

making the communication; (2) the communication is face-to-face or consists of a promotional gift of nominal value provided by Einstein; (3) communications about a drug or biological or refill reminders for medication that the patient is currently taking/being prescribed; (4) communications that involve general health promotion, such as community events and health screenings, rather than the promotion of a specific product or service (5) communications about case management and helping you find a physician; (6) communications encouraging routine diagnostic tests; and (7) communications about government and government-sponsored programs.

C. Sale of PHI.

Sale of PHI without your authorization is not permitted. As such, should we wish to disclose your PHI in any matter that would constitute a "sale", we will obtain your written consent to do so. Exceptions where your authorization is not required include disclosures for public health activities and certain research purposes. Additionally, your authorization is not required where the only payment to Einstein is the cost of preparing or handling the PHI in order to carry out an individual's treatment, services provided by a business associate, pursuant to a business associate agreement, to provide health care payments, to satisfy legal requirements, and in connection with sale, transfer, merger or consolidation of Einstein or one of its affiliates.

V. Your Rights Regarding Your Protected Health Information

A. Right to Inspect and Copy Your Health Information.

You may request to see and obtain copies of your medical and billing records and to have copies sent to others. To do so, please submit a written request to the appropriate Einstein office or department. We will charge you for copies according to Pennsylvania law. If you are a parent or legal guardian of a minor who is an Einstein patient, certain portions of the minor's medical record may be inaccessible to you (for example, records relating to abortion, contraception and/or family planning services) unless the patient authorizes Einstein to give you access to this PHI. Additionally, under limited circumstances defined by law, we may deny you access to a portion of your records.

B. Right to Request Restrictions.

You may request additional restrictions on Einstein's use and disclosure of your PHI 1) for treatment, payment and healthcare operations. Including disclosures of PHI to health plans if an individual has paid for services out of pocket in full. ; 2) to individuals (such as family members, or other relatives, close friends or any other person identified by you) involved with your care or with payment related to your care; and 3) to notify or assist in the notification of such individuals regarding your location in the hospital and your general condition. You will need to make a separate request in each Einstein department or facility that uses or discloses your PHI. While we will consider all requests for restrictions carefully, we are not required to agree to a request.

C. Right to Receive Confidential Communications.

You may request to receive your PHI by alternate means of communication or at alternate locations. For example, you may instruct us not to contact you by telephone at home, or you may give us a mailing address other than your home for test results. You will need to make a separate written request in each Einstein department or facility.

D. Right to Revoke Your Authorization.

You may revoke (take back) your authorization by delivering a written form requesting us to stop using your authorization. The request will be effective once it is received. A revocation form is available upon request from the appropriate Einstein records office or department. This form must be completed by you and returned to the appropriate office.

E. Right to Amend Your Records.

You have the right to request that we amend (change) PHI maintained in your medical or billing records. To do so, you must submit a written request to the appropriate Einstein office or department. We may deny your request if Einstein reasonably believes that the information is accurate and complete, if the PHI was not created by Einstein, or other special circumstances apply.

F. Right to Receive an Accounting of Disclosures.

You may request a record of certain disclosures of your PHI. Your request may cover any disclosures made in the six years prior to the date of your request. However, we are not required to give you a record of disclosures that occurred before April 14, 2003.

G. Right to Stop Receiving Fundraising or Marketing Materials.

You may request that your name be removed from our fundraising and marketing lists. Please contact our fundraising office at 5501 Old York Road, Philadelphia, PA, 19141. Contact our Marketing office at 101 E. Olney Avenue, Suite 503, Philadelphia, PA 19120.

H. Right to Receive Notice.

You have the right to receive notice from Einstein in the event of a breach of your PHI no later than 60 days after discovery of the breach.

I. For Further Information or Complaints.

If you want further information about your privacy rights, are concerned that your privacy rights were violated, or disagree with a decision that we made about access to your PHI, you may contact our Privacy Officer at: Privacy Officer Einstein Healthcare Network Gratz Building, 1000 W. Tabor Road Philadelphia, PA 19141 Telephone: 215-456-7084 E-mail: Privacy@einstein.edu

Additionally, you may file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Officer will provide you with contact information.

VI. Effective Date and Duration of This Notice

A. Effective Date.

This notice is effective on April 14, 2003.

B. Date of Revision.

This notice was revised, effective on September 23, 2013.

C. Right to Change Terms of This Notice.

We may change the terms of this notice at any time. If we change this notice, we will post the revised notice in appropriate locations throughout Einstein and online at www.einstein.edu. You also may obtain any revised notice by contacting the Privacy Officer.

Notice of Privacy Practices



AANPP

This notice describes how medical information about you may be used and disclosed and how you can access it.

Please review it carefully.



Acknowledgment Form

By signing below, I acknowledge that I have received Einstein Healthcare Network's Notice of Privacy Practices and I authorize Einstein to use, access and disclose my health information in the manner described in the Notice.

Name: _____
(Please print)

Signature: _____

Date: _____

For Einstein Staff Use Only

Inability to Obtain Acknowledgment

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgment, describe the reasons why the acknowledgment was not obtained:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgment
- An emergency situation prevented us from obtaining the acknowledgment
- Other (Please specify): _____

Einstein representative: _____
(Please print name)

Date: _____

See reverse side for additional instructions on completing and filing this form.



B. Disclosure to Relatives, Friends and Other Caregivers.

We may disclose your PHI to a family member, other relative, friend or any other person if we:

- 1) obtain your agreement;
- 2) provide you with the opportunity to object to the disclosure, and you do not object; or
- 3) we reasonably assume that you do not object.

If we provide information to any individual(s) listed above, we will release only information that we believe is directly relevant to that person's involvement with your healthcare or payment related to your healthcare. We may also disclose your PHI in the event of an emergency or to notify (or assist in notifying) such persons of your location, general condition or death.

C. Fundraising Communications.

We may contact you to request a donation to support our healthcare network's important activities. We may disclose to our fundraising staff certain non-medical, demographic information about you (e.g., your name, address and phone number). We may also disclose information such as health insurance status, date(s) on which we provided healthcare to you, the department, the provider of service, and treatment outcomes. You do have the ability to opt out of current and future fundraising. Please see Section V, Part G below to read information about opting out if you so choose.

D. Public Health Activities.

We may disclose your PHI for the following public health activities:

- 1) reporting births or deaths;
- 2) preventing or controlling disease, injury or disability;
- 3) reporting child abuse and neglect to public health or other government authorities authorized by law to receive such reports;
- 4) reporting information about products and services under the jurisdiction of the United States Food and Drug Administration, such as reactions to medications and problems with products;
- 5) alerting a person who may have been exposed to an infectious disease or may be at risk of contracting or spreading a disease or condition;
- 6) notifying people of recalls of products they may be using; and
- 7) reporting information to your employer as required by laws addressing work related illnesses and injuries or workplace medical surveillance.

E. Victims of Abuse, Neglect or Domestic Violence.

If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.

F. Health Oversight Activities.

We may disclose your PHI to a health oversight agency that is responsible for ensuring compliance with rules of government health programs such as Medicare or Medicaid.

G. Legal Proceedings and Law Enforcement.

We may disclose your PHI in response to a court order, subpoena or other lawful process.

H. Deceased Persons.

We may disclose PHI of deceased individuals to a coroner or medical examiner authorized by law to receive such information.

I. Obtaining Organs and Tissues.

We may disclose your PHI to organizations that obtain organs or tissues for banking and/or transplantation.

J. Research.

When conducting research, in most cases, we will ask for your written authorization before PHI is used. However, we may use or disclose your PHI without your specific authorization in certain circumstances (for example, if we believe that because of your illness or medical condition you might benefit from or have interest in learning about a particular research study).

K. Public Safety.

We may use or disclose your PHI to prevent or lessen a serious and imminent threat to personal or public safety.

L. Specialized Government Functions.

We may release your PHI to government units with special functions, such as the U.S. military or the U.S. Department of State, under certain circumstances, such as for intelligence, counter intelligence or national security activities.

M. Workers' Compensation.

We may disclose your PHI as authorized by state law relating to workers' compensation or other similar government programs.

N. Inmates.

If you are or become a correctional institution inmate or you are in the custody of a law enforcement official, we may release your PHI to the institution or official if required to provide you with healthcare or to protect the health and safety of others.

O. As Required by Law.

We may use and disclose your PHI when required to do so by any other laws not already referenced above.

P. Einstein Business Associates.

If a business associate assists Einstein in its healthcare operations, Einstein will disclose PHI as needed, but only if the business associate has signed a privacy addendum agreeing to maintain the privacy of PHI.

IV. Uses and Disclosures Requiring Your Specific Written Authorization

For any purpose other than the ones described above, we may use or disclose your PHI only when you give Einstein your specific written authorization. For instance, you will need to sign an authorization form before we can send your PHI to a life insurance company.

A. Highly Confidential Information.

Federal and state laws require special privacy protections for certain highly confidential information about you. This includes PHI:

- 1) maintained in psychotherapy notes;
- 2) documenting mental health and developmental disabilities services;
- 3) about drug and alcohol abuse, prevention, treatment and referral;
- 4) relating to HIV/AIDS testing, diagnosis or treatment and other sexually transmitted diseases; and
- 5) genetic testing. Generally, we must obtain your written authorization to release this type of information. However, there are limited circumstances under the law when this information may be released without your consent.

B. Marketing.

Your written authorization is not required in the following circumstances (1) Einstein receives no financial compensation for