

# NOTICE OF PRIVACY PRACTICES OF ENTRA HEALTH SYSTEMS AND ITS AFFILIATED ENTITIES

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Effective Date: April 10, 2008

**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.**

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), Entra Health Systems and its affiliated entities (collectively, “Entra”) must take steps to protect the privacy of your “protected health information” (referred to in this Notice as “PHI” or “health information”). PHI includes information that we have created or received regarding your health or payment for your health. It includes both your medical records and personal information such as your name, social security number, address, and phone number. Entra Health Systems is an organization that is committed to improving the quality of life for patients and their families.

All Entra employees are required to maintain the confidentiality of PHI in accordance with this Notice and receive appropriate privacy training.

## **RESPONSIBILITIES OF ENTRA HEALTH SYSTEMS AND ITS AFFILIATED ENTITIES**

We are required by law to:

Make sure that health information that identifies you is kept private (with certain exceptions);

Give you this Notice of our legal duties and privacy practices with respect to health information about you; and

Follow the terms of this Notice that are currently in effect. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

## **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION BY ENTRA THAT DO NOT REQUIRE YOUR AUTHORIZATION**

Entra uses and discloses protected health information in a number of ways connected to the provision of healthcare treatment and services, payment for care, and our healthcare operations. Some examples of how we may use or disclose your health information without your authorization are listed below.

### **We may use or disclose your protected health information without your authorization as follows connected to the provision of healthcare treatment and services:**

To physicians, nurses, and others involved in your healthcare or preventive healthcare.

To other healthcare providers treating you such as hospitals, pharmacies, labs, emergency room staff and specialists.

### **We may use or disclose your protected health information without your authorization as follows in relation to payment for care:**

To administer your health benefits policy or contract. To bill you for healthcare we provide. To pay others who provided care to you. To other organizations and providers for payment activities unless disclosure is prohibited by law.

### **We may use or disclose your protected health information without your authorization as follows in relation to healthcare operations:**

To administer and support our business activities or those of other healthcare organizations (as allowed by law) including providers and plans. For example, we may use your health information to review and improve the quality of care you receive, to provide training, and to evaluate the performance of our staff in caring for you.

To other individuals (such as consultants and attorneys) and organizations that help us with our business activities.

### **We may use or disclose your protected health information without your authorization for legal and/or governmental purposes in the following circumstances:**

As required by law — When we are required to do so by federal, state or local law.

Public health and safety — To an authorized public health authority or individual for public health and

safety purposes, including to:

Protect or prevent a serious threat to the health and safety of the public or of another person.

Prevent or control disease, injury, or disability

Report vital statistics such as births or deaths.

Report reactions to medications or problems with products and notify patients of recalls of products they may be using. (US Food and Drug Administration.)

Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Notify an employer concerning work-related injuries or illnesses or workplace medical surveillance in situations where the employer has a duty under federal or state law to keep records on or act on such information.

Abuse or neglect — To the appropriate government authority authorized to receive reports regarding abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law. However, no consent is required in cases involving child abuse or neglect.

Health oversight activities — To health oversight agencies for certain activities such as audits, investigations, inspections and licensure.

Lawsuits and disputes — In the course of any legal proceeding, in response to an order of a court or administrative agency. Also, in certain cases, in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

Law enforcement — To law enforcement officials in limited circumstances for law enforcement purposes. For example disclosures may be made to identify or locate a suspect, witness, or missing person; to report a crime; or to provide information concerning victims of crimes.

Military activity and national security — To the military (if you are a member of the armed forces), and to authorized federal officials for national security and intelligence purposes or in connection with providing protective services to the president of the United States.

Worker's compensation — Where authorized by law in order to comply with the worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**We may also use or disclose your protected health information without your authorization in the following miscellaneous circumstances:**

Facility directory information — Unless you object, we may use and disclose your name, the location at which you are receiving care, your general condition (e.g., fair, stable, etc.), and your religious affiliation in our facility directory. All of this information except religious affiliation will be disclosed to people who ask for you by name. Members of the clergy (such as a priest or rabbi) will be told your religious affiliation if they ask (but they don't have to ask for you by name). This is to help your family, friends, and clergy visit you in the facility and generally know how you are doing.

Family and friends — Unless you object, we may disclose health information about you to a family member, relative, a close friend - or any other person you identify who is directly involved in your healthcare - who is involved in your care or who helps pay for your care. If you are either not present or unable to make a healthcare decision for yourself and we determine that disclosure is in your best interest, we may also disclose such health information about you to those persons. For example, we may disclose health information to a friend who brings you into an emergency room.

Appointment reminders — To remind you that you have a healthcare appointment with us. These reminders may be made by postcard, phone, or voice mail unless you specifically ask us to communicate with you through a different method as described later in this Notice.

Treatment alternatives and health-related services — To communicate with you about treatment services, options, or alternatives, as well as health-related benefits or services that may be of interest to you.

Employer group health plans — For Employee Benefit Plan members, we may communicate with your employer for certain administrative activities.

Research — For research purposes provided that certain steps are taken to protect your privacy. 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 medical information, trying to balance the research needs with patient's need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the facility

De-identify information — To “de-identify” information by removing information from your health information that could be used to identify you.

Disaster relief — To an authorized public or private entity for disaster relief purposes. For example, we might disclose your health information to help notify family members of your location or general condition.

Coroners, funeral directors, and organ donation — To coroners, funeral directors, and organ donation organizations as authorized by law.

Correctional institution — 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 for certain purposes, such as (1) providing healthcare to you by the institution; (2) protecting your health and safety or the health and safety of others; or (3) protecting the safety and security of the correctional institution.

#### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION BY ENTRA THAT REQUIRE US TO OBTAIN YOUR AUTHORIZATION**

Except in the situations listed in the sections above, we will use and disclose your health information only with your written authorization. If you sign an authorization you may revoke it at any time in writing, although this will not affect information that we disclosed before you revoked the authorization. If you would like to ask us to disclose your health information, please contact the Entra Privacy Officer for an authorization form. 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.

#### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the right to:

Restrictions on use or disclosure — 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, like a family member or friend. Please note that we are not required to agree to your request. If we do agree, we will honor your limits unless it is an emergency situation. To request restrictions, you must make your request in writing to the Entra Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Confidential Communications — Request that we communicate with you about health matters by another means or at another location. For example, if you want us to communicate with you at a different address we can usually accommodate that request. Any request must be made in writing to the Entra Privacy Officer. Your request must specify how or where you wish to be contacted. We will agree to reasonable requests.

Inspect and copy — Inspect and copy health information that may be used to make decisions about your care. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Entra Privacy Officer. 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. In certain situations we may deny your request and will tell you why we are denying it. In some cases you may have the right to ask for a review of our denial.

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 for as long as the information is kept by or for Entra. To request an amendment, your request must be made in writing and submitted to the Entra Privacy Officer. In addition, you must provide a reason that supports your request. We may 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 medical information kept by or for Entra;

Is not part of the information which you would be permitted to inspect and copy; or

Is accurate and complete. Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

**Accounting of disclosures** — Request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you other than our own uses for treatment, payment and healthcare operations, (as those functions are described above) and for other exceptions pursuant to the law. To request this list or accounting of disclosures, you must submit your request in writing to the Entra Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 10, 2008. Your request should indicate in what form you want the list (for example, on paper, electronically). 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.

**Paper copy** — Request a paper 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.

#### **CHANGES TO PRIVACY PRACTICES**

Entra may change the terms of this Notice at any time. 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. If we change any of the practices described in this Notice, we will post the revised Notice on enrollee accessible web sites and at Entra Health and MyGlucoHealth web sites.