

Notice of Privacy Practices



www.southcoast.org

Effective date: April 15, 2003, Revised September 23, 2013.

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.

If you have any questions about this notice, please contact the Privacy Officer at 508-973-5040.

This Privacy Notice is also on our website www.southcoast.org and at all Southcoast locations.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. Throughout this notice, when we refer to "Southcoast," we are referring to the Southcoast Health System, Inc., which includes the following entities: Southcoast Hospitals Group, Inc. (which consists of Charlton Memorial Hospital, St. Luke's Hospital, and Tobey Hospital (collectively, the "Hospital"), as well as Southcoast Visiting Nurse Association, Inc., and Southcoast Physicians Group, Inc. We create a record of the care and services you receive at Southcoast. 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 Southcoast.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations regarding the use and disclosure of medical information.

It is our responsibility and we are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you;
- follow the terms of this notice that are listed below; and
- give you notice if there is a breach of your medical information.

This notice describes our practices and those of:

- any health care professional authorized to enter information into our electronic health record ("EHR"), including the doctors on our Hospital medical staff;
- all departments and units of Southcoast;
- any member of a volunteer group we allow to help you while you are in our Hospital or being treated at Southcoast; and
- any trainee or student who we allow to help you while you are in our Hospital or being treated at Southcoast.

This notice will explain in detail:

1. How we may use and disclose medical information about you
2. Special situations in which we may use and disclose medical information about you
3. Your rights regarding medical information about you
4. Changes to this notice
5. Southcoast Hospitals Group Record Retention Policy
6. Complaints

1. How we may use and disclose medical information about you

Southcoast uses several electronic systems to use and maintain an EHR. Information in your EHR may be shared with other providers using the same electronic systems. The following categories describe different ways that we use and disclose medical information. 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 medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at Southcoast. Different departments of the Southcoast entities also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside of Southcoast; such as family members, clergy or others we may use to provide services that are part of your care.

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 dietician if you have diabetes so that we can arrange for appropriate meals.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive at Southcoast may be billed to (and payment may be collected from) an insurance company or a third party. We may also share your medical information with doctors, nurses, technicians and other healthcare personnel who are involved in your treatment at our facilities as necessary for payment activities related to their joint provision of health care.

Example: We may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose medical information about you to help run our facilities and make sure that all our patients receive quality care. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Example: We may use medical 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 of our patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.

We may also combine the medical information we have with medical information from other providers for the purposes of comparing how we are doing and see where we can make improvements in the care and services we offer.

Research. We may use your health information for research purposes when an institutional review board or privacy board has approved the research after it has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Fundraising Activities. We may use medical information about you to contact you in an effort to raise money for our organization. We may disclose medical information to an affiliated foundation so that the foundation may contact you in raising money. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at our facilities. If you do not want us to contact you for fundraising efforts, you must notify the External Affairs at Southcoast Hospitals Group, 141 Page Street, New Bedford, MA 02740 in writing or call 1-800-925-9450.

Example: We may use your medical information to ask you for donations to support the Hospital. For example, if you are a cardiac patient, we may send you a letter to support the Southcoast cardiac program.

Hospital Directory. We may include certain limited information about you in the hospital directory while you are a patient at our Hospital. This information may include your name, location in the Hospital, your general condition (e.g., Critical, Serious, Fair, Good) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. This is so your family, friends and clergy can visit you in the Hospital and generally know how you are doing. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the Hospital. In addition, we may disclose medical 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.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

2. Special situations in which we may use and disclose medical information about you

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

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

Public Health. We may disclose your health information for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, disability, or for oversight activities.

Health Oversight Activities. We may disclose medical information to a health oversight agent for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Required by Law. We may use and disclose your health information as required by law. For example, we may disclose information for the following purposes:

- for judicial and administrative proceedings under legal authority;
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties.

Coroners, Medical Examiners and Funeral Directors.

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

Government Functions. Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.

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

Psychotherapy Notes. Generally we must obtain your authorization for any use or disclosure of your psychotherapy notes. Under certain circumstances, your authorization is not required. For example, we may carry out specific treatment, payment, or health care operations. In addition, we may use or disclose your psychotherapy notes for specific health oversight activities and when required by law.

Marketing. In general we must obtain your authorization for any use or disclosure of your medical information for marketing purposes, except face-to-face communications between us or when we provide you with a promotional gift of nominal value.

Sale of Medical Information. We must obtain your authorization for any disclosure of your medical information that is a sale of medical information. The authorization will make apparent to you that the disclosure of your medical information will result in remuneration for us.

Other Uses. Other uses and disclosures of your health information will be made only with your written authorization and you may revoke your authorization except to the extent we have relied on it.

3. Your rights regarding medical information about you

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy your medical information. You must submit your request in writing to the appropriate contact listed on the last page of this notice. If you request a copy of the information, we will charge a fee for the cost of copying, mailing, or other supplies associated with your request. If we maintain your medical information

in an EHR, you have the right to obtain a copy of your information in electronic format and we will not charge you more than our labor costs of responding to your request. We may deny your request to inspect and copy in certain very limited circumstances.

Right to Amend. If you feel that medical 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 by submitting a written request that provides your reason for requesting the amendment to the appropriate contact listed on the last page of this notice. We may deny your request for amendment if the information is not maintained by us, or we determine that your record is accurate. You may submit a written statement of disagreement if we decide not to amend your record.

Right to an Accounting of Disclosures. With some exceptions, you have the right to receive an accounting of certain disclosures of your medical information. A reasonable fee may be charged for the request.

Right to Request Restrictions. You have the right to request certain restrictions or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We will consider your request and work to accommodate it when possible. We are not required to agree to your request unless your request is with respect to restricting disclosure of your medical information to a health plan for purposes of payment or health care operations and the information pertains solely to a health care item or service that you have paid for out of pocket and in full. To request restrictions, you must make your request in writing to the appropriate contact listed on the last page of this notice.

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 only contact you at your work address or by mail. To request confidential communications, you must make your request in writing to the appropriate contact listed on the last page of this notice. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You may receive a paper copy of this notice from us upon request, even if you have agreed to receive this notice electronically.

4. 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 medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. We will promptly revise and distribute this notice whenever there is a material change.

5. Southcoast Hospitals Group's Record Retention Policy

In accordance with the policy regarding records retention, the hospitals will retain your medical records for at least 20 years after the discharge from or the final treatment.

6. Complaints

If you believe your privacy rights have been violated, you may file a complaint with Southcoast's Privacy Officer at **508-973-5040** or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Southcoast Contacts

Privacy Officer
Southcoast Health System
101 Page Street
New Bedford, MA 02740
508-973-5040

Director of Medical Records
Southcoast Hospitals Group (Charlton Memorial,
St. Luke's and Tobey Hospitals)
101 Page Street
New Bedford, MA 02740
508-973-3700

Southcoast Visiting Nurse Association, Inc.
200 Mill Road
Fairhaven, MA 02719
508-973-3200 or 800-698-6877

Physician Offices:
Southcoast Physicians Group, Inc.
200 Mill Road, Suite 180
Fairhaven, MA 02719
508-973-2750