners or oversee the health care system to ensure compliance with regulatory programs and standards, including the Department of Health and Human Services, Office of the Civil Rights, which oversees and enforces your privacy rights as outlined in this Notice.
- G. **Inmates and Patients In Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement officer, the Hospital will disclose your PHI to the correctional institution or law enforcement official.
- H. **Medical Research:** Saint Alphonsus 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.

#### IV. Use or Disclosure Requiring Your Authorization

- A. **Marketing:** Saint Alphonsus is not permitted to provide your PHI to any other person or company for marketing any products or services to you, other than the Hospital's products or services, unless you have signed an authorization.
- B. **Research:** The Hospital 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, Saint Alphonsus may require that you sign an authorization to allow the researchers to use or disclose your PHI for this research.
- C. **Other Uses:** Any uses or disclosures that are not for treatment, payment, or operations, or for the other purposes outlined above, and that are not permitted or required for public policy purposes or by law will be made only with your written authorization. Written authorizations will let you know why we are asking to use your PHI. You have the right to revoke an authorization at any time, except to the extent the Hospital has already relied upon the authorization in the use or disclosure of your PHI.

#### V. Your Health Information Rights

Although we at Saint Alphonsus must maintain all records concerning your Hospitalization and treatment by the Hospital, and we own such records, you have the following rights concerning your PHI:

- A. **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; information not included in the designated record set ("medical record"); and where prohibited or protected by law.

Saint Alphonus will deny your request for access to your PHI without giving you an opportunity to review that decision if:

- ◆ You don't have the right to inspect the information or it is otherwise prohibited or protected by law;
- ◆ 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 person who is responsible for transporting you;
- ◆ You are involved in a clinical research project and the Hospital 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;
- ◆ The Hospital 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, including when the Hospital believes the disclosure as the information would endanger the health or safety of you or someone else. In these instances, however, the Hospital will allow the review of its decision by a health care professional that Saint Alphonus 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.

You must make your requests to access and copy your PHI in writing to Saint Alphonus. The Hospital will respond to your request within thirty (30) days of its receipt. If Saint Alphonus cannot respond within this time frame, the Hospital will notify you in writing to explain the delay and the date by which we will act on your request.

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

- ◆ Saint Alphonus did not create the information;
- ◆ The information is not part of the designated record set;
- ◆ The information would not be available for your inspection (due to its condition or nature); or
- ◆ The information is accurate and complete.

If Saint Alphonsus denies your request for amendment of your PHI, the Hospital will notify you in writing of the reason for the denial. Saint Alphonsus will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that the Hospital include your request for amendment and the denial any time that the Hospital discloses the information that you wanted changed. Saint Alphonsus 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 to Saint Alphonsus' Privacy Officer, including your reasons supporting the requested amendment. The Hospital will respond to your request within sixty (60) days of its receipt. If Saint Alphonsus cannot respond within this time frame, the Hospital will notify you in writing to explain the delay and the date by which Saint Alphonsus will act on your request. In any event, the Hospital will act on your request within ninety (90) days of its receipt.

C. **Right to an Accounting:** You have a right to receive an accounting of the disclosures of your PHI that Saint Alphonsus made, except for the following disclosures:

- ◆ To carry out treatment, payment, or health care operations, and disclosures that are incidental to these activities;
- ◆ To you;
- ◆ Pursuant to a written authorization;
- ◆ To persons involved in your care;
- ◆ For national security or intelligence purposes;
- ◆ To correctional institutions or law enforcement officials; or
- ◆ That occurred prior to April 14, 2003 and
- ◆ Other disclosures for which accounting is not required by law.

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 to Saint Alphonsus. You must include the time period of the accounting, which may not be longer than six (6) years. The Hospital will respond to your request within sixty (60) days from its receipt. If Saint Alphonsus cannot respond within this time frame, the Hospital will notify you in writing to explain the delay and the date by which the Hospital will act on your request. In any event, Saint Alphonsus will act on your request within ninety (90) days of its receipt, unless we are instructed by an authorized governmental agency to suspend any accounting to you.

In any given 12-month period, Saint Alphonsus will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting.

- D. **Right to Request Restrictions:** You may ask Saint Alphonsus to restrict how it uses or discloses your PHI for treatment, payment, and health care operations. Your request must be in writing and specify the restriction requested and the scope to which you would like the restriction to apply. Saint Alphonsus is not required to agree to the requested restriction. If Saint Alphonsus does agree to the restriction, it will only do so in writing. If the Hospital agrees to your requested restriction, the Hospital will not use or disclose your PHI to the extent the Hospital agrees to in writing, except to the extent it is necessary that we disclose such information to provide emergency treatment, or if the restriction is terminated by you or the Hospital notifying you of its termination of agreement to the restriction.
- E. **Right to Confidential Communications:** You have the right to receive confidential communications of your PHI by reasonable alternative means or at reasonable alternative locations. For example, you may request that Saint Alphonsus only contact you at work or by mail.
- F. **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.

## VI. Complaints

If you believe your privacy rights have been violated, you may file a written complaint with Saint Alphonsus or with the Secretary of the Department of Health and Human Services. To file a complaint with the Hospital, please contact the Saint Alphonsus' Privacy Officer, at 1055 N. Curtis Road, Boise, Idaho 83706. Saint Alphonsus assures you that there will be no retaliation against you for filing a complaint.

## VII. Sharing And Joint Use Of Your Health Information

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

- A. **Medical Staff:** The medical staff and Saint Alphonsus participate together in an organized health care arrangement ("OHCA") to deliver health care to you at the Hospital. Both Saint Alphonsus and its medical staff have 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 at the Hospital. Physicians and allied health care providers are members of the Hospital's medical staff and will have access to and use your PHI for their treatment, payment, and health care operations purposes related to your care within Saint Alphonsus, and for any other use or disclosures permitted or required pursuant to this Notice. While the physicians and other members of the medical staff participate in our OHCA, the physicians who treat you at the Hospital are not employees or agents of the Hospital. The members of the medical staff, including your physician, may have different privacy policies and practices relating to their use and disclosure of PHI created or maintained in their clinic or office.



**B. Other OHCA Arrangements that Utilize this Notice.** The following entities are owned in whole or in part by Saint Alphonsus and have agreed to utilize and be bound by this Notice and its terms, as well as Saint Alphonsus' HIPAA policies and procedures, as members of an OHCA for care you receive at their facilities. These entities include the following:

1. Saint Alphonsus Rehabilitation Services (STARS), together with Rehabilitation Management Associates ("RMA") who provide services to and care for STARS patients, pursuant to an independent contractor agreement.
2. Caldwell Cancer Care Center, LLC, together with the radiation oncologists who provide service to patients at the Caldwell Cancer Care Center, LLC, by way of an independent contractor agreement, and West Valley Regional Medical Center who is a co-owner in the Caldwell Cancer Care Center, LLC.

Saint Alphonsus and the co-owners, and OHCA members at these facilities will use and disclose information for their own treatment, payment, and health care organization purposes and all other purposes required or allowed by law, as outlined in this Notice.

**C. Affiliations:** Saint Alphonsus is affiliated with the following health care organizations in which the Hospital is an owner or co-owner:

Humphreys Diabetes Center, Inc.  
IdahoCytogenetics Diagnostic Laboratory, LLC  
Intermountain Medical Imaging, LLC  
Saint Alphonsus Home Health and Hospice, LLC  
Saint Alphonsus Physicians, P.A.  
Saint Alphonsus Physician Services, Inc.  
Sarmed Outpatient Pharmacy, LLC  
Southern Idaho Regional Laboratory, LLC, doing business as Treasure Valley Lab  
Tamarack Medical Clinic, LLC  
Life Flight Network, LLC  
IdahoGyn/Oncology Services LLC  
Saint Alphonsus Caldwell Cancer Treatment Center, LLC

The Hospital will share your PHI with these organizations for purposes of treatment, payment, and health care operations by these organizations. These organizations, however, operate under a separate Notice of Privacy Practices that governs the use and disclosure of your PHI obtained or created as part of care you receive at any of their facilities.

**D. Membership in Trinity Health:** Saint Alphonsus, Ministry Organizations (MO) of Trinity Health and Trinity Health participate together in an OHCA 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. Members of Trinity Health also use your PHI for your treatment, payment to the Hospital and/or for the health care operations permitted by law with respect to our mutual patients.

**E. Business Associates:** Saint Alphonsus will use and disclose your PHI to business associates contracted to perform business functions on its behalf, including Trinity Health, who performs certain business functions for the Hospital. Whenever an arrangement between Saint Alphonsus and another company involves the use or

disclosure of your PHI, that business associate will be required to give us adequate written assurances that it will keep your information confidential.

### **VIII. Additional Information**

For further information regarding the issues covered by this Notice of Privacy Practice, please contact:

Saint Alphonsus Regional Medical Center  
Attn: Jennifer Johnson  
System Integrity and Privacy Officer  
1055 N. Curtis Rd.  
Boise, ID 83706  
208-367-7855

### **IX. Changes To This Notice**

Saint Alphonsus will abide by the terms of the Notice currently in effect. The Hospital reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. Saint Alphonsus will provide you with the revised Notice at your first visit following the revision of the Notice. Further, a copy of the current notice in effect may be obtained from Saint Alphonsus' web site, [www.saintalphonsus.org](http://www.saintalphonsus.org), or by stopping by any registration area at the Hospital or by writing the Privacy Officer at the above address.