

# Notice of Privacy Practices

Effective:  
November 2015

This describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

## WHO WILL FOLLOW THIS NOTICE

The terms of this *Notice of Privacy Practices* apply to the following entities owned and operated by and/or affiliated with Reading Health System, participating in an organized healthcare arrangement: Reading Hospital (including Reading Health Rehabilitation Hospital), and all outpatient departments and facilities of Reading Hospital), physician practices owned and operated by Reading Health Physician Network (RHPN), The Highlands at Wyomissing, and the physicians, licensed professionals, employees, contractors, volunteers, and trainees seeing and treating patients at each of these care settings. These separate legal entities may share protected health information with each other as necessary to carry out treatment, payment or healthcare operations relating to the organized healthcare arrangement unless otherwise limited by law, rule or regulation. This *Notice of Privacy Practices* does not apply when visiting a non-RHPN office practice or a non-RHPN physician in their private medical office.

## OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that information about you and your health is personal. We are committed to protecting your health information. We create a record of the care and services you receive throughout Reading Health System. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by Reading Health System.

This notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you;
- follow the terms of the notice that is currently in effect.

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain what we mean and may give 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.

### For Treatment

- We may use health information about you to provide you with medical treatment or services.
- We may disclose health information about you to doctors, nurses, technologists, therapists, medical students, or other Reading Health System personnel who are involved in taking care of 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. In addition, the doctor may need to tell the dietitian so that we can arrange appropriate meals.*

- Different departments of Reading Health System may share health information about you in order to coordinate the different things you need, such as prescriptions, lab tests, and x-rays.
- We also may disclose health information about you to people outside Reading Health System who may be involved in your medical care after you leave Reading Health System, such as family members, clergy, or others we use to provide services that are part of your care.

### For Payment

- We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or another party.

*For example, we may need to give your health plan information about surgery you received at Reading Hospital so your health plan will pay us or reimburse you for the surgery.*

- We may also tell your health plan about treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

### For Healthcare Operations

- We may use and disclose health information about you for healthcare operations. These uses and disclosures are necessary to run Reading Health System and make sure that all of our patients receive quality care.

*For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.*

- We may also combine health information about many patients to decide what additional services Reading Health System should offer, what services are not needed, and whether certain new treatments are effective.
- We may also disclose information to doctors, nurses, technologists, therapists, medical students, and other Reading Health System personnel for review and learning purposes.
- We may also combine the health information we have with health information from 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 health information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are.

### Appointment Reminders

- We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at Reading Health System.

### Treatment Alternatives

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

### Fundraising Activities

- We may use information, such as your name, address, and phone number, to contact you in an effort to raise money for Reading Health System.
- If you do not want Reading Health System to contact you for fundraising efforts, you must notify the Privacy Officer at Reading Health System in writing or via email at [optout@readinghealth.org](mailto:optout@readinghealth.org).

### Hospital Directory

- Unless you tell us that you object, we may include certain limited information about you in the hospital directory while you are a patient at Reading Hospital or Reading Health Rehabilitation Hospital. This information may include your name, location in the hospital, your general condition (good, fair, poor, critical), and your religious affiliation. It may be released to the clergy or to other people who ask for you by name. This directory information is so that family, friends, and clergy can visit you in the hospital and generally know how you are doing.

### Individuals Involved in Your Care or Payment for Your Care

- We may release health information about you to a friend or family member who is involved in your care.
- We may also tell your family or friends your condition and that you are in the hospital.
- In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

### Research

- Under certain circumstances, we may use and disclose health 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 health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process.*

- We may, however, disclose health information about you to people preparing to conduct a research project to

help them look for patients with specific medical needs, so long as the health information they review does not leave Reading Health System.

- 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 who will be involved in your care at Reading Health System.

### As Required by Law

- We will disclose health 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 health information about you when necessary to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. Any disclosure, however, would only be to someone who is able to help prevent the threat.

## SPECIAL SITUATIONS

### Organ and Tissue Donation

- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank in order to facilitate organ or tissue donation and transplantation.

### Military and Veterans

- If you are a member of the armed forces, we may release health information about you as required by military command authorities.
- We may also release health information about foreign military personnel to the appropriate foreign military authority.

### Workers' Compensation

- We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### Public Health Risks

- We may disclose health information about you for public health activities. These activities generally 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 make this disclosure only if you agree, or when required or authorized by law.

### Health Oversight Activities

- We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

### Lawsuits and Disputes

- If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health 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.

### Law Enforcement

- We may release health 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 that occurs on Reading Health System property;
- in emergency circumstances to report a crime, the location or victims of the crime, or the identity, description, or location of the person who committed the crime.

### Coroners, Medical Examiners, and Funeral Directors

- We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person, or determine the cause of death.
- We may also release health information about patients of Reading Health System to funeral directors as necessary to carry out their duties.

### National Security and Intelligence Activities

- We may release health information about you 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 health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or in order to conduct special investigations.

### Inmates

- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with healthcare and to protect your health and safety or the health and safety of others.

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you.

### Right to Inspect and Copy

- You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.
- To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Department at Reading Hospital, or to the Administrator of The Highlands at Wyomissing if services have been provided by The Highlands at Wyomissing. If you request a copy of the information, 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 copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by Reading Health System will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- Limited portions of your medical information are available electronically through a Reading Health System service called MyChart. Visit <https://mychart.readinghealth.org> for more information.

### Right to Request Amendment

- If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Reading Health System.
- To request an amendment, your request must be made in writing and submitted to the Director of Health Information Management at Reading Hospital, or to the Administrator of The Highlands at Wyomissing if services have been provided by The Highlands at Wyomissing. In addition, you must provide a reason that supports your request.
- We have the right to 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 information which you would be permitted to inspect and copy; or
  - is accurate and complete.

### Right to an Accounting of Disclosures

- You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you.
- To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at

Reading Health System. Your request must state a time period which may not be longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list — on paper or electronic copy.

- 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 Breach Notification

- You have the right to be notified upon a breach of any of your Protected Health Information.

### 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.
- You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.

*For example, you could ask that we not use or disclose information about a surgery that 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 in writing to the Director of Health Information Management at Reading Hospital, or to the Administrator of The Highlands at Wyomissing if services have been provided by The Highlands at Wyomissing.
- In your request, you must tell us:
  - what information you want to limit;
  - whether you want to limit our use, disclosure, or both; and
  - to whom you want the limits to apply.

*For example, you may ask that we not disclose information to your spouse.*

### Out-of-Pocket Payments

- If you paid out-of-pocket (or, in other words, you requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or healthcare operations. We will honor that request unless required by law not to.
- Two criteria must be met:
  - the purpose of the disclosure is for payment or healthcare operations and not otherwise required by law;
  - pertains solely to healthcare item or service that the individual or other person — other than the health plan — paid the health plan in full.

### 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 contact you only at work or only by mail.*
- To request confidential communications, you must make your request in writing to the Privacy Officer at Reading Health System. 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.
- You may obtain a copy of this notice at our website [www.readinghealth.org](http://www.readinghealth.org).
- To obtain a paper copy of this notice, contact the Privacy Officer at Reading Health System.

## 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 health information we already have about you as well as any information we receive in the future.

We will make easily available a copy of the current notice. The notice will contain the effective date on the cover, in the top right-hand corner.

In addition, each time you register at or are admitted to Reading Health System for treatment or healthcare services as an outpatient or inpatient, we will offer you a copy of the current notice in effect.

## COMPLAINTS

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

To file a complaint with us, contact our Privacy Officer at the address listed in the "Addresses" section that follows. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

To file a complaint with the Secretary of the US Department of Health and Human Services, please use the address in the "Addresses" section that follows. There will be no retaliation against you for filing a complaint. For additional information, you may call 202-619-0257 or toll-free 877-696-6775, or visit the Office for Civil Rights website: [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa).

## OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. In the following circumstances, we will always require an authorization from you:

- In most circumstances when we use or disclose psychotherapy notes made by a mental health professional to document or analyze a conversation in a counseling session.
- Any marketing communication that is paid for by a third party about a product or service to encourage you to purchase or use the product or service.
- Except for limited transactions permitted by the Privacy Rule, a sale of protected health information for which we directly or indirectly receive remuneration or payment.
- Other uses or disclosures of protected health information that are not described in this notice.

If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time.

If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## ADDRESSES

For requests involving your records — amendments, copies, accounting of disclosures:

Director of Health Information Management  
Reading Hospital  
PO Box 16052, Reading, PA 19612

To request confidential communications, copies of this notice, or to file a complaint:

Privacy Officer  
Reading Health System  
PO Box 16052, Reading, PA 19612

To file a complaint with the government:

Secretary  
US Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Reading Health System and all its corporate entities and locations are committed to these privacy practices for the benefit of our patients, their families, and our community.

**Reading Health System**  
PO Box 16052, Reading, PA 19612

**Reading Hospital**  
PO Box 16052, Reading, PA 19612

**Reading Health Rehabilitation Hospital**  
2802 Papermill Road, Wyomissing, PA 19610

**Reading Health Partners**  
PO Box 16052, Reading, PA 19612

**Reading Health Physician Network**  
2561 Bernville Road, Reading, PA 19605

**Reading Health System Foundation**  
PO Box 16052, Reading, PA 19612

**The Highlands at Wyomissing**  
2000 Cambridge Avenue, Wyomissing, PA 19610



**READING HEALTH**  
SYSTEM

Advancing Health. Transforming Lives.