

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.

Certain healthcare operations of Excelsa Health participate in Health Information Exchanges.

Excelsa Health is required by law to keep your health information private and to inform you of our legal duties and privacy practices with respect to your health information. Please reference the “Health Information Exchange Standard” below for more information.

Who follows this notice?

Excelsa Health provides easy access to a full range of services to meet your health care needs. The privacy practices described in this notice are followed by the employees, doctors, other professionals and volunteers who serve you at any of our locations including:

- Frick Hospital, Latrobe Hospital, and Westmoreland Hospital [including off-campus services]
- Excelsa Square at Norwin [Norwin Medical Commons]
- CareGivers of Southwestern PA [including behavioral health outreach services]
- Excelsa Health Home Care & Hospice
- Excelsa Health Medical Group
- Laurel Surgical Center
- MedCare Equipment Co. LLC
- The Latrobe Area Hospital Charitable Foundation and Westmoreland/Frick Hospital Foundation

How we may use or disclose your health information

The Excelsa Health mission is “improving the health and well-being of every life we touch.” We respect the privacy of your health information, including demographic, financial and medical information. We may use or disclose your health information for:

- *Treatment provided to you.* Example: Your health information may be accessed by anyone directly or indirectly involved in your care at Excelsa Health or provided to other health care providers as necessary for referral, consultation, continuing treatment and/or the provision of other treatment-related healthcare services. *This includes* notifying the relevant members of your care team such as your primary care physician or specialists that treat you of your admission to or discharge or transfer from one of our hospital facilities as long as such care team members can be identified.
- *Payment sought for services provided to you.* Examples: Your insurance company may require or request health information about you to pay a claim; we may provide health information to other providers to enable them to bill for services they provide you.
- *Health care operations.* Examples: We may review health information in an effort to maintain or improve quality, comply with health care regulations and/or insurance provisions, review or approve doctor privileges, coordinate your continued care needs, or seek legal representation regarding potential claims.
- We may share your health information with a business associate that supports our operations. Examples: An independent auditor billing company; electronic medical record software company; copying service, etc.
- We may contact you to schedule or remind you about appointments, or to notify you of other treatments, services, health care products, or events we support that may be of interest to you.
- We may contact you for our fundraising activities. You have a right to opt out of receiving fundraising communications.
- Federal law permits use or disclosure of your health information *without* obtaining individual authorization for certain administrative activities of Excelsa Health that are necessary and/or required. These activities include reports: of public health activities to public health agencies such as the state or federal government (e.g., disease/injury reports, births, deaths, child abuse or neglect, adverse events); to employers in certain situations (e.g., for workplace medical or injury/illness evaluation); of victims of abuse, neglect or domestic violence; for health oversight activities authorized by law (e.g., audits, inspections); for legal or administrative proceedings (e.g., compliance reviews, court orders); to law enforcement; about decedents (e.g., coroner, medical examiner, funeral director); about organ donation; for workers’ compensation benefits, and for research when an approved authorization waiver is obtained.
- We will obtain your oral approval or objection for use and disclosure of your health information for: involving family or friends in your care, and listing your name, location, general condition and religion in our facility directory when you are in the hospital. The information in our facility directory may be disclosed to clergy or other people who ask for you by name. It could also be disclosed to a disaster relief agency to inform your family of your location and condition. You have the right to restrict or deny the use and disclosure of your health information for these purposes. In an emergency, when we cannot obtain your oral approval or objection, we will use professional judgment in the use or disclosure of your health information for these purposes.
- Other uses and disclosures not described in this notice will be made *only with your written authorization.* Examples: *Psychotherapy notes, for marketing purposes, or the sale of your protected health information.* You may revoke such authorization by informing us in writing of your request.

What are your rights regarding your health information?

- *Requesting restrictions on use and disclosure* ~ You have the right to request that we restrict the use and disclosure of your health information for treatment, payment or health care operations, or for purposes that require your oral approval or objection as previously noted. We are not required to agree to a requested restriction.
- *Restricting certain disclosures of your health information to a health plan when you paid out of pocket in full for the health service or item.*
- *Receiving confidential communications related to your health information* ~ You have the right to specify other ways or locations you receive confidential communications from Excelsa Health about your health information.
- *Accessing and copying your health information* ~ In most cases, you have the right to review or get a copy of your health information maintained by Excelsa Health. In a few instances, we can deny access. If we deny access, we will inform you in writing. If you request a copy of your health information, we may charge a fee for the cost of copying and mailing this information to you.
- *Requesting corrections in your health information* ~ You may ask that we amend any of your health information if you believe it to be incorrect or incomplete. You must give us the reason why you are asking for the change. We may deny your request if the information was not created by Excelsa Health, is not part of your medical record maintained by Excelsa Health, or if we find that the information is accurate and complete. If we deny your request, we will inform you in writing. You have the right to respond to us if you do not agree with the denial.
- *Receiving a list of disclosures* ~ You may ask for a list of disclosures of your health information that relate to *non-routine purposes where your written authorization is not required.* Examples: public health activities, legal proceedings, law enforcement, etc. We are not required to list disclosures related to treatment, payment and health care operations; facility directory listings; involvement of family or friends in your care; correctional institutions, or any disclosure for which you gave your written authorization.
- *Receiving notice that your health information was breached* ~ If your health information was accessed, used or disclosed due to a breach of unsecured protected health information, we will notify you promptly of the occurrence and provide you with details regarding the information that was breached.
- *Requesting a paper copy of this notice* ~ You may request a paper copy of this notice from the physician office, registration clerk, or Customer Service Department. You may also obtain this notice through our website at www.excelsahealth.org.

You may exert any of these rights by informing us in writing of your request.

What are our duties with respect to this notice and your health information?

We are required to follow the privacy practices described in this notice as of the effective date. We have the right to change our notice and apply any new privacy practices to any of your health information that we maintain. We will make the revised notice available on its effective date. You may receive a revised notice by requesting one during your visit.

HEALTH INFORMATION EXCHANGE STANDARD

Excelsa Health (“Provider”) participates in the ClinicalConnect Health Information Exchange (HIE).

Excelsa Health (“Provider”) participates in the CommonWell Health Information Exchange (HIE).

An HIE is an organization that providers, payers, and providers of ancillary healthcare related services participate in (each a “Participant”) to exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical errors will occur. By participating in the HIE, Excelsa Health may share your health information with Participants or participants of other health information exchanges. The health information includes, but is not limited to:

- Test Results. By example, General laboratory tests, Pathology tests, Radiology tests, GI tests, cardiac tests, neurological tests, etc.
- Health Maintenance documentation
- Problem lists
- Allergy Information
- Immunizations
- Medication lists
- Consultation and Progress notes
- Discharge summaries and instructions
- Clinical Claims Informations
- Ancillary healthcare related service providers may include, but are not limited to:
 - Organ Procurement
 - Diagnostic Testing
 - Pharmacies
 - Durable medical Equipment Suppliers
 - Home Health Services

All Participants have agreed to a set of standards relating to their use and disclosure of health information available through the HIE. These standards are intended to comply with all applicable state and federal laws.

As a result, you understand and agree that unless you notify your Provider that you do not wish for your health information to be available through the HIE (“Opt-Out”), **your information will be shared.**

- Health information that results from any Participant providing services to you will be made available through the HIE. For clarity, if you Opt-Out, your health information will no longer be accessible through the HIE. However, your opt-out does not affect health information that was disclosed through the HIE prior to the time that you opted out;
- Regardless of whether you choose to opt-out of the HIE, your health information will still be provided to the HIE. However, if you choose to Opt-Out, the HIE will not exchange your health information with other providers and payers. Additionally, you cannot choose to have only certain providers or payers access your health information;
- All Participants who provide services to you will have the ability to access and download your information. However, Participants that do not provide services to you will not have the ability to access or download your information;
- Information available through the HIE may be provided to others as necessary for referral, consultation, treatment and/or the provision of other treatment-related healthcare services to you. This includes providers, payers, pharmacies, laboratories, etc.;
- Your information may be disclosed for payment related activities associated with your treatment by a Participant and your information may be used for healthcare operations related activities by Participants.

You may Opt-Out at any time by notifying Excelsa Health.

A list of Participants may be found at:

ClinicalConnect: www.clinicalconnecthie.com

CommonWell: <https://www.commonwellalliance.org/who-is-connected>

How can you contact us or complain about our privacy practices?

If you want to make a written request regarding your protected health information, or think we may have violated your privacy rights and want to file a complaint, please contact the Excelsa Health Customer Service Department at:

Excelsa Health Customer Service
532 West Pittsburgh Street
Greensburg, PA 15601
Phone: 724-830-8566

You have the right to send a written complaint to the United States Department of Health and Human Services Office for Civil Rights. We will not take retaliatory action against you if you file a complaint about our privacy practices.