For Health Information Exchanges (HIEs): We will send your health information to any of the Health Information Exchanges (HIEs) that EHS participates in. You can opt out of having us send your health information to any of the HIEs. You can get a copy of the HIEs we may send your information to by visiting our website at www.erlanger.org. Information about your past medical care and current medical conditions and medications is available not only to us but also to non-EHS health care providers who participate in the HIE. However, even if you do, some of your health information will remain available to certain health care entities permitted by law. If you have questions or would like to opt out of any of the HIEs, contact the Health Information Management Department at the address listed on the front of this brochure.

For Treatment: We may use and share medical information to treat you. For example, a doctor treating you for a broken leg will need to know if you have diabetes because diabetes can slow healing. The doctor may need to tell food services that you have diabetes so the right meals can be prepared for you. We may also share medical information so that you can get:
- Medicine, medical equipment, or other things you need for your health care;
- Lab tests, x-rays, transportation, home care, nursing care, rehab, or other health care services

Medical information may also be shared when needed to plan for your care after you leave EHS.

For Billing and Payment: We may use and share your information so that any others who have provided services to you can bill and collect payment for these services. For example, we may share your medical information with your health plan:
- So your health plan will pay for care you received at EHS;
- To get approval before doing a procedure; and/or
- So your health plan can make sure they paid the right amount to EHS.

We may also share your information with a collection agency if a bill is overdue.

For Business Reasons (Operations): We may use and share information about you for business reasons. When we do this, we may, if we can, take out information that identifies who you are. Some of the business operations we may use or share your medical information include:
- To follow laws and regulations;
- To train and monitor staff;
- For credentialing, licensing, certification, and accreditation;
- To improve our care and services (e.g., we may use your information in our registry data, such as the Cancer Registry);
- To budget and plan;
- To do audits;
- To maintain computer systems;
- To evaluate our staff;
- To decide if we should offer more services; and/or
- To find out how satisfied our patients are.

No, we do not have a “personal representative.” You may wish to create a legal document called a Durable Power of Attorney for Healthcare.

Changes to this Joint Notice: We have the right to change this Joint Notice at any time. Any change could apply to medical information we already have about you, as well as information we receive in the future. A copy of the current Joint Notice is posted throughout EHS and at www.erlanger.org. Each time you register at or are admitted for treatment or healthcare services, you may request a copy of the current Joint Notice in effect.

Except for the sharing of information with health plans described in the previous section, we reserve the right to accept or reject your request. Generally, we will not accept limits for treatment, payment, or business reasons. All requests will receive review for consideration of medical necessity. Therefore, you may not receive immediate response to your request; however, every effort will be made to provide you a response to your request within thirty (30) days. If we do agree, our agreement must be in writing, and we will follow your request unless the information is needed to treat you in an emergency. We are allowed to send a limit if we tell you. If we set a limit, only medical information that was created or received after we notify you will be affected. You must make your request in writing to the person in charge in writing to the Health Information Management Department at the address listed on the front of this brochure. In your request you may ask:
- What information you want to limit;
- Whether you want to limit our use or sharing of the information, or both;
- AND to whom you want the limits to apply, for example disclosures to your spouse.

Right to Get a Paper Copy of this Joint Notice: You have the right to get a paper copy of this Joint Notice, even if you have agreed to receive it electronically. You may get a copy:
- At any of our facilities;
- By contacting the PSO at the number listed on the front of this brochure;
- At www.erlanger.org

Personal Representatives: Your “personal representative” may exercise the rights listed above on your behalf, if under applicable law, that person has legal authority to act on your behalf in making decisions about your health care. If you do not have a “personal representative,” you may wish to create a legal document called a Durable Power of Attorney for Healthcare.

How to Ask a Question or Report a Complaint
If you have questions about this Joint Notice or want to talk about a problem without filling a formal complaint, please contact the Privacy and Information Security Officer (PSO) using the contact information listed below. If you believe your privacy rights have been violated, you may file a formal complaint with us in writing to the EHS Privacy and Information Security Officer at the address listed below or by filing a complaint with EHS’s Integrity Line at the number listed below. You may also file a complaint with the Office of Civil Rights at the address or phone number listed below.

You will not be treated differently for filing a complaint.
For Health Oversight and Public Health Reporting: We may share your information for audits, investigations, inspections, and licensing with agencies that oversee health care organizations. We may also share your medical information in reports to public health agencies. Some reasons for this include:

- To prevent or control disease and injuries;
- To report certain kinds of events, such as births and deaths;
- To report reactions to medicines or problems with medical products;
- To tell people about recalls of medical products they may be using;
- To let someone know that they may have been exposed to a disease or may have a disease;
- To notify the authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence.

For Organ, Eye, and Tissue Donation: We share medical information about organ, eye, and tissue donors and about the families of these donors with family members and friends who are involved in your care or paying for your care. When possible, we will allow you to tell us who you would like to be involved in your care. However, in emergencies or other situations in which you are unable to tell us who to share information with, we will use our best judgment and share only information that others need to know. We may also share information about you with a public or private agency during a disaster so that the agency can help your family or friends to tell them where you are and how you are doing.

For Research: We may use and share medical information about you for the research we do to improve public health and develop new knowledge. For example, a research project may compare the health and recovery of patients who received one medication for an illness to those who received a different medication for the same illness. We use and share your information for research only as allowed by federal and state rules. Each research project is approved through a special committee of physicians, notifiers, and non-affiliated scientists. We will use your information only for the research needs with the patient’s need for privacy. Pre-approval by this committee may not be required when researchers are preparing a research project to protect confidentiality about patients with specific medical needs so long as the medical information does not leave our medical practice or health care organization. We will use specific information about patients with specific medical needs so long as the medical information does not leave our medical practice or health care organization; and

- A correctional institution if you are an inmate;
- A school to confirm that you have been immunized; and/or
- A business associates we have contracted with to perform a service, such as mailings, for us.

For the Hospital Directory: If you are admitted to the hospital, your name, address, age, sex, and other pertinent information (such as "fair" or "stable"), and your religion is included in the patient directory at the information desk. This helps families, friends, and clergy visit you and have spiritual conversations. Except for your religion, this information may be shared with visitors or phone callers who ask for you by name. Unless you tell us otherwise, we will assume you want to be listed with a member of the clergy, such as a priest or rabbi, even if you are not asked for by name. If you ask us to take your name from the directory, you will be listed "by name only" and will not be listed in the information desk. We will not share your information even if you are asked for by name, nor will we confirm your presence in the facility.

To Inform Family Members and Friends Involved in Your Care or Paying for Your Care: We may share your information with family members and friends who are involved in your care or paying for your care. Whenever possible, we will allow you to tell us who you would like to be involved in your care. However, in emergencies or other situations in which you are unable to tell us who to share information with, we will use our best judgment and share only information that others need to know. We may also share information about you with a public or private agency during a disaster so that the agency can help your family or friends to tell them where you are and how you are doing.

To Tell You About Treatment Options or Health-related Products and Services: We may share your information to let you know about treatment options or health-related products or services that may interest you.

For Worker’s Compensation: We may share medical information about you with those who have a legal need to know in order to provide benefits for work-related illnesses or injuries.

For Fundraising: We rely on fundraising to support advances in patient care, research, and education and to provide many special services and programs to our patients and the community. We may use your information to contact you about fundraising activities or to notify you of important medical or public health matters. We may use your name, address, age, sex, and other contact number, and other contact information (such as e-mail address), health care information, and public health information about where you received services at EHS, the names of your doctors and outcome of your services (such as "excellent", "good", or "fair"), and other services that are important for your care. We may also share information about foreign military personnel to the proper foreign military authority.

What are Your Rights?

You have certain rights to control your medical information: The records we create and maintain using your medical information belong to EHS; however, you have the following rights:

Right to Revoke an Authorization: You have a right to revoke a previous authorization you have made for uses and disclosures at any time, provided that the revocation is submitted in writing to our Health Information Management Department at the address listed on the front of this brochure. The revocation will go into effect upon receipt of your request; however, we cannot take back any medical information that has already been shared prior to submitting your revocation request.

Right to Review and Get a Copy of Your Medical Information: You have the right to look at and get a copy of your medical information, including billing records, as long as the information is kept by or for EHS and you were a patient of EHS. You have the right to ask to see your medical information at least once a year. If you want to limit the information beyond an episode of care, you will have to pay in full for each future visit as well.

Right to Notice in Case of a Breach: You have a right to know if your medical information has been breached. We will follow the federal and state privacy and security laws require, including notifying you in writing of any impact that breach may have had on your personal information and any actions we have taken to mitigate that impact.

Right to Ask for Limits on the Use and Sharing of Your Medical Information: You have the right to ask that we limit the use or sharing of information about you for treatment, payment, or business reasons. You also have the right to ask us to limit the medical information we share about you with someone involved in your care or payment, such as your spouse, a family member or friend. For example, you could ask that we not share information about a surgery you had.