

HANOVER HEALTHCARE PLUS

NOTICE OF PRIVACY PRACTICES

Effective: 09/16/13

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND/OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. If you have any questions about this notice, please refer to our website at (www.hanoverhospital.org) or you may contact the Privacy Officer or Designee by telephone at (717) 316-2050 or mail: Hanover HealthCare Plus, Attn: Privacy Officer or Designee, 300 Highland Avenue, Hanover, PA 17331.

WHO WILL FOLLOW THIS NOTICE. This notice describes Hanover HealthCare Plus' practices and that of (a) Hanover Hospital, Hanover Health Corporation (d/b/a Hanover Medical Group), Hanover SurgiCenter and Hanover Apothecary, (b) any health care professional authorized to enter information into your medical record, (c) all departments and units of the hospital, (d) volunteers we allow to help you while you are in the facility, (e) all contracted services, and (f) all members of Hanover HealthCare Plus' workforce. All of Hanover HealthCare Plus entities, sites and locations follow the terms of this notice. These individuals, entities and facilities may share health information with each other for treatment, payment or operations purposes described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION. We understand that information about you and your health is personal. We are committed to protecting that health information. We create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements. As part of this record creation process, we may, in the future, participate in and contribute to a community-wide electronic health record, which will be accessed by multiple health care providers who serve Hanover and its surrounding areas. This notice applies to all of the records of your care generated by Hanover HealthCare Plus whether made by Hanover HealthCare Plus personnel or your personal physician. Your personal physician may have different policies or notices regarding his/her use and/or disclosure of health information created in his/her office or clinic.

This notice tells you about the ways in which we may use and/or disclose information about you. It also describes your rights and certain obligations we have regarding the use and/or disclosure of health information. We are required by law to: make sure that health-related information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to health information about you; and follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND/OR DISCLOSE HEALTH INFORMATION ABOUT YOU. The following categories describe the ways that we use and/or disclose health-related information. For each category of uses and/or disclosures we will explain what we mean and try to give some examples. Not every use and/or disclosure in a category will be listed. However, all of the ways we are permitted to use and/or disclose information will fall within one of the categories.

For Treatment. We may use and/or disclose information about you to provide you with medical treatment or services. We may disclose information about you to healthcare providers or other personnel who are involved in your care in order to meet your healthcare needs. We also may disclose health information about you to people outside Hanover HealthCare Plus who may be involved in your medical care, who also provide services that are part of your care, for example home healthcare agencies or referral agencies. Examples of referral agencies may include, but are not limited to, pharmacies, clinical laboratories, other hospitals, long-term care facilities or physician consultants. In addition, in the near future, we plan to participate in and contribute to a community-wide electronic health record, which will be accessed by multiple health care providers who serve Hanover and its surrounding communities. The purpose of this electronic health record will be to improve health care services by allowing physicians and facilities who serve common patients to quickly access accurate information about a patient's diagnoses, medications and drug allergies, as well as other pertinent information required to properly serve patients.

For Payment. We may use and/or disclose your health information in order to obtain payment for the treatment and services we provide to you. We may also tell your health plan or payer about a treatment you are going to receive to obtain prior approval or to determine benefits.

For Health Care Operations. We may use and/or disclose information about you for normal business operations. These uses and/or disclosures are necessary to operate the facility and to provide our patients with quality care. (For example, in the course of quality assurance and utilization review activities, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.)

Internal: We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain treatments are effective. We may also disclose information to Healthcare Providers and other personnel for review and learning purposes.

External: We may also combine the health information we have with health information from other facilities for comparison purposes such as quality assessment activities for care and services we offer. We remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.

Business Associates: We may disclose health information to "business associates" who provide contracted services such as accounting, legal representation, claims processing, accreditation, and consulting. If we do disclose health information to a business associate, we will do so subject to a contract that provides that the information will be kept confidential.

Appointment Reminders. We may use and/or disclose information to contact you as a reminder that you have an appointment for treatment.

Follow-up Phone Calls. As part of your treatment plan, there may be times that you will be contacted by Hanover HealthCare Plus staff via telephone after you have had service at one of our facilities.

Treatment Alternatives and Health-Related Benefits and Services. We may use and/or disclose information to recommend or tell you about treatment alternatives and health-related benefits or services that may be of interest to you.

Directory. Unless you object, we may include certain limited information about you in a listing of our patients. The listing of information, except for your religious affiliation, may be released to people who ask for you by name. Unless you object, 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. This is so your family, friends and clergy can visit you and generally know how you are doing. In some cases, such as in an emergency, patients will not have had the opportunity to state a preference about having their information released. In those circumstances, hospital staff and volunteers should exercise good judgment in determining whether or not to release the patient's condition and location in response to a name-specific request for information on that patient. Then, when the patient recovers sufficiently, he or she must be asked about information preferences.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may release 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 at one of our facilities. In addition, we may disclose health 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.

Research. Under certain circumstances, we may use and/or disclose information about you for research purposes. All research projects are subject to a special approval process that evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use and/or disclose information for research, the project will have been approved through this research approval process; however, we may disclose information about you to people preparing to conduct a research project to help them look for patients with specific medical needs, so long as the information they review does not leave Hanover HealthCare Plus. When our staff conducts a research project, in which they look back at old medical records, your personal information will not be disclosed outside the organization nor will you be identified in any reports. If a research project is conducted where your information cannot be held confidential, a separate process is in place for you to authorize this type of research.

Service Excellence. We may follow up your visit with us by sending, to the address listed in your records, a brief, written survey about your satisfaction with the level of service provided to you. In some cases, the survey may be conducted by telephone or written communication using the contact information listed in your medical record. This may be performed by a contracted third party. In some instances, your name may be passed on to an internal team to investigate a complaint or corroborate an incident.

Marketing/Public Relations. We may use information about you to send you materials promoting the programs, facilities or services of Hanover HealthCare Plus, Hanover Hospital, Hanover Health Corporation (d/b/a Hanover Medical Group), Hanover SurgiCenter and Hanover Apothecary that we believe might be of benefit to you. If you do not wish to receive unsolicited information from Hanover HealthCare Plus or its affiliates, we will have your name purged from any marketing lists we may use. To exercise your option NOT to receive unsolicited information from Hanover HealthCare Plus about our programs, facilities or services, please contact us at (717) 316-2141. Other options for opting out will appear on unsolicited marketing materials you receive from us.

Fundraising. We may use and/or disclose your demographic information and dates on which healthcare was provided to you for purposes of our fundraising. If we send any fundraising materials to you, the material sent will include a description of how you may opt out of receiving further fundraising communications. To exercise your option NOT to receive unsolicited information from Hanover HealthCare Plus, please contact us at (717) 316-2145.

As Required By Law. We will disclose information about you when required to do so by Federal, State or local law.

To Avert a Serious Threat to Health or Safety. We may use and/or disclose 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. Disclosures would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Organ and Tissue Donation. We may release the health information of organ donors to organizations that assist with such donations.

Military and Veterans. If you are a member of the armed forces, we may release information about you as required by military authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your health information for purposes of handling your workers' compensation claims.

Public Health Risks. We will disclose information about you for public health activities as required by law. These activities generally include the following: (a) to prevent or control disease, injury or disability; (b) to report births and deaths; (c) to report child abuse or neglect; (d) to report reactions to medications or problems with products; (e) to notify people of recalls of products they may be using; (f) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (g) to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence.

Health Oversight Activities. We will disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with applicable laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena or other lawful process by someone else involved in the dispute.

Law Enforcement. We may release information if asked to do so by a law enforcement official (a) in response to a court order, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness, or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the patient agreement; (d) about a death we believe may be the result of criminal conduct; (e) about criminal conduct; (f) in emergency circumstances to report a crime on our property; the location of the crime or victims; or the identity, description or location of the person who committed the crime and (g) pertaining to blood alcohol results as outlined by the state vehicle code (75 Pa.C.S.A. § 3731).

Coroners, Medical Examiners and Funeral Directors. We will release information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We will also release information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release information about you to authorized Federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President of the United States and others. We may disclose information about you to authorized Federal officials so they may conduct special investigations and provide protection to the President or other officials and dignitaries.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official to provide you with health care, to protect your and others' health and safety, or for the safety and security of the correctional institution.

OTHER USES OF HEALTH INFORMATION.

Other uses and/or disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use and/or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use and/or disclose information about you for the reasons covered by your written authorization. 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.

In the following circumstances, we will always require an authorization from you:

- a. In most circumstances when we use or disclose psychotherapy notes made by a mental health professional to document or analyze a conversation in a counseling session.
- b. Any marketing communication that is paid for by a third party about a product or service to encourage you to purchase or use the product or service.
- c. Except for limited transactions permitted by the Privacy Rule, a sale of protected health information for which we directly or indirectly receive remuneration or payment .

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

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

Right to Inspect and Copy. You have the right to inspect your health information that may be used to make decisions about your care. (Usually, this includes medical and billing records but does not include psychotherapy notes.) To do so, you must submit your request in writing to: Hanover HealthCare Plus, Attn: Privacy Officer or Designee, 300 Highland Avenue, Hanover, PA 17331. 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.

We may deny your request to inspect and copy your health information in certain limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the organization will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

In the future, we anticipate storing your health information in an electronic health record. When we do so, you will have the right to request that an electronic copy of your health information be sent to you or to another individual or entity. We may charge you a reasonable cost-based fee limited to the labor costs associated with transmitting the electronic health record.

Right to Amend. If you feel that health 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 Hanover HealthCare Plus.

To request an amendment, your request must be made in writing and submitted to: Hanover HealthCare Plus, Attn: Privacy Officer or Designee, 300 Highland Avenue, Hanover, PA 17331. 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 (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the health information kept by or for the organization; (c) is not part of the information which you would be permitted to inspect and copy; or (d) is not justified as inaccurate or incomplete.

Right to an Accounting of Disclosures. You have the right to request an accounting (list) of certain types of disclosures we have made of health information about you. We are not required to account for certain disclosures such as: disclosures you authorize, disclosures to carry out treatment, payment or healthcare operations, and disclosures to persons involved in your care.

To request an accounting of disclosures, you must submit your request in writing to: Hanover HealthCare Plus, Attn: Privacy Officer or Designee, 300 Highland Avenue, Hanover, PA 17331. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper). 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.

In the future, should we utilize an electronic health record containing your health information, and should we disclose your health information through that electronic health record for treatment, payment and/or health care operations purposes, you will have the right to request an accounting of such disclosures that were made during the previous three years.

Right to Request Restrictions. You have the right to request a restriction or limitation on our use and/or disclosure of information about you for treatment, payment or health care operations. You also have the right to request a limit on the 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. (For example, you could ask that we not use and/or disclose information about a surgery you had, or you could ask that information about you not be included in the facility directory.)

Except as provided below, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. Generally, we will not accept request for such limitations.

Notwithstanding the foregoing, if you paid out-of-pocket for a specific item or service, you have the right to request that health information relating to such item or service not be disclosed to a health plan for purposes of payment or health care operations, and we **must** honor such a request.

If you want to request a restriction, you must complete a "Request to Invoke/Revoke Restrictions on Disclosure of Protected Health Information" form available at any Hanover HealthCare Plus Admission/Registration area or submit your request in writing to Hanover HealthCare Plus, Attn: Privacy Officer or Designee, 300 Highland Avenue, Hanover, PA 17331. The written request must include (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 or other family members). We will reply to you within 60 days.

Right to Request Confidential Communications. You have the right to make a reasonable request that we communicate with you in a certain way or at a certain location. (For example, you can ask that we only contact you at work or by mail).

If you want to request confidential communication, contact the Registration Manager, at (717) 316-3290, or Designee, Monday through Friday during regular business hours and/or during the registration process. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must include the address and/or telephone number where you want to be contacted.

Right to Receive Notice of a Breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail) of any breaches of "Unsecured Protected Health Information" as soon as possible, but in no event later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is health information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services as being able to render such information unusable, unreadable and undecipherable to unauthorized users. If such a breach affects 500 or more individuals, we will also notify local media outlets and the Secretary of the U.S. Department of Health and Human Services of the breach.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. You may obtain a copy of this notice at our website, (www.hanoverhospital.org), or at any facility Information Desk or Admission/Registration area.

CHANGES TO THIS NOTICE.

We reserve the right to change 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. We will post a copy of

the current notice in various locations and on our website indicating the effective date. Revised copies of this notice will be provided at your next visit.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file the complaint with the facility or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the facility, contact Hanover HealthCare Plus, Attn: Privacy Officer or Designee, 300 Highland Avenue, Hanover, PA 17331. All complaints must be submitted in writing. You will not be penalized for filing a complaint.