

Chapter 1 : Health Insurance Portability & Accountability Act (HIPAA) -- Regulatory Compliance

A covered entity is required to promptly revise and distribute its notice whenever it makes material changes to any of its privacy practices. See 45 CFR (b)(3), (c)(1)(i)(C) for health plans, and (c)(2)(iv) for covered health care providers with direct treatment relationships with individuals.

This Notice applies to the following organizations and clinics: The Nebraska Medical Center and its medical staff, including academic and private practice physicians, and allied health professionals while providing services at these locations, as an organized health care arrangement. The Bellevue Medical Center and its medical staff and allied health professionals as an organized healthcare arrangement. University Dental Associates UDA The organizations listed above will use and distribute this Notice as their Joint Notice of Privacy Practices and follow the information practices described in this Notice when using or disclosing records and information. They will share your health information with each other, as necessary, to carry out treatment, payment, or health care operations as described in this Notice.

Understanding Your Health Information Each time you visit a hospital, clinic, physician, or other health care provider, a record of your visit is made. Typically, this health record contains your medical history, symptoms, examination and test results, diagnosis, treatment, care plan, insurance, billing, and employment information. This health information, often referred to as your health record, serves as a basis for planning your care and treatment and is a vital means of communication among the many health professionals who contribute to your health care. Your health information is also used by insurance companies and other third-party payers to verify the appropriateness of billed services.

Our Responsibilities We are required by law to: Maintain the privacy of your health information during your lifetime and for 50 years following your death. Provide you with an additional current copy of our Notice upon request. Abide by the terms of our current Notice. Notify you following a breach of unsecured protected health information in the event you are affected. We will not use or disclose your health information without your written authorization, except as described in this Notice.

Uses And Disclosures Without Your Written Authorization We may use and disclose your health information without your written authorization for Treatment, Payment and Health Care Operations

We will use and disclose your health information for treatment purposes For example: Information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment. Health care team members will communicate with one another personally and through the health record to coordinate care provided. We will also provide your physician or subsequent health care provider with copies of various reports that should assist him or her in treating you in the future. We will use and disclose your health information for payment purposes For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may disclose health information about you to other qualified parties for their payment purposes. For example, if you are brought in by ambulance, we may disclose your health information to the ambulance provider for its billing purposes. We will use and disclose your health information for health care operations For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of health care we provide. In some cases, we will furnish your health information to other qualified parties for their health care operations. The ambulance company, for example, may want information regarding your condition to help them know whether they have done an effective job of stabilizing your condition.

Health Information Exchange We may make your protected health information available electronically through an information exchange service to other health care providers, health plans and health care clearinghouses that request your information. Participation in information exchange services also lets us see their information about you.

Teaching As the primary teaching site for UNMC, residents, fellows, and students in medicine, dentistry, nursing, pharmacy, allied health and graduate studies, may be assisting with your care under the supervision of a licensed health care

provider as a part of their professional health care training program. Other Uses and Disclosures of your health information without your written authorization Notification We may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition. Communication With Family and Others We may disclose relevant health information to a family member, friend, or other person involved in your care. We will only disclose this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf. Directory Unless you notify us that you object, or we are otherwise prohibited by law, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy, and, except for religious affiliation, to other people who ask for you by name. Business Associates There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform such services. However, we require the business associate to appropriately safeguard your information. Appointment Reminders We may contact you as a reminder that you have an appointment for treatment or medical care. Treatment Alternatives We may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you. Fundraising We may use and disclose your health information to our business associates and affiliated foundations for fundraising purposes. We may contact you in an effort to raise money for clinical programs, research and education. If you do not want us to contact you for fundraising efforts, you must notify the Development Office by telephone toll-free at , by email at development@nebraskamed.com. Health information about you may be disclosed to researchers preparing to conduct a research project. For example, it may be necessary for researchers to look for patients with specific medical characteristics or treatments to prepare a research protocol. For actual research studies we would obtain your specific authorization, if information that directly identifies you is disclosed. The only exception would be circumstances when the IRB grants a waiver of authorization as permitted under federal guidelines. Public Health We may disclose health information about you for public health activities. These activities may include disclosures: To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability; To appropriate authorities authorized to receive reports of abuse and neglect; To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products; or 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. With parent or guardian permission, to send evidence of required immunizations to a school. Correctional Institutions If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose to the correctional institution, its agents or the law enforcement official your health information necessary for your health or the health and safety of other individuals. Law Enforcement We may disclose your health information for law enforcement purposes: At the request of a law enforcement official and in response to a subpoena, court order, investigative demand or other lawful process; If we believe it is evidence of criminal conduct occurring on our premises; If you are a victim of crime and we obtain your agreement, or under certain circumstances, if we are unable to obtain your agreement; To identify or locate a suspect, fugitive, material witness or missing person; To alert authorities that a death may be the result of criminal conduct; To report a crime, the location of the crime or victim, or the identity, description or location of the person who committed the crime. Health Oversight Activities We may disclose health information for health oversight activities authorized by law. For example, oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws. Threats to Health or Safety Under certain circumstances, we may use or disclose your health information if we believe it is necessary to avert or lessen a serious threat to health and safety and is to a person reasonably able to prevent or lessen the threat or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime. Specialized Government Functions We may disclose your information for national security and intelligence activities authorized by law, for protective services of the president; or if you are a

military member, to the military under limited circumstances. As Required by Law We will use or disclose your health information as required by federal, State or local law. Lawsuits and Administrative Proceedings We may release your health information in response to a court or administrative order. We may also provide your information in response to a subpoena or other discovery request, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. Funeral Directors, Medical Examiners, and Coroners We may disclose your health information to funeral directors, medical examiners, and coroners consistent with applicable law to carry out their duties. Organ Procurement Organizations Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant. Incidental Uses and Disclosures There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures. Uses and disclosures not listed above as permitted without your written authorization; most uses and disclosures of psychotherapy notes; uses and disclosures for our marketing purposes; and disclosures that constitute a sale of your health information. Your authorization may be revoked in writing at any time except with respect to any actions we have taken in reliance on it. Your Health Information Rights You have the following rights regarding your health information: Right to Inspect and Copy You may request to look at your medical and billing records and obtain a copy. You must submit your medical records request to the Health Information Management Department. Contact the office listed on your billing statement to request a copy of your billing record. If you ask for a copy of your records, we may charge you a copying fee plus postage. If we maintain an electronic health record about you, you have the right to request your copy in electronic format. Right to Request Amendment You may request that your health information be amended if you feel that the information is not correct. Your request must be in writing and provide rationale for the amendment. Please send your request to the Health Information Management Department. We may deny your request, and will notify you of our decision in writing. Right to an Accounting of Disclosures You may request an accounting of certain disclosures of your health information showing with whom your health information has been shared does not apply to disclosures to you, with your authorization, for treatment, payment or health care operations, and in certain other cases. To request an accounting of disclosures, you must send a written request to the Health Information Management Department. Your request must state a time period that may not be longer than six years. Right to Request Restrictions You may request restrictions on how your health information is used for treatment, payment or health care operations or disclosed to certain family members or others who are involved in your care. We may deny your request with one exception. If we agree to a voluntary restriction, the restriction may be lifted if use of the information is necessary to provide emergency treatment. We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations purposes, if you pay in full for all expenses related to that service prior to your request and the disclosure is not otherwise required by law. If we later receive an authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction. To request a restriction, you must send a written request to the Health Information Management Department, specifying what information you wish to restrict and to whom the restriction applies. You will receive a written response to your request. Right to Request Private Communications You may request that we communicate with you in a certain way in a certain location. You must make your request in writing to the patient registration staff and explain how or where you wish to be contacted. Right to a Paper Copy of this Notice You may request an additional paper copy of this Notice at any time from any patient registration area. You may contact the Health Information Management Department at:

HIPAA NOTICE OF PRIVACY PRACTICES Northside Hospital, Inc. and Affiliates Effective Date: April 14, THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION.

April 14, Revised: We will only use or disclose your PHI as permitted or required by applicable state law. This Notice applies to your PHI in our possession including the medical records generated by us. Loyola University Health System understands that your health information is highly personal, and we are committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. It describes how we will use and disclose your PHI. This Notice applies to the delivery of health care by Loyola University Health System and its medical staff in the main hospital, outpatient departments and clinics. This Notice also applies to the utilization review and quality assessment activities of Trinity Health and Loyola University Health System as a member of Trinity Health, a Catholic health care system with facilities located in multiple states throughout the United States. Permitted Use or Disclosure Treatment: Loyola University Health System will use and disclose your PHI to provide, coordinate, or manage your health care and related services to carry out treatment functions. To your attending physician, consulting physician s , and other health care providers who have a legitimate need for such information in your care and continued treatment. To coordinate your treatment e. To contact you as a reminder that you have an appointment for treatment or medical care at our facilities. To provide you with information about treatment alternatives or other health-related benefits or services. If you are an inmate of a correctional institution or under the custody of a law enforcement officer, Loyola University Health System will disclose your PHI to the correctional institution or law enforcement official. To collection agencies and other subcontractors engaged in obtaining payment for care. For case management, quality assurance, utilization, accounting, auditing, population based activities relating to improving health or reducing health care costs, education, accreditation, licensing and credentialing activities of Loyola University Health System Health System To consultants, accountants, auditors, attorneys, transcription companies, information technology providers, etc. Other Uses and Disclosures: As part of treatment, payment and health care operations, Loyola University Health System may also use your PHI for the following purposes: For example, Loyola University Health System may disclose your demographic information, your treatment dates of service, treating physician information, department of service and outcomes information to fundraisers who may ask you for a monetary donation. Any fundraising communication sent to you will let you know how you can exercise your right to opt-out of receiving similar communications in the future. Medical Research and Teaching: Researchers, educators and students are required to safeguard all PHI they receive. Information and Health Promotion Activities: For example, your name and address will be used to send you general newsletter or specific information based on your own health concerns. More Stringent State and Federal Laws: Loyola University Health System will continue to abide by these more stringent state and federal laws. More Stringent Federal Laws: More Stringent State Laws: State law is more stringent when the individual is entitled to greater access to records than under HIPAA. State law also is more restrictive when the records are more protected from disclosure by state law than under HIPAA. Refer below for more stringent state law protections in Illinois: Illinois law, with some exceptions, may require that we obtain your written permission, or in some instances, a court order to disclose sensitive information. Minors in Illinois have more rights to confidentiality and protection of certain information related to reproductive health, behavioral health and substance abuse under HIPAA. Illinois law may require your written permission if certain medical information is to be used in various review and disciplinary proceedings of healthcare professionals by state authorities. Loyola University Health System also uses data exchange technology such as direct messaging services, HIPS, and provider portals with its Electronic Health Record "EHR" to share your health records for continuity of care and treatment. HIEs and data exchange technology also enable the sharing of your health records to improve the quality of health care services provided to you e. HIEs and data exchange technology function as our business associate and, in acting on our behalf, they will transmit, maintain and store your PHI for treatment, payment and health care

operation purposes. HIEs and data exchange technologies are required to implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality and integrity of your medical information. State law may provide you rights to restrict, opt-in, or opt-out of HIE s. Loyola University Health System will disclose PHI about you to a friend or family member who is involved in or paying for your medical care. You have a right to request that your PHI not be shared with some or all of your family or friends. In addition, Loyola University Health System will disclose PHI about you to an agency assisting in disaster relief efforts so that your family can be notified about your condition, status, and location. This information will include your name, location in Loyola University Health System, your general condition e. The directory information, except your religious affiliation, will be disclosed to people who ask for you by name. Directory information, including your religious affiliation, will be given to a member of the clergy, even if they do not ask for you by name. Spiritual care providers are members of the health care team at Loyola University Health System and may be consulted upon regarding your care. You have the right to request that your name not be given to any member of the clergy. Loyola University Health System will release facility directory information to the media excluding religious affiliation if the media requests information about you using your name and after we have given you an opportunity to agree or object. Subject to certain limited exceptions, your written authorization is required in cases where Loyola University Health System receives any direct or indirect financial remuneration in exchange for making the communication to you which encourages you to purchase a product or service or for a disclosure to a third party who wants to market their products or services to you. Most uses and disclosures of psychotherapy notes require your written authorization. Subject to certain limited exceptions, disclosures that constitute a sale of PHI require your written authorization. Any other uses or disclosures of PHI that are not described in this Notice of Privacy Practices require your written authorization. Written authorizations will let you know why we are using your PHI. You have the right to revoke an authorization at any time. Loyola University Health System will disclose your PHI for law enforcement purposes as required by law, such as identifying a criminal suspect or a missing person, or providing information about a crime victim or criminal conduct. Loyola University Health System will report drug diversion and information related to fraudulent prescription activity to law enforcement and regulatory agencies. Public Health Oversight or Safety: The Loyola University Health System will use and disclose PHI to avert a serious threat to the health and safety of a person or the public. Examples include disclosures of PHI to state investigators regarding quality of care or to public health agencies regarding immunizations, communicable diseases, etc. Loyola University Health System will use and disclose PHI for activities related to the quality, safety or effectiveness of FDA regulated products or activities, including collecting and reporting adverse events, tracking and facilitating in product recalls, etc. Coroners, Medical Examiners, Funeral Directors: For example, this will be necessary to identify a deceased person or to determine a cause of death. Loyola University Health System may also disclose your medical information to funeral directors as necessary to carry out their duties. Loyola University Health System will disclose PHI to an organ procurement organization or entity for organ, eye or tissue donation purposes. Loyola University Health System will disclose your PHI regarding government functions such as military, national security and intelligence activities. Loyola University Health System will disclose proof of immunization to a school where the state or other similar law requires it prior to admitting a student. Right to Inspect and Copy: Subject to certain limited exceptions, you have the right to access your PHI and to inspect and copy your PHI as long as we maintain the data. For example, you do not have the right to psychotherapy notes or to inspect the information which is subject to law prohibiting access. You may have the right to have this decision reviewed. You also have the right to request your PHI in electronic format in cases where Loyola University Health System utilizes electronic health records. You may also access information via patient portal if made available by Loyola University Health System. You will be charged a reasonable copying fee in accordance with applicable federal or state law. You must make your request for amendment of your PHI in writing to Loyola University Health System, including your reason to support the requested amendment. However, Loyola University Health System will deny your request for amendment if: Loyola University Health System did not create the information; The information is not part of the designated record set; The information would

not be available for your inspection due to its condition or nature ; or The information is accurate and complete. Loyola University Health System will also inform you of your right to submit a written statement disagreeing with the denial. You may ask that Loyola University Health System include your request for amendment and the denial any time that Loyola University Health System subsequently discloses the information that you wanted changed. Loyola University Health System may prepare a rebuttal to your statement of disagreement and will provide you with a copy of that rebuttal. Right to an Accounting: You have a right to receive an accounting of the disclosures of your PHI that Loyola University Health System has made, except for the following disclosures: To carry out treatment, payment or health care operations; To you; To persons involved in your care; For national security or intelligence purposes; or To correctional institutions or law enforcement officials. You must include the time period of the accounting, which may not be longer than 6 years. In any given month period, Loyola University Health System will provide you with an accounting of the disclosures of your PHI at no charge. Any additional requests for an accounting within that time period will be subject to a reasonable fee for preparing the accounting. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or health care operations functions or to prohibit such disclosure. However, Loyola University Health System will consider your request but is not required to agree to the requested restrictions. Right to Request Restrictions to a Health Plan: You have the right to request a restriction on disclosure of your PHI to a health plan for purposes of payment or health care operations in cases where you paid out of pocket, in full, for the items received or services rendered. Right to Confidential Communications: For example, you may request that Loyola University Health System only contact you at work or by mail. Right to Receive a Copy of this Notice: You have the right to receive a paper copy of this Notice of Privacy Practices, upon request. The medical staff and Loyola University Health System participate together in an organized health care arrangement to deliver health care to you. Both Loyola University Health System and medical staff have agreed to abide by the terms of this Notice with respect to PHI created or received as part of delivery of health care to you by Loyola University Health System. Loyola University Health System will disclose your PHI to the medical staff and allied health professionals for treatment, payment and health care operations. Membership in Trinity Health.

Chapter 3 : HIPAA Notice of Privacy Practices | Loyola Medicine

The following sample HIPAA privacy practices statement is the information practices statement the national-level non-profit I founded and run uses. It was specifically worded for nonprofit services (free medical services) but can be adapted for use by for-profit businesses as well.

The Company and these individuals will follow the terms of this Notice, and may use or disclose medical information about you to carry out treatment, payment or health care operations, or for other purposes as permitted or required by law. This Notice describes your rights to access and control medical information about you, including information that may identify you and that relates to your past, present, or future physical, medical, or mental condition and medical care and related health care services. The Company is committed to protecting medical information about you. In order to provide you with quality care and to comply with certain state and federal legal requirements, the Company creates a record of the services you receive at the Company. This Notice applies to all of the records of your care generated by the Company. This Notice will tell you about the ways in which the Company may use and disclose medical information about you. It also describes your rights and certain obligations the Company has regarding the use and disclosure of medical information. The Company is required by law to: For each category of uses and disclosures, the Company will explain what is meant and may give some examples. Not every use or disclosure in a category will be listed. However, all of the ways the Company is permitted to use and disclose information will fall within one of the categories. The Company may disclose medical information about you to researchers when the information does not directly identify you as the source of the information or when a waiver has been issued by an institutional review board or a privacy board that has reviewed the research proposal and protocols for compliance with standards to ensure the privacy of your health information. The Company may use and disclose medical information about you so that the Company can get paid for the treatment and services you receive at the Company. For Health Care Operations. The Company may use and disclose medical information about you to carry out activities that are necessary for Company operations. These uses or disclosures are made for quality of care, compliance activities, administrative purposes, contractual obligations, grievances or lawsuits. For example, the Company may use medical information to review treatment and services provided at the Company or to evaluate the performance of its staff and contractors in caring for you. Unless you object, the Company may disclose medical information about you to a member of your family, a relative, close friend or any other person that you identify who is involved in your care. The Company may also tell your family or friends, personal representative, or any other person who is responsible for your care, of your location, general condition or death, unless you object. The Company may disclose medical information about you to a public or private entity assisting in disaster relief so that your family can be notified about your condition, status, or location. You may object to this disclosure with a written request. However, if you are not available or are unable to agree or object, or in some emergency circumstances, the Company will use its professional judgment to decide whether this disclosure is in your best interest. As Required By Law. The Company will disclose your health information when required to do so by federal, state or local law. These programs provide benefits for work-related injuries or illness. For Public Health Activities. The Company may disclose medical information about you for public health activities. These purposes generally include the following: For Health Oversight Activities. The Company may disclose medical information about you to a health oversight agency for activities authorized by law. For Lawsuits and Disputes. The Company may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process. Disclosure to Law Enforcement. If asked to do so by law enforcement and as authorized or required by law, the Company may release medical information: The Company may release medical information about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Company may also release medical information about you to funeral directors. The Company may also release information to any individual known to the Company as a family member, close personal friend of the family, or any other person

identified, who was involved in your care or the payment for your care prior to your death, unless you indicate otherwise. Your medical information may be used or disclosed to others without your authorization after fifty 50 years from the date of your death. For Specialized Government Functions. The Company may disclose medical information about you to authorized federal officials for intelligence, counter intelligence, and other national security activities. If you are an inmate or under the custody of a law enforcement official, the Company may release medical information about you to the correctional institution or law enforcement official responsible for you as authorized or required by law. Disclosure For Threats to Health and Safety. In certain circumstances, the Company may be required to disclose medical information to avert a serious threat to your health and safety or the health and safety of another person as required by law enforcement. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. The Company will not release your medical information for marketing purposes without an authorization from you. Sale of Medical Information. The Company will not sell your medical information without an authorization from you. You may be asked to submit a written request.

Chapter 4 : HIPAA Notice of Privacy Practices

Under the Health Insurance Portability and Accountability Act of (HIPAA), LabCorp is required by law to maintain the privacy of health information that identifies you, called protected health information (PHI), and to provide you with notice of our legal duties and privacy practices regarding PHI.

Chapter 5 : Sequenom, Inc. (SQNM)

effective date: april 14, revised: january 17, this notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Chapter 6 : HIPAA | Florida Hospital

This page provides options for meeting the requirement to create notices of privacy practices (NPP). HHS developed the model NPPs you see on this site to help improve patient experience and understanding.

Chapter 7 : Notice of Privacy Practices | HIPAA | University of Nebraska Medical Center

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Review it carefully. The law requires Medicare to protect the privacy of your personal medical information.