



JOINT NOTICE OF PRIVACY PRACTICES

Effective Date: December 27, 2007, Revised August, 2015

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

WHAT IS THIS DOCUMENT?

St. John Health System (SJHS), comprised of doctors, hospitals and other health care providers who work together to deliver a broad range of health care services, is committed to protecting your medical information. We create and maintain a record of the care and services you receive on a variety of media, including paper, computers and films. This information is available to all Health System associates and non-associates, such as medical staff members, who need this information to provide treatment to you, obtain payment for services rendered or to support various functions necessary for the operational aspects of your care. We are required by law to:

- Have proper safeguards in place to discourage improper use or access to your protected health information (PHI);
- Maintain and protect your privacy and the confidentiality of your PHI and records;
- Provide you with this Joint Notice describing your rights and our legal duties regarding your PHI; and
- Notify affected individuals in the event of a breach of PHI.

WHO DOES THIS NOTICE COVER?

This Joint Notice will be followed by the facilities and entities identified in this document including:

- All Health System associates;
- Any health care professional treating you within the Health System who is part of our organized health care arrangement; and
- Volunteers and volunteer groups providing help to patients.

WHAT DO THESE WORDS MEAN?

Organized Health Care Arrangement

SJHS, its medical staff and other health providers are part of a clinically integrated care setting that creates an organized health care arrangement under the Health Insurance Portability and Accountability Act (HIPAA). This allows sharing of information among these legally separate entities to enhance the delivery of quality care to our patients while in the Health System; however, no entity is responsible for the medical judgment or patient care provided by the other entities in the arrangement. Medical staff and other health care providers may have different privacy practices for medical records they create or maintain in their offices.

Protected Health Information (PHI)

Your personal and protected health information created and used by us to provide care to you and bill for services provided.

Privacy Officer

The person responsible for the policies and procedures developed to protect your PHI and for investigating complaints regarding how your PHI is used or disclosed.

Business Associate

An independent business or individual who contracts with the Health System for services provided to you or the Health System.

Authorization

A document signed by you that gives us permission to use or disclose your PHI for purposes other than your treatment, obtaining payment or health care operations.

WHAT WILL YOU DO WITH MY MEDICAL AND BILLING INFORMATION?

The following categories describe how we may use and disclose your PHI. Not every use or disclosure in a category will be listed. For those categories of use and disclosure not listed herein, disclosure will be made only with your authorization. An authorization may be revoked in writing at any time, but will not apply with respect to disclosures already made or actions taken in reliance thereon. To assure compliance with Oklahoma law, we will obtain your consent for the use and disclosure of your PHI. **THE INFORMATION AUTHORIZED FOR USE OR DISCLOSURE MAY INCLUDE INFORMATION WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NON-COMMUNICABLE DISEASE.** Disclosure may also include psychiatric and drug abuse treatment. If you do not consent, we cannot provide you treatment except in emergency situations or when we cannot communicate with you for some other reason.

1. Treatment: We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, medical students or other Health System personnel who are involved in your care. We may also participate with digital health information exchanges and their members, in which we send patient data to a network system committed to securing the information and allowing your data to be available to other members who are providing treatment to you.

Examples:

- The surgeon treating your broken leg may need to know if you have diabetes because diabetes may slow the healing process.
- The surgeon will need to notify the dietitian so appropriate meals can be provided to you.
- We may tell your primary care physician, nursing home or other health care provider about your hospital stay so they can provide appropriate follow-up care.

2. Payment: We may use and disclose your PHI to bill for the treatment and services you receive and to collect payments from you, your insurance company or a third party.

Examples:

- We may provide your health plan with information about your surgery so that they will pay us or reimburse you for the surgery.
- We may tell your health plan about a proposed treatment for you in order to obtain prior approval or to determine if your plan will cover the treatment.
- We may disclose your PHI to physicians or their billing agents so they can send bills to your insurance company or to you.

3. Health Care Operations: We may use or disclose your PHI for health care operations. These uses and disclosures are needed to run the Health System and make sure patients receive quality care.

Examples:

- We may use your blood pressure measurements to review our treatment and services, evaluate staff performance and train health care professionals.

- We may combine PHI of many patients to decide if additional services should be offered, if services are not needed or if new treatments are effective.
- We may combine PHI of our patients with that of other health care systems to compare how we are performing and to see where we can make improvements in the care and services we offer.

4. Business Associates: We may disclose your PHI to Business Associates with whom we contract to provide services on our behalf. We will only make these disclosures after receiving satisfactory assurances that the Business Associate will properly safeguard your privacy and the confidentiality of your PHI.

Examples:

- We may contract with a company outside the Health System to provide medical transcription services or to provide collection services for past due accounts.

5. Appointment Reminders: We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care. This may be done through an automated system or by one of our staff members. If you are not at home, we may leave this information on your voice mail or in a message left with the person answering the telephone.

6. Health Related Benefits and Services: We may use and disclose your PHI to tell you about health-related benefits or services, recommend possible treatment options or alternatives that may be of interest to you.

7. Marketing and Fund-raising Activities: As required by applicable law, SJHS will not disclose your PHI for marketing or fund-raising activities absent your authorization.

8. Facility Directory: We may include certain information about you in our directory while you are receiving health care services. This information may include your name, location in the facility, your general condition, e.g. good, fair, etc., and your religious affiliation. This information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a minister, priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can contact and visit you. If you do not want to be included in this directory, notify the Health System staff during the registration process.

9. Individuals Involved in Your Care or Payment for Your Care: We may release PHI to a friend or family member who is involved in your medical care and those who help pay for your care. We may disclose PHI about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location.

10. Research: We may use your PHI for research purposes after a receipt of authorization from you or when the SJHS Institutional Review Board (IRB) has waived the authorization requirements through its review of the research proposal and has established protocols to ensure the privacy of your PHI. We may also review your PHI to assist in the preparation of a research study.

Examples:

- We may conduct a research project to compare the health and recovery of all patients who received one medication against those who receive a different medication for the same illness or condition.
- We may provide a research person with a listing of all patients admitted with diabetes over the past year.

11. Psychotherapy Notes: We may use and disclose psychotherapy notes for treatment, payment and healthcare

operations or in limited situations as defined by regulation. In all other instances, a release will not be made without a separate authorization.

CAN YOU EVER USE OR DISCLOSE MY PHI WITHOUT MY CONSENT?

Yes. The following categories describe ways we may use or disclose your PHI without your consent. Not every use or disclosure in a category will be listed.

1. Required by Law: We will disclose your PHI when required to do so by federal, state or local law.

Example:

- Oklahoma law requires us to report all births that occur in our facilities to the Oklahoma State Department of Health.

2. To Avert a Serious Threat to Health or Safety: We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. This disclosure would only be made to someone able to help prevent the threat.

3. Organ and Tissue Donations: If you are an organ donor, we may release your PHI to organizations that handle organ, eye or tissue procurement or transplantation, or to a donation bank as necessary to facilitate donation and transplantation.

4. Military: If you are a member of the Armed Forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

5. Workers' Compensation: We may release your PHI for workers' compensation or similar programs as authorized by state law. These programs provide benefits for work related injuries or illnesses.

6. Public Health Reporting: We may disclose your PHI for public health activities.

Examples:

- For the purpose of preventing or controlling disease, injury or disability.
- Reporting birth defects or infant eye infection.
- Reporting cancer diagnoses and tumors.
- Reporting reactions to medication or problems with products.
- Notifying patients of recalled products.
- Notifying the Oklahoma State Department of Health of patients who may have been exposed to a disease or at risk for contracting or spreading a disease or condition such as HIV, Syphilis or other sexually transmitted diseases.
- Reporting abuse, neglect or violence as required by law, including children who are born with alcohol or other substances in their body.

7. Health Oversight Agencies: We may disclose PHI to a health oversight agency for activities necessary for the government to monitor the health care system, government programs, and compliance with applicable laws; for example, audits, investigations, inspections, medical device reporting and licensure.

8. Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI 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.

9. Law Enforcement: We may release PHI if requested by a law enforcement official.

Examples:

- To identify or locate a suspect, fugitive, material witness or missing person.
- If you are the victim of a crime, under certain circumstances, where your consent cannot be obtained.
- About a death we believe may be the result of criminal conduct.
- 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 while on SJHS premises.

10. Coroners, Medical Examiners and Funeral Directors: We may disclose PHI to a coroner, medical examiner or funeral director.

Examples:

- To identify a deceased person or determine the cause of death.
- To assist the funeral director in completing the death certificate.

11. National Security and Intelligence Activities: We may disclose your PHI to federal officials for intelligence, counterintelligence or other national security activities authorized by law.

12. Protective Services for the President and Others: We may disclose your PHI to federal officials so they may provide protection for the President, other authorized persons or foreign heads of state, or to conduct special investigations.

13. Inmates: If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the correctional facility or law enforcement official. This may be necessary: (1) for the correctional institution to provide you with health care; or (2) to protect your health and the safety of others or the correctional institution.

WHAT ARE MY RIGHTS REGARDING MY PHI?

You have the following rights regarding your PHI. *You are required to submit a written request to the appropriate facility in the Health System to exercise any of these rights for records that the facility creates and maintains.*

1. Right to Inspect and Copy: You have the right to inspect and request a copy of your PHI, except as prohibited by law. If you request a copy in either paper or electronic format, you may be charged a fee in accordance with federal and Oklahoma law. We may deny your request to inspect and copy in certain circumstances, such as a request for mental health records. If you are denied access to certain PHI, you may request that the denial be reviewed. A licensed health care professional chosen by us, who was not involved in the denial, will review your request and the denial. We will comply with the outcome of the review.

2. Right to Amend: If you feel that the PHI created by us is incomplete or incorrect, you may request an amendment for as long as we maintain the information. If your request is not in writing and does not include a reason to support your request for amendment, we may deny the request. We may also deny your request for amendment if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI which we maintain;
- Is not part of the information that you would be permitted to inspect or copy; or
- Is accurate and complete.

3. Right to an Accounting of Disclosures: You have the right to request one free 'accounting of disclosures' every 12 months.

Federal regulations define the scope, timeframes and data elements, i.e., information that is to be included in an accounting. Your request must state a time period which may not be longer than six years or include dates before April 14, 2003. For additional accountings, we may charge you the costs of providing such. We will notify you of the cost involved and you may choose to withdraw or modify your request before any charges are incurred.

4. Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or healthcare operations or disclose about you to a family member or friend.

Example:

- You ask us not to use or disclose information about your surgery.

We are not required to agree with your request unless the request is to withhold information from a health plan for payment or health care operations and you have paid for your services in full, in advance, from your own personal funds. If your PHI has been withheld from your health plan, you may be requested to continue to pay in full, in advance, for future services to preserve this request. If your health plan seeks the information for treatment purposes, we are obligated to provide it to them. For all other requests, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or the use or disclosure is required by law. Your request must include:

- What information you want restricted;
- The type of restriction you want; and
- To whom you want the restriction to apply.

5. Right to Request Confidential Communications: You have the right to request that we communicate with you about your PHI by a certain method or certain location.

Examples:

- You request we only contact you via mail or at your work phone number.

We will not ask you the reason for the request and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

6. 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. To obtain a paper copy, contact the Privacy Officer listed in this document. You also may obtain a copy of this notice at our website, www.stjohnhealthsystem.com.

CAN SJHS CHANGE THIS NOTICE?

SJHS reserves the right to change this notice and to make the revised or changed notice effective for PHI we already have about you as well as for any PHI we receive in the future. Each notice will have an effective date. Copies of the current notice will be posted. Additionally, at each visit for treatment or health care services, we will make available to you a copy of the current notice.

WHAT IF YOU WANT TO USE OR DISCLOSE MY PHI FOR A PURPOSE NOT DESCRIBED IN THIS NOTICE?

Other uses and disclosures not covered by this notice or the laws that apply to us will only be made with your written authorization. In other words, the consent you already provided us will not be enough to use or disclose your PHI for any purpose not described in this notice. If you provide us authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your authorization. You understand we are unable to retrieve or cancel any uses or disclosures we have already made with your authorization.

WHAT IF I HAVE QUESTIONS OR NEED TO FILE A COMPLAINT?

If you have a question or would like to file a complaint, you may contact us by mail, phone or email and it will be forwarded to the appropriate Privacy Officer affiliated with your facility as listed below. If you believe your privacy rights have been violated, you may file a written complaint with us or the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

St. John Health System

Attention: Privacy Officer
1924 S. Utica Avenue, Ste. 601
Tulsa, OK 74104
1-888-200-8513
SJHSPrivacyOfficer@sjmc.org

Jane Phillips Foundation (Auxiliary)
Jane Phillips Memorial Medical Center
Jane Phillips Nowata Health Center
Regional Medical Laboratory, Inc.
St. John Health System
St. John Auxiliary, Inc.
St. John Broken Arrow, Inc.
St. John Home Care, LLC
St. John Medical Center, Inc.
St. John Owasso (Owasso Medical Facility, LLC)
St. John Sapulpa Hospital
St. John Clinic

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The U.S. Department of Health and Human Services

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