We understand that information about you and your health is very personal. Therefore, we strive to protect your privacy as required by law. We will only use and disclose your personal health information (“PHI”) as allowed by law.

We are committed to excellence in the provision of state-of-the-art health care services through the practice of patient care, education, and research. Therefore, as described below, your health information will be used to provide you care and may be used to educate health care professionals and for research purposes. We train our staff and workforce to be sensitive about privacy and to respect the confidentiality of your PHI.

We are required by law to maintain the privacy of our patients’ PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice (“Notice”) so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new notice effective for all PHI maintained by us. You may receive a copy of any revised notice at any of our hospitals, doctors’ offices, or ambulatory care facilities.

The terms of this Notice apply to Penn Medicine, consisting of the Perelman School of Medicine at the University of Pennsylvania and the University of Pennsylvania Health System and its subsidiaries and affiliates, including but not limited to the Hospital of the University of Pennsylvania, Pennsylvania Hospital, Penn Presbyterian Medical Center, Chester County Hospital, Lancaster General Hospital, the Clinical Practices of the University of Pennsylvania (“CPUP”), Clinical Care Associates (“CCA”), Penn Home Care and Hospice, Good Shepherd Penn Partners, Clinical Health Care Associates of New Jersey, and the physicians, licensed professionals, employees, volunteers, and trainees seeing and treating patients at each of these care settings. This Notice does not apply when visiting a non-CPUP or non-CCA physician in their private medical office.

If you have questions regarding the coverage of this Notice, or if you would like to obtain a copy of this Notice, please contact the Penn Medicine Privacy Office as described below.

**USES AND DISCLOSURES OF YOUR PHI**

The following categories describe the ways we may use or disclose your PHI without your consent or authorization. For each category, we will give you illustrative examples.

**Uses and Disclosures for Treatment, Payment and Health Care Operations.**

**Treatment:** We use and disclose your PHI as necessary for your treatment. For instance, doctors, nurses, and other professionals involved in your care – within and outside of Penn Medicine – may use information in your medical record that may include procedures, medications, tests, etc. to plan a course of treatment for you.

**Payment:** We use and disclose your PHI as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you. Also, we may use your information to prepare a bill to send to you or to the person responsible for your payment.

**Health Care Operations:** We use and disclose your PHI for health care operations. This is necessary to operate Penn Medicine, including by ensuring that our patients receive high quality care and that our health care professionals receive superior training. For example, we may use your PHI to conduct an evaluation of the treatment and services we provide, or to review the performance of our staff. Your health information may also be disclosed to doctors, nurses, staff, medical students, residents, fellows, and others for education and training purposes.

The sharing of your PHI for treatment, payment, and health care operations may happen electronically. Electronic communications enable fast, secure access to your information for those participating in and coordinating your care to improve the overall quality of your health and prevent delays in treatment.

**Health Information Exchanges:** Penn Medicine participates in initiatives to facilitate this electronic sharing, including but not limited to Health Information Exchanges (HIEs) which involve coordinated information sharing among HIE members for purposes of treatment, payment, and health care operations. Patients may opt-out of some of these electronic sharing initiatives, such as HIEs. Penn Medicine will use reasonable efforts to limit the sharing of PHI in such electronic sharing initiatives for patients who have opted-out. If you wish to opt-out, please contact your patient services associate.

**Our Facility Directory.** We use information to maintain an inpatient directory listing your name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the information, excluding your religious affiliation, may be disclosed to anyone who requests it by asking for you by name. This information, including your religious affiliation, may also be provided to members of the clergy, even if they don’t ask for you by name. If you wish to have your information excluded from this directory, please contact your patient services associate.

**Persons Involved In Your Care.** Unless you object, we may, in our professional judgment, disclose to a member of your family, a close friend, or any person you identify, your PHI, to facilitate that person’s involvement in caring for you or in payment for your care. We may use or disclose your PHI to assist in notifying a family member, personal representative or any person responsible for your care of your location and general condition. We may also disclose limited PHI to a public or private entity that is authorized to assist in disaster relief efforts to locate a family member or other persons who may be involved in some aspect of caring for you.

**Fundraising.** We may contact you, at times in coordination with your physician, to donate to a fundraising effort on our behalf. If we contact you for fundraising purposes, you have the right to opt-out of receiving any future solicitations.

**Appointments and Services.** We may use your PHI to remind you about appointments or to follow up on your visit.

**Health Products and Services.** We may, from time to time, use your PHI to communicate with you about treatment alternatives and other health-related benefits and services that may be of interest to you.

**Research.** We may use and disclose your PHI, including PHI generated for use in a research study, as permitted by law for research, subject to your explicit authorization and/or oversight by the University of Pennsylvania Institutional Review Boards (IRBs), committees charged with protecting the privacy rights and safety of human subject research, or a similar committee. In all cases where your specific authorization has not been obtained, your privacy will be protected by confidentiality requirements evaluated by such a committee. For example, the IRB may approve the use of your health information with only limited identifying information to conduct outcomes research to see if a particular procedure is effective.

As an academic medical center, Penn Medicine supports research and may contact you to invite you to participate in certain research activities. If you do not wish to be contacted for research purposes, please inform your patient services associate. In such case, we will use reasonable efforts to prevent this...
Amendments to Your PHI. You have the right to request that PHI that we maintain about you be amended or corrected. Requests for amendment must be made in writing and signed by you or, when applicable, your personal representative and must state the reasons for the amendment/correction request. We are not obligated to make all requested amendments but will give each request careful consideration. If we grant your amendment request, we may also reach out to other prior recipients of your information to inform them of the change. Please note that we may not make an amendment to PHI if we believe that the amendment would be inaccurate or ineffective. If we do not agree to the amendment, we will notify you of our decision, state the reasons for our decision, and provide you with information about how to request that we submit a copy of your PHI with the amendment or correction noted. We may charge a reasonable, cost-based fee for each amendment request.

Accounting for Disclosures of Your PHI. You have the right to receive an accounting of certain disclosures made by us of your PHI, except for disclosures made for purposes of treatment, payment, and health care operations or for certain other limited exceptions. This accounting will include only those disclosures made in the six years prior to the date on which the accounting is requested. Requests must be made in writing and signed by you or, when applicable, your personal representative. The first accounting in any 12-month period is free; you will be charged a reasonable, cost-based fee for each subsequent accounting you request within a 12-month period. You may obtain the appropriate form from the doctor’s office or entity where you received services.

Restrictions on Use and Disclosure of Your PHI. You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or health care operations. We are not required to agree to your request restriction, unless otherwise described in this notice, but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreement to restrict if we believe such termination is appropriate. In the event we have terminated an agreed upon restriction, we will notify you of such termination. The appropriate form can be obtained from the doctor’s office or entity where you received services and must be signed by you or, when applicable, your personal representative.

Restrictions on Disclosures to Health Plans. You have the right to request a restriction on certain disclosures of your PHI to your health plan. We are required to honor such requests for restrictions only when you or someone on your behalf, other than your health plan, pays for the health care item(s) or service(s) in full. Such requests must be made in writing and signed by you and, when applicable, your personal representative. You may obtain the appropriate form from the doctor’s office or entity where you received services.

Confidential Communications. You have the right to request communications regarding your PHI from us by alternative means or at alternative locations and we will accommodate reasonable requests by you. You, or when applicable, your personal representative must request such confidential communication in writing to each department to which you would like the request to apply. You may obtain the appropriate form from the doctor’s office or entity where you received services.

Breach Notification. We are required to notify you in writing of any breach of your unsecured PHI without unreasonable delay, but in any event, no later than 60 days after we discover the breach.

Paper Copy of Notice. As a patient, you have the right to obtain a paper copy of this Notice. You can also find this Notice on our website at: http://www.penmedicine.org/health-system/about/organization/policies/notice-of-privacy-practices.html

ADDITIONAL INFORMATION

Complaints. If you believe your privacy rights have been violated, you may file a complaint in writing with the doctor’s office, ambulatory care facility, or Guest Services department of the hospital/facility you visited. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, DC. All complaints must be made in writing and in no way will affect the quality of care you receive from us.

For Further Information. If you have questions or need further assistance regarding this Notice, you may contact the Penn Medicine Privacy Office in the Office of Audit, Compliance and Privacy by telephone at (215) 573-4492 or by e-mail at privacy@uphs.upenn.edu.

This Notice is effective June 27, 2016