

NOTICE OF PRIVACY PRACTICES

- I.** 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.

- II.** We have legal duty to safeguard your protected health information. (PHI) We are legally required to protect the privacy of your health information. We call this information protected health information, or PHI for short. It includes information that can be used to identify that we've created or received about your past, present or future health conditions, the provision of health care to you, or the payment to this health care. We must provide you with this notice about our privacy practices that explains how, when and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish this purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice. However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in the appropriate areas. You can also request a copy of this notice from the contact person listed in section IX below at any time.

- III.** How may we use and disclose your protected health information? Below are some uses and disclosures and examples of each category.
 1. For treatment. We may disclose your PHI to physicians, nurses, medical students and other health care personnel who provide you with health care services or are involved in your care. For example, if you are being treated for a knee injury, we may disclose your PHI to the physical rehabilitation department in order to coordinate your care.
 2. To obtain payment for treatment. We may use and disclose your PHI in order to bill and collect payment for the treatment and services to provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for health care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
 3. Health care options. We may disclose your PHI in order to operate this provider. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care options to you. We also provide your PHI to our accounts, attorneys, consultants and others in order to make sure we're complying with the laws that affect us.

- IV.** Certain uses and disclosures do not require your consent. We may use and disclose your PHI without your consent or authorization of the following reasons:
 1. When a disclosure is required by federal, state or local law, judicial, or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
 2. Public health activities. For example, we report information about births, deaths and various diseases to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
 3. Health oversight activities. For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
 4. Organ donation or purposes. We may notify organ procurement organizations to assist them in organ, eye or tissue donation and transplants.

5. Research purposes. In certain circumstances, we may provide PHI in order to conduct medical research.
6. To avoid harm. In order to avoid serious threat to the health or safety of a person of the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
7. Government functions. We may disclose PHI of military personnel and veterans in certain situations. We may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.
8. Workers' compensation purposes. We may provide PHI in order to comply with workers' compensation laws.
9. Appointment reminders and health-related benefit or services. We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.
10. Fundraising activities. We may use PHI to raise funds for our organization. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as part of our fundraising efforts, please contact the person listed in section below.

V. Two uses and disclosures require you to have the opportunity to object.

1. Patient directories. We may include your name, location, general condition, and religious affiliation. The opportunity to consent may be obtained retroactively in emergency situations.
2. Disclosure to family, friends and/or others. We may provide PHI to a family member, friend and/or other persons that you indicate to be involved in your care of the payment of your health care. Unless you object in whole or in part, the opportunity to consent may be obtained retroactively in emergency situations

VI. All other uses and disclosures require your prior written authorization. In any other situation not described in sections above, we will ask for your written authorization before using or disclosing your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

VII. You have the following rights regarding your PHI:

1. The right to request limits on uses and disclosures of your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.
2. The right to choose how we send PHI to you. You have the right to ask that we send information to you to an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example e-mail instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested.
3. The right to see and get copies of your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make there request in writing. If we do not have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request copies of your PHI there will a charge based on stated and federal regulations.
4. The right to get a list of the disclosures we have made. You have the right to get a list to which we have released your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment or health care operations, directly to you, to our family or in our facility directory. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel. We will respond within 60 days of receiving your request. The list we will give you will include releases made up to the last six years. The list will include the date in which the PHI was released (including their address if known), a description of the information released, and the reason of the release. We will provide the list to you at no charge, but if you make more than one request in the same year. We will charge you in accordance with state and federal regulations.

5. The right to correct or update your PHI. If you believe there is a mistake in your PHI or that piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request in writing if the PHI is (I) correct and complete, (II) not created by us, (III) not allowed to be disclosed, or (IV) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not request a statement of disagreement, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have it done and tell others that need to know about the change to your PHI.
6. The right to get this notice by e-mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive the notice via e-mail, you also have the right to request a paper copy of this notice.

VIII. How to complain about our privacy practices. If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in section IX below. You may also send a written complaint to the Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices

IX. Person to contact for information about this notice or to complain about our privacy practices. If you have any questions about this notice or any complaints about our privacy practices, or if you would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Meghan McAteer, Privacy Officer, St. Luke's OMS, 1521 8th Ave, Bethlehem, PA 18018. Telephone number (610) 865-8077.