



**HIPAA Privacy Procedure #12**

**Distribution of Notice of Privacy Practices**

Effective Date: April 14, 2003  
Reviewed Date: February, 2011  
Revised Date:  
Scope: Radiation Oncology

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**Policy Expectation:**

Washington University (WU) has adopted a Notice of Privacy Practices (Notice) policy setting forth the general privacy standards that apply to Protected Health Information (PHI). The Notice is designed to ensure that Individuals are aware of their rights and responsibilities concerning their PHI and to set forth duties with respect to internal Use and external Disclosure of PHI.

The Notice of Privacy Practices applies to all Individuals receiving health care services, other than inmates.

It is imperative that delivery of the Notice not impede the delivery of services that are either urgent or emergent.

**Why is this important?**

- Compliance with all HIPAA privacy regulations is required of all Radiation Oncology Divisions creating, collecting or holding PHI regarding Individuals.
- Failure to comply may result in being liable for civil and criminal penalties.

**What do you need?**

- Copy of the HIPAA Policy on Notice of Privacy Practices.
- Copy of the Joint Notice of Privacy Practices (joint document for WU, BJH, SLCH), both long and summarized versions. A sample of the long version is attached for reference as Exhibit A.
- Methods of communicating the Notice via hard copy, verbally, fax, and/or electronically via web site or email.
- Method of documenting that the Notice was offered and the outcome of that offer.
- Method for securing acknowledgment of Notice at the time of service.
- Process for dealing with Individuals who cannot read, do not read or speak English, are hearing impaired or visually impaired related to understanding the process of communication of the Notice.
- Procedure #15 for handling of privacy notices related to research.

**NOTE: Radiation Oncology Medical Records are owned by Barnes-Jewish Hospital. BJH will be distributing the Privacy Notices in patient care areas.**

BJH LOGO

SLCH LOGO  
JOINT NOTICE OF PRIVACY PRACTICES

WU LOGO

Effective Date: April 14, 2003  
Last Revision Date: None

*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.*

This Notice serves as a joint notice for Barnes-Jewish Hospital, St. Louis Children's Hospital and Washington University School of Medicine (collectively referred to herein as "we" or "our"). We have designated ourselves as an organized health care arrangement under the Health Insurance Portability and Accountability Act of 1996. We will follow the terms of this Notice and may share health information with each other for purposes of treatment, payment and health care operations as described in this Notice. Since we maintain health information separately, we will respond separately to your questions, requests and complaints concerning your health information.

**OUR DUTIES REGARDING YOUR HEALTH INFORMATION**

We respect the confidentiality of your health information and recognize that information about your health is personal. We are committed to protecting your health information and to informing you of your rights regarding such information. We are also required by law to protect the privacy of your protected health information and to provide you with notice of these legal duties. This Notice explains how, when and why we typically use and disclose health information and your privacy rights regarding your health information. In our Notice, we refer to our uses and disclosures of health information as our "Privacy Practices." Protected health information generally includes information that we create or receive that identifies you and your past, present or future health status or care or the provision of or payment for that health care. We are obligated to abide by these Privacy Practices as of the effective date listed above.

We may, however, change our Privacy Practices in the future and specifically reserve our right to change the terms of this Notice and our Privacy Practices. We will communicate any change in our Notice and Privacy Practices as described in Section V below. Any changes that we make in our Privacy Practices will affect any protected health information that we maintain.

Generally, our Privacy Practices strive:

- ❖ To make sure that health information that identifies you is kept private;
- ❖ To give you this Notice of our Privacy Practices and legal duties with respect to protected health information;
- ❖ To follow the terms of the Notice that is currently in effect; and
- ❖ To make a good faith effort to obtain from you a written acknowledgement that you have received or been given an opportunity to receive this Notice.

**HEALTH CARE PROVIDERS INCLUDED IN THIS NOTICE**

Our Notice serves as a Joint Notice and we will follow the terms of this Notice. This Notice, however, also describes the Privacy Practices of BJC HealthCare affiliated facilities and personnel ("BJC affiliated sites"). Specifically, our Notice also describes the Privacy Practices of:

- ❖ Any BJC HealthCare affiliated hospital and the health care professionals authorized to enter information into your hospital chart;

- ❖ All departments and units of our affiliated hospitals, including BJC Pharmacies;
- ❖ All of our employed physicians and their practice sites;
- ❖ All hospital-based physicians such as anesthesiologists, pathologists and radiologists;
- ❖ Any member of a volunteer group we allow to help you while you are receiving care from us;
- ❖ BJC Long Term Care and Senior Services, BJC Corporate Health Services, BJC Behavioral Health, and BJC Home Care Services;
- ❖ All employees, staff and other BJC HealthCare affiliated hospital personnel, including those employees or personnel of any other BJC HealthCare affiliated hospital.

A complete listing of our general classes of service delivery sites and the affiliated BJC HealthCare entities addressed in this Notice are listed on the last pages of this Notice, each of whom have agreed to follow the terms of our Notice.

Our Notice does not address the privacy practices that your personal doctor (if not employed by us) may use in his or her private office and will not affect the medical decisions they make in your care and treatment.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

We use and disclose your protected health information in a variety of circumstances and for different reasons. Many of these uses and disclosures require your prior authorization. There are situations, however, in which we may use and disclose your health information without your authorization. Many of these uses and disclosures will occur with your treatment, for payment of health services or for our health care operations. There are additional situations, however, where the law permits or requires us to use and disclose your health information without your authorization. These situations will also be described in this section of the Notice. Specifically, we may use and disclose your protected health information as follows:

### **For Treatment, Payment and Health Care Operations**

- 1. For Your Treatment.** We may use and/or disclose your protected health information to physicians, nurses, dietitians, technicians, residents, medical or other health professional students, physical therapists or other health care personnel who are involved in your care and who will provide you with medical treatment or services. For example, if you have had surgery or just had a baby, we may contact a home health care agency to arrange for home services or to check on your recovery after you are discharged from the hospital.
- 2. For Payment of Health Services that You Receive.** We may use and/or disclose your protected health information to bill and receive payment for the health services that you receive from us. For example, we may provide your health information to our billing or claims department to prepare a bill or statement to send to your insurance company, including Medicare or Medicaid, or another group or individual that may be responsible for payment for your health services.
- 3. For Our Health Care Operations.** We perform many activities to help assess and improve the services that we provide. Such activities include, among others, participating in medical or nursing training programs or education, performing quality reviews, conducting patient opinion surveys, developing clinical guidelines and protocols, engaging in case management and care coordination, business management, insurance or legal compliance reviews or participating in accreditation surveys such as the Joint Commission for the Accreditation of Healthcare Organizations. These activities are referred to as “health care operations.” We may use and/or disclose health information for purposes of any of these health care operations.

For example, we may use health information to assess the scope of our services or to determine if additional health services are needed. In determining what services are needed, we may disclose health information to physicians, medical or other health or business professionals for review, consultation, comparison and planning. If we use or disclose health information in this manner, we may try to remove any information that identifies you to further protect your health information. Additionally, we may disclose health information to auditors, accountants, attorneys, government regulators, or other consultants to assess and/or ensure our compliance with laws or to represent us before regulatory or other governing authorities or judicial bodies.

**4. For Another Provider's Treatment, Payment or Health Care Operations.** The law also permits us to disclose your protected health information to another health care provider involved with your treatment to enable that provider to treat you and get paid for those services as well as for that provider's health care operation activities involving quality reviews, assessments or compliance audits.

**5. Special Circumstances When We May Disclose Your Health Information related to Treatment, Payment or Health Care Operations.** After removing direct identifying information (such as your name, address, and social security number) from the health information, we may use your health information for research, public health activities or other health care operations (such as business planning). While only limited identifying information will be used, we will also obtain certain assurances from the recipient of such health information that they will safeguard the information and only use and disclose the information for limited purposes.

Additionally, we may disclose health information to outside organizations or providers in order for them to provide services to you on our behalf. We will also seek written assurances from these providers to safeguard the health information that they receive.

### **For Permitted or Required by Law Activities.**

There are situations where we may use and/or disclose your health information without first obtaining your written authorization for purposes other than treatment, payment, or health care operations. Except for the specific situations where the law requires us to use and disclose information (such as reports of births to the health department or reports of abuse or neglect to social services), we have listed all these permitted uses and disclosures in this section.

**1. For Public Health Activities.** We may use or disclose health information to a public health authority that is authorized by law to collect or receive information in order to report, among other things, communicable diseases and child abuse, or to the F.D.A. to report medical device or product related events. In certain limited situations, we may also disclose health information to notify a person exposed to a communicable disease.

**2. For Health Oversight Activities.** We may disclose health information to a health oversight agency that includes, among others, an agency of the federal or state government that is authorized by law to monitor the health care system.

**3. For Law Enforcement Activities.** We may disclose limited health information in response to a law enforcement official's request for information to identify or locate a victim, a suspect, a fugitive, a material witness or a missing person (including individuals who have died) or for reporting a crime that has occurred on our premises or that may have caused a need for emergency services.

**4. For Judicial and Administrative Proceedings.** We may disclose health information in response to a subpoena or order of a court or administrative tribunal.

**5. To Coroners, Medical Examiners, and Funeral Directors.** We may release health information to a coroner or medical examiner to identify a deceased person or to determine the cause of death.

**6. For Purposes of Organ Donation.** We may disclose health information to an organ procurement organization or other facility that participates in the procurement, banking or transplantation of organs or tissues.

**7. For Purposes of Research.** We conduct and participate in medical, social, psychological and other types of research. Most research projects are subject to a special approval process to evaluate the proposed research project and its use of health information before we use or disclose health information. In certain circumstances, however, we may disclose health information to people preparing to conduct a research project to help them determine whether a research project can be carried out or will be useful, so long as the health information they review does not leave our premises.

Additionally, because we are committed to advancing science and medicine, and as a part of your treatment, our clinicians may offer you information about clinical research trials (investigational treatments). To determine whether you are a candidate for certain clinical trials, our clinicians and research personnel may occasionally review your medical records and compare your information to the clinical trial requirements.

**8. To Avoid Harm to a Person or for Public Safety.** We may use and disclose health information if we believe that the disclosure is necessary to prevent or lessen a serious threat or harm to the public or the health or safety of another person.

**9. For Specialized Government Functions.** We may use and disclose health information of certain military individuals, for specific governmental security needs, or as needed by correctional institutions.

**10. For Workers' Compensation Purposes.** We may disclose your health information to comply with the workers' compensation laws or other similar programs.

**11. For Appointment Reminders and to Inform You of Health Related Products or Services.** We may use or disclose your health information to contact you for medical appointments or other scheduled services, or to provide you with information about treatment alternatives or other health-related products and services.

**12. For Fund-raising Purposes.** We may use or disclose demographic information, including the dates that you received health care from us, to contact you to raise funds for us to continue or expand our health care activities. If you do not wish to be contacted as part of our fund-raising efforts, please contact the individual(s) listed in Section VII of this Notice.

### **When your preferences will guide our use or disclosure.**

While the law permits certain uses and disclosures without your authorization, the law also provides you with an opportunity to inform us of your preference, in certain limited situations, concerning the use or disclosure of your health information. For these limited uses and disclosures, we may simply ask and you may simply tell us your preference concerning the use or disclosure of your health information. These limited situations include:

**1.** Facility directory information on individuals who are receiving health services from us. A facility directory may include your name, your location in the facility, your general condition such as fair, stable, etc., and your religious affiliation (if provided by you). Unless you tell us that you would like to restrict your information in a facility directory, you will be included and directory information may be disclosed to members of the clergy or to people who ask for you by name.

**2.** The information, if any, given to family or friends. Unless you tell us otherwise prior to a discussion or if your situation appears to permit us, we may disclose to a family member, other relative or a close personal friend health information concerning your care, including information concerning the payment for your care.

## **All Other Uses and Disclosures Require Your Prior Written Authorization.**

For situations not generally described in our Notice, we will ask for your written authorization before we use or disclose your health information. You may revoke that authorization, in writing, at any time to stop future disclosures of your information. Information previously disclosed, however, will not be requested to be returned nor will your revocation affect any action that we have already taken. In addition, if we collected the information in connection with a research study, we are permitted to use and disclose that information to the extent it is necessary to protect the integrity of the research study.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

**This portion of our Notice describes your individual privacy rights regarding your health information and how you may exercise those rights.**

### **Requesting Restrictions of Certain Uses and Disclosures of Health Information.**

You may request, in writing, a restriction on how we use or disclose your protected health information for your treatment, for payment of your health care services, or for activities related to our health care operations. You may also request a restriction on what health information we may disclose to someone who is involved in your care, such as a family member or friend. To make a request to Washington University, please contact the individual listed in Section VII of this Notice. For hospitals or BJC affiliated sites, please contact the medical records department or other designated department that maintains your health information.

*We are not required to agree to your request.* Additionally, any restriction that we may approve will not affect any use or disclosure that we are legally required or permitted to make under the law, including our facility directory.

### **Requesting Confidential Communications.**

You may request and receive reasonable changes in the manner or the location where we may contact you for appointment reminders, lab results or other related information.

**You must make your request in writing and specify the alternate method or location where you wish to be contacted and how you will handle payment for your health services. To make a request to Washington University, please contact the individual listed in Section VII of this Notice. For hospitals or BJC affiliated sites, please contact the medical records department or other designated department that maintains your health information. We will accommodate your reasonable request, but in determining whether your request is reasonable, we may consider the administrative difficulty it may impose on us.**

### **Inspecting and Obtaining Copies of Your Health Information.**

You may ask to look at and obtain a copy of your health information. You must make your request in writing. For Washington University, please submit your request to the individual listed in Section VII of this Notice. For hospitals or BJC affiliated sites, please submit your request to the medical records department or other designated department that maintains your health information. For instance, if you would like to view your records from your surgery at Barnes-Jewish Hospital and the related physician office records, you must submit a request at both Barnes-Jewish Hospital and your physician's office.

We may charge a fee for copying or preparing a summary of requested health information. We will respond to your request for health information within 30 days of receiving your request unless your health information is not readily accessible or the information is maintained in an off-site storage location.

### **Requesting a Change in Your Health Information.**

You may request, in writing, a change or addition to your health information. To make a request to Washington University, please submit your request to the individual listed in Section VII of this Notice. For hospitals or other BJC affiliated sites, please submit your request to the medical records department or other designated department that maintains your health information. The law limits your ability to change or add to your health information. These limitations include whether we created or include the health information within our medical records or if we believe that the health information is accurate and complete.

without any changes. Under no circumstances will we erase or otherwise delete original documentation in your health information.

### **Requesting an Accounting of Disclosures of Your Health Information.**

You may ask, in writing, for an accounting of certain types of disclosures of your health information. The law excludes from an accounting many of the typical disclosures, such as those made to care for you, to pay for your health services, or where you provided your written authorization to the disclosure.

*To make a request for an accounting: for Washington University, please submit your request to the individual listed in Section VII of this Notice; for hospitals or other BJC affiliated sites, please submit your request to the medical records department or other designated department that maintains your health information. Generally, we will respond to your request within 60 days of receiving your request unless we need additional time.*

### **Obtaining a Notice of Our Privacy Practices.**

We provide you with our Notice to explain and inform you of our Privacy Practices. You may also take a copy of this Notice with you. Even if you have requested this Notice electronically, you may request a paper copy at any time. You may also view or obtain a copy of this Notice at our websites:

[www.bjc.org](http://www.bjc.org) and [www.WUPhysicians.wustl.edu](http://www.WUPhysicians.wustl.edu)

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice concerning our Privacy Practices affecting all the health information that we now maintain, as well as information that we may receive in the future. We will provide you with the revised Notice by making it available to you upon request and by posting it at our service sites. We will also post the revised Notice on our websites.

### **COMPLAINTS**

**We welcome an opportunity to address any concerns that you may have regarding the privacy of your health information. If you believe that the privacy of your health information has been violated, you may file a complaint with the individual(s) listed in Section VII of this Notice. You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services.**

**YOU WILL NOT BE PENALIZED OR RETALIATED AGAINST FOR FILING A COMPLAINT.**

### **CONTACT PERSONS**

*It is important to note that requests made to Barnes-Jewish Hospital, St. Louis Children's Hospital and Washington University must be made separately. Any requests or complaints to one provider will not be deemed to be filed with any of the other providers covered by or addressed in this Joint Notice.*

*For questions, concerns, requests or complaints concerning Barnes-Jewish Hospital or St. Louis Children's Hospital, you may contact the Patient Advocate/Representative who will assist you by contacting the Barnes-Jewish Hospital or St. Louis Children's Hospital Operator at the telephone number listed below and requesting the patient advocate or patient representative or by writing to the patient advocate or patient representative at the address shown below.*

*For questions, concerns, requests or complaints concerning Washington University or its providers, you may contact the Privacy Officer at the telephone number or address listed below. To look at or obtain a copy of your health information from a Washington University physician or provider, you may contact the Washington University physician or provider currently treating you. If you cannot contact your Washington University physician or provider or if you want to look at or obtain a copy of your health information from more than one Washington University physician or provider, you may contact the Washington University Privacy Officer at the telephone number or address listed below.*

**Barnes-Jewish Hospital**

**Patient Advocate/Patient Representative**

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**St. Louis Children’s Hospital  
Patient Advocate/Patient Representative**

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Washington University  
Privacy Officer**

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**BJC HEALTHCARE**

**SERVICE DELIVERY SITES**

**BJC HealthCare Hospitals**

- Alton Memorial Hospital*
- Barnes-Jewish Hospital*
- Barnes-Jewish St. Peters Hospital*
- Barnes-Jewish West County Hospital*
- Boone Hospital Center*
- Christian Hospital NE/NW*
- Fayette County Hospital*
- Missouri Baptist Medical Center*
- Missouri Baptist Hospital - Sullivan*
- Parkland Health Center -- Bonne Terre*
- Parkland Health Center - Farmington*
- St. Louis Children’s Hospital*

**BJC HealthCare Long Term Care Facilities**

- BJC Extended Care, Village North Manor, Village North Health and Retirement Center*
- Eunice Smith, Fayette County Hospital Long Term Care*

**BJC Behavioral Health**

**BJC Corporate Health**

**BJC Home Care Services**

**BJC Medical Group Offices**

**BJC Retail Pharmacies**

**Heart Care Institute**

For more information concerning BJC HealthCare facility locations, please visit our website at [www.bjc.org](http://www.bjc.org) or call (314) TOP-DOCS (867-3627).