

# Lifespan Summary Notice of Privacy Practices

Effective Date: April 14, 2003

*See the Privacy Notice below for greater details*

Lifespan and its partners are required by federal law to provide a Privacy Notice that describes how the medical and health care information we maintain about you may be used or disclosed. Your health information is confidential. The Privacy Notice describes each use and disclosure of your information that we are permitted to make, as well as our obligations and your rights under the law.

## **Uses and Disclosures**

Under a variety of circumstances we may use your medical information without obtaining your prior authorization. For example, we may use your information to

- provide you with treatment;
- ensure the quality of your care;
- bill and/or collect payment for the services you were provided; and/or
- report communicable disease, domestic violence or criminal activity.

We may use your medical information in other situations, but you have the opportunity to object. For example, unless you object, the hospital directory will include limited information about you, or we may release information, as permitted under the law, about your condition to family and friends involved in, or who help pay for, your care.

## **Your Rights**

While the records we maintain belong to us, you have rights with regard to the information contained in those records.

For example, you have the right to

- correct, but not delete, and update the information;
- choose where and how the information is sent to you; and
- obtain a list of the non-routine disclosures of your information that have been made.

All of these rights are subject to some exceptions, which are described in the attached privacy notice.

## **Our Obligations**

We are required to provide you with our Privacy Notice and to abide by its terms. We can amend the Privacy Notice from time to time. We reserve the right to make the amended or changed Notice effective for medical information we already have about you, as well as for any medical information we receive in the future.

If, after reviewing the Privacy Notice, you have any questions or need additional information, please call the hospital's contact person at the telephone number below or call the Lifespan Privacy Officer.

**Rhode Island Hospital: 401-444-4560**  
**Newport Hospital: 401-845-1150**  
**Lifespan/Physicians PSO: 401-444-2236**

**The Miriam Hospital: 401-793-7074**  
**Bradley Hospital: 401-432-1129**  
**Lifespan Privacy Officer: 401-444-4728**

# Lifespan Joint Privacy Notice

Effective Date: April 14, 2003

## **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

This Notice describes the types of medical information or protected health information we gather about you (or your child), with whom that information may be shared and the safeguards we have in place to protect it. You have the right to the confidentiality of your medical and health care information. If the practices described in this Notice meet your expectations, there is nothing you need to do. If you prefer that we do not share your medical information, we may honor your written request in certain circumstances. If you have any questions about this Notice, please contact the Lifespan Privacy Officer or one of the entity contact persons at the telephone numbers and/or address listed at the end of this document.

### **1. Who We Are**

This Notice describes the privacy practices of Lifespan and the Lifespan affiliates, primarily hospitals that make up the Lifespan health care system. We believe it is in the best interest of patient care to standardize privacy practices at all Lifespan entities. The entities that make up Lifespan are as follows:

Rhode Island Hospital	Lifespan Corporation
Hasbro Children's Hospital, A Division of RIH	The Miriam Hospital
Health Ventures, Inc.	Emma Pendleton Bradley Hospital
NHCC Medical Associates, Inc.	Lifespan Foundation
Newport Hospital	Lifespan MSO, Inc.
Lifespan/Physicians PSO	The Miriam Hospital Foundation
Imaging Ventures, Inc.	Bradley Hospital Foundation
Lifespan Risk Services, Inc.	Lifespan Diversified Services, Inc.
Newport Hospital Foundation	
VNA Technicare, Inc.	
R.I. Sound Enterprises Insurance Company, Ltd.	
The Rhode Island Hospital Foundation	
Newport Health Care Corporation	

This Notice also describes the privacy that apply to health care professionals and other persons, such as doctors and nurses and their support personnel, when they are providing services together with the Lifespan entities.

### **2. Our Pledge Regarding Protected Health Information**

We understand that protected health information, commonly referred to as medical and health care information, about you is personal and needs to be kept confidential. We are committed to protecting this information.

We create a record of the care and services you receive from us and from other organizations that participate in your care. Lifespan needs this record to provide you with quality care and to comply with certain legal requirements. This Notice will tell you about the ways Lifespan uses and discloses protected health information about you. It will also describe your rights and certain obligations we have regarding the use and disclosure of this information.

#### **We are required by law to:**

- Keep protected health information about you private;
- Give you this Notice of our legal duties and privacy practices; and
- Abide by the terms of the Notice that is currently in effect.

### **3. How We May Use And Disclose Protected Health Information About You**

The following categories describe and give examples of the different ways we are permitted or required to use and disclose your protected health information without first asking your permission or offering you the opportunity to agree or object. Not every case or disclosure in a category may be listed. Also, we can release your protected health information without your permission if we first "de-identify" it such that the person looking at it will not know it refers to you.

**A. For Treatment** - We use your protected health information to provide, coordinate and manage your health care. This will include disclosing protected health information about you to doctors, nurses, technicians, or other health care professionals who care for you, whether or not they are employed by Lifespan. For 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 dietitian you have diabetes so that we can arrange for appropriate meals. Different health care professionals also may share your protected health information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose your protected health information to people outside the hospital. For example, your protected health information may be provided to a physician to whom you have been referred so that the physician has the necessary information to treat you.

**B. For Payment** - We use your protected health information in order to bill and collect from you, your insurance company, or a third party for the services you receive. For example, your insurance company may need to know about the type of surgery you received in order to pay us appropriately. We may also use your protected health information to obtain your insurer's prior approval to provide

you with certain types of care, if your insurer requires us to do this. Finally, we can disclose your protected health information for the payment activities of another covered entity or any health care provider.

**C. For Health Care Operations Purposes** – As permitted by Rhode Island law, we use and disclose your protected health information to support the operations of our organization. This is necessary to make sure all of our patients receive quality care. For example, we may use your protected health information to evaluate the performance of our staff. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. Also, we can disclose your protected health information for certain types of health care operations of another covered entity. If possible, we will remove information that identifies you.

**D. Business Associates** – We may disclose your protected health information to business associates who provide services or activities on our behalf. For example, we may contract with accreditation agencies, management consultants, quality assurance reviewers, billing and collection services, and accountants. To protect your health information, we require our business associates to sign a written agreement regarding privacy.

**E. As Required by Law** – We disclose protected health information about you when required to do so by federal, state or local law.

**F. Appointment Reminders** – We may use and disclose your protected health information to contact and remind you of your health care appointments at Lifespan entities.

**G. Treatment Alternatives, Benefits and Services** – We may use and disclose protected health information to tell you about or recommend possible treatment options, health related benefits, or services that may be of interest to you.

**H. Fundraising** – We may use or disclose your demographic information and the dates you receive treatment in order to contact you for our fundraising purposes. Each of our hospital affiliates has established a fundraising Foundation that solicits gifts. If you do not want us to contact you for fundraising you must notify the hospital's Foundation or the Lifespan Privacy Officer in writing. If you do not do this, we may use your information as described.

**I. To Avert a Serious Threat to Health or Safety** – We may disclose protected health information about you when necessary to prevent a serious and imminent threat to your health and safety or to the health and safety of the public or another person. As permitted by Rhode Island law, we may also release protected health information to the police in certain cases.

**J. Public Health Activities** – We may release your protected health information to appropriate authorities for public health purposes including, but not limited to, preventing or controlling disease, injury or disability; to report child abuse or neglect; to the Food and Drug Administration (FDA) for activities relating to quality, safety or effectiveness of FDA regulated products or activity. We may also release your protected health information for the public health purpose of alerting a person who may be at risk of contracting or spreading a communicable disease.

**K. Disclosures About Victims of Abuse, Neglect, or Domestic Violence** – As permitted by Rhode Island law, we may release your protected health information in a situation where we believe you have been a victim of abuse, neglect, or domestic violence. In some cases, we may be required by law to release such information. In other cases, we may not be required to release the information, but we may choose to release it to appropriate authorities or social service providers in order to prevent harm to you or another person. If possible, we will ask you for your permission before we make the disclosure, or tell you as soon as possible after we make it.

**L. Organ and Tissue Donation** – If you are an organ donor, we may release protected health information to organizations that obtain organ, eye or tissue for donation and transplantation.

**M. Limited Disclosures for Research Purposes or For Purposes Leading Up to Research** – We may use and disclose your protected health information within Lifespan as necessary to prepare for research studies. For example, a researcher might review your protected health information while he or she is thinking about how to design a research study. Also, after a patient's death, it is possible that his or her protected health information would be used for research purposes. In most other cases, we will not use your protected health information for research purposes unless we first explain the research to you and you consent to participate in the research and you give us permission to use your protected health information for the research. In some cases, though, we may use your protected health information for research without your permission. In order for this to happen, your information would have to be partially de-identified, or a committee of people who know about research, privacy and medical ethics would have to decide that use of your information was necessary and that it would be of low risk to you and your privacy.

**N. National Security and Military** – We may disclose your protected health information to authorized federal officials for conducting national security and other intelligence activities, including providing protective services to the President and other officials. If you are a member of the armed forces, we may release information about you as required by military command authorities.

**O. Workers' Compensation** – We may release protected health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**P. Legal Proceedings** – We may release protected health information about you during the course of legal proceedings if we are ordered to release the information by a court or judge, or in response to a subpoena issued in the name of a court if the requirements of Rhode Island law are met.

**Q. Law Enforcement** – We may release your protected health information to a law enforcement official for a law enforcement purpose under the following circumstances: (1) as required by law, or in response to certain types of court orders, warrants, subpoenas,

demands, requests or other legal process; (2) if the law enforcement official needs limited information about you because of a reasonable belief that you pose a danger to yourself, a particular person or people, or if you are trying to obtain narcotics illegally; (3) if it is believed you have been the victim of a crime and Rhode Island law allows us to make the disclosure, although we will try to ask you before making the disclosure; (4) if you have died and we think your death involved a criminal act; (5) as permitted by Rhode Island law, if a crime occurs at Lifespan and we think your protected health information is evidence of the crime and (6) as permitted by Rhode Island law, in an emergency health care situation if necessary to report a crime.

**R. Coroners, Medical Examiners and Funeral Directors** – We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person to determine the cause of death. Following the patient's death, we may also furnish funeral directors with a standard death certificate and the information required to go in the certificate.

**S. Health Oversight** – As permitted by Rhode Island law, we may disclose your protected health information to governmental agencies authorized by law to audit, inspect, or investigate the health care system, government benefit programs, other government programs and civil rights laws.

**T. Inmates** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we will release your protected health information only as permitted under Rhode Island law.

**U. Questions of Capacity to Consent** – In situations where you lack capacity to consent, we may use and disclose your protected health information as permitted by applicable Lifespan policies and by state law.

#### **4. Other Uses or Disclosures of Your Protected Health Information**

All other uses or disclosures of your protected health information will be made only with your written authorization, consent, or after you have been given the opportunity to object and you have decided not to object. If you authorize or agree to a use and disclosure now, you can change your mind later on. If you do change your mind, you must let us know in writing. If and when you take back your permission, we will stop using or disclosing your protected health information pursuant to your written authorization to the greatest extent practical. 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 provide to you.

Below, we have provided a few examples of situations where we need to ask you before we can use or share your medical information. If a particular use or disclosure does not appear on this list or on the list set forth in Section 3 of this Notice, you can assume we will not use or disclose your protected health information without first asking your permission.

**A. Hospital Directory** – Except for patients being treated for mental health reasons, unless you object we will include certain limited information about you in the hospital directory while you are in the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. 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 in the hospital and generally know how you are doing. However, for patients treated for mental health reasons, we will not disclose that the patient is receiving care at the hospital, unless an official at the hospital determines that the release of such information to any of the following persons is in the patient's best interest: (1) members of the patient's family, (2) the patient's lawyer; or (3) the patient's guardian or conservator.

**B. Individuals Involved in Your Care or Payment for Your Care** – Unless you object in writing, we may release the fact of your admission and a general description of your condition to another person, such as a relative or friend, who is involved in your care, or who helps pay for your care. Also, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate permitted uses and disclosures to family or other individuals involved in your health care. In cases where you are not present or able to agree or object, the health care providers will use their professional judgment to determine whether it is in your best interest for them to make disclosures permitted by law.

**C. Research** – Except for research described in Section 3 of this Notice, we may not use or disclose your protected health information for research purposes unless you authorize us to do so.

**D. Psychotherapy Notes** – In general, we will not use or disclose information recorded by a mental health professional to document or analyze conversations with you, unless you authorize us to do so. However, we can use or disclose such protected health information without your authorization for the following purposes: (1) the health professional who recorded the information can use it to treat you; (2) in limited situations, Lifespan can use or disclose the information in connection with mental health counseling training that occurs at Lifespan; and (3) Lifespan can use a patient's psychotherapy notes to defend against any legal proceeding brought by a patient.

**E. Marketing** – We must get your authorization before we use or disclose your protected health information for marketing, with two exceptions. Face-to-face marketing (for example, your doctor mentions a new product to you during a visit) can occur without your authorization. Also, we may offer you small promotional gifts without your authorization.

#### **5. Your Rights Regarding Your Medical Information**

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

**A. The Right to Request Restrictions** – You have the right to request restrictions on uses and disclosures of your protected health information for treatment, payment and health care operations. We are not required to agree to your request, but if we do agree, we are bound by the restrictions, except in limited circumstances, such as if there is an emergency. In many cases, restricting a caregiver's

access to protected health information is not in the best interest of the patient and could impede Lifespan operations. For this reason, in many cases, Lifespan will not agree to your request.

You may also request that we not release any part of your protected health information to family members or friends who may be involved in your care. Again, we are not required to agree to your request.

To request restrictions, you must make your request in writing to the **Lifespan Privacy Officer, Physicians Office Building, Suite 240, 593 Eddy Street, Providence, RI 02903.**

**B. The Right to Request to Receive Confidential Communication** - We will accommodate reasonable requests to communicate protected health information to you at a certain location or in a certain way. For example, you may ask us to contact you at work, or at a location other than your home address. If possible, please make alternative location requests at your first contact or at the time of registration. However, you may make such requests anytime thereafter. Requests for alternative means of communication made after the first contact or registration must be made in writing to our Privacy Officer at the address listed above.

**C. Right to Inspect and Copy** - You have the right to inspect and copy protected 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, information gathered for research purposes, information compiled in reasonable anticipation of or use in a legal proceeding, and protected health information subject to any law that prohibits your access.

To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer at the address above. 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 protected health information in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by another Lifespan health care professional. We will comply with the outcome of this review.

**D. Right to Amend** - If you feel that protected 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.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer at the address above. 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 protected health information kept by Lifespan;
- Is accurate and complete.

**E. Accounting of Certain Disclosures** - In general, you have the right to receive an accounting of disclosures of your protected health information made in the six (6) years prior to the date the accounting is requested. However, many exceptions apply to this general rule. For instance, you do not have a right to receive an accounting for disclosures made for treatment, payment or health care operations purposes. You also do not have a right to an accounting for disclosures made (1) to you, (2) incident to permitted uses or disclosures (3) pursuant to an authorization from you, (4) for a hospital directory, (5) to family members or friends involved in your care, (6) for notification purposes, (7) for national security purposes, (8) to correctional or institutional or law enforcement officials that had custody of you at the time of disclosure, (9) to health oversight officials in certain situations, (10) made as part of a limited data set; or (11) disclosures made prior to April 14, 2003.

You have the right to receive specific information about those disclosures for which you do have a right to an accounting. The right to receive this information is subject to certain exceptions, restrictions and limitations. Your request must be submitted in writing to the Privacy Officer at the address below. The first list you request within a 12-month period will be free. For additional lists, we may charge you the cost of providing this list.

**F. Right to a Paper Copy of This Notice** - You have the right to request a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. Requests for paper copies may be obtained when registering at a Lifespan affiliate or can be requested, in writing, from the Privacy Officer at the address below.

## **6. Minors and Personal Representatives**

In most situations, parents, guardians, and/or others with legal responsibilities for minors (children under 18 years of age) may exercise the rights described in this Notice on behalf of the minor. However, there are situations where minors may themselves exercise the rights described in the Notice.

## **7. Changing This Notice**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you as well as any information we receive in the future. We will prominently post a copy of this Notice at each Lifespan affiliate and on the Web at [www.Lifespan.org](http://www.Lifespan.org). The effective date will be printed on the first page of the Notice in the top right hand corner.

It should also be noted that in the event Lifespan or any of its affiliates are sold or merge with another organization, your medical information/medical record would become the property of the new owner.

#### **8. Complaints/Informational Inquiries**

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201. You may also file a complaint with the Lifespan Privacy Officer at the address and phone number below.

*You will not be penalized for filing a complaint, nor will you be asked to waive your rights as a condition of treatment.*

Privacy Officer  
593 Eddy Street  
Physician Office Building, Suite 240  
Providence, RI 02903  
401-444-4728 or [privacyofficer@lifespan.org](mailto:privacyofficer@lifespan.org)

We recognize that from time to time our patients may have questions or inquires about their protected health information, this Notice, or our privacy practices, that they would like to pose to officials at the specific Lifespan hospitals. To facilitate such inquires, telephone numbers are provided below for Health Information Services staff who are ready to assist you.

**Rhode Island Hospital: 401-444-4560**  
**The Miriam Hospital: 401-793-7074**  
**Newport Hospital: 401-845-1150**  
**Bradley Hospital: 401-432-1129**  
**Lifespan/Physicians PSO: 401-444-2236**