



JOINT NOTICE OF PRIVACY PRACTICES

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 BJC HealthCare affiliated hospitals and providers (collectively referred to as “we” or “our” or “us”). Because we are affiliated health care providers as defined by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, we have elected to prepare a joint Notice concerning our privacy practices. 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.

OUR DUTIES REGARDING YOUR HEALTH INFORMATION

We respect the confidentiality and personal nature of your health information. We are committed to protecting your health information and to informing you of your rights regarding such information. We are required by law to protect the privacy of your protected health information, to provide you with notice of these legal duties and to notify you following a breach of unsecured protected health information. 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 below.

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 at the end of this Notice. Any changes that we make in our Privacy Practices will affect any protected health information that we maintain.

Specifically, our Privacy Practices strive:

To ensure 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

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

To notify you in writing within 60 days in the event your health information is compromised by BJC HealthCare, one of our affiliates, or by someone with whom we have contracted to conduct business on our behalf

BJC HEALTHCARE PROVIDERS INCLUDED IN THIS NOTICE

Our Notice serves as a joint notice for all BJC HealthCare affiliated entities, sites and locations, each of which will follow the terms of this Notice.

Specifically, our Notice describes our Privacy Practices and that of:

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

All our departments and units, including BJC pharmacies

All physicians employed by us 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 in one of our hospitals or while receiving care from us

All employees, staff and other health care personnel, including those employees or personnel of any other BJC hospital or provider

BJC Corporate Health Services, BJC Behavioral Health, BJC Home Care Services, and BJC Vision Centers

A complete listing of the BJC HealthCare affiliated hospitals and providers and the general classes of service delivery sites covered by our Notice may be found on the last page of this 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 he/she makes in your care and treatment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION

For Treatment, Payment and Health Care Operations

1. For Your Treatment We may use and/or disclose to health care providers and other 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 We may use and/or disclose to bill and receive payment for the 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 you, your insurance company, including Medicare or Medicaid, or another group or individual that may be responsible for payment of your health services.

3. For Our Health Care Operations We may use and/or disclose to help assess and improve the health care services or other services that we provide.

For example, we may use your 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 your health information to physicians, medical or other health or business professionals for review, consultation, comparison and planning. Additionally, we may disclose your 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.

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

4. Special Circumstances When We May Disclose Your Health Information on a Limited Basis 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.

In conducting or participating in activities related to treatment, payment and health care operations, we may add or combine your information into electronic (computer) databases with information from other health care providers to help us improve our health services. For instance, using a combined information database, we may have more information about your health to help us make more informed decisions about the range of treatments and care that may be available to you, including avoiding duplicate tests or conflicting treatment decisions. While we may not notify you about the inclusion of your data into these databases, you may be permitted to “opt-out” of some of these databases. We will make reasonable attempts to notify our patients, and perhaps the general public, of such opt-out options (when available) by posting notices in our facilities, on our websites or through social media.

For Activities Permitted or Required by Law

There are circumstances permitted or required by law where we may use and/or disclose your health information without first obtaining your written authorization for purposes other than for treatment, payment or health care operations including:

- 1. Public Health Activities** We may disclose 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 U.S. Food and Drug Administration (FDA) to report medical device or product-related events. In certain limited situations, we may also disclose your health information to notify a person exposed to a communicable disease.
- 2. 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. Law Enforcement Activities** We may disclose limited 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. Judicial and Administrative Proceedings** We may disclose health information in response to a subpoena or order of a court or administrative tribunal.
- 5. Coroners, Medical Examiners and Funeral Directors** We may release health information to a coroner or medical examiner to identify a deceased person or determine the cause of death.
- 6. Organ Donation** We may disclose health information to an organ procurement organization or other facility that participates in or makes a determination for the procurement, banking and/or transplantation of organs or tissues.
- 7. Research Purposes** We conduct and participate in medical, social, psychological and other types of research. Most research projects, including many of those involving the use of health information, are subject to a special approval process to evaluate the proposed research project and its use of health information before we use or disclose the requested 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. Unless you tell us that you do not want to participate in, or to exclude your health information from, either directly or through an opt-out provision (when available), your health information will be added to such databases that will be accessible for approved research projects. Any discarded or preserved bodily fluids or tissue samples (including organs) no longer needed for your clinical care may also be made available to researchers for research purposes.

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 may be a candidate for certain clinical trials, our clinicians and research personnel may at times review your health information and compare your information to the clinical trial requirements.
- 8. Avoidance of Harm to a Person or 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. Specialized Government Functions** We may use and disclose health information for specific governmental security needs, or as needed by correctional institutions.
- 10. Workers' Compensation Purposes** We may disclose your health information to comply with workers' compensation laws or other similar programs.
- 11. Appointment Reminders and to Inform You of Health-Related Products or Services** We may use or disclose your health information in order for us to contact you for appointments or other scheduled services, or to provide you with information about treatment alternatives or other health-related products and services.
- 12. Billing and Collection Purposes** We may use or disclose your health information for the purpose of obtaining payment for services provided. You may be contacted by mail or telephone at any telephone number associated with you, including wireless numbers. Telephone calls may be made using pre-recorded or artificial voice messages and/or automatic dialing

device (an “autodialer”). Messages may be left on answering machines or voicemail, including any such message information required by law (including debt collection laws) and/or regarding amounts owed by you. Text messages or emails using any email addresses you provide may also be used in order to contact you.

13. Fundraising Purposes We may use or disclose demographic information including names, addresses, other contact information, age, gender, date of birth and 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 fundraising efforts, please contact the individuals referred to in the Complaint Section below. If you decide you do not wish to be contacted as part of our fundraising efforts, we will not condition service or payment upon that decision.

When Your Preferences will Guide Our Use or Disclosure

- 1. Facility Directory** 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 do not want to be included in the 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 your family or friends** Unless you tell us otherwise prior to a discussion, we may disclose to a family member or a close personal friend health information concerning your care, including information concerning the payment for your care.
- 3. Other** You may request in writing that we not share your information with a health care plan for services that you have paid for in full.

Uses and Disclosures that Require Your Written Authorization

1. In most cases, disclosure of psychotherapy notes.
2. We will not engage in disclosures that constitute a sale of your health information without your written authorization. A sale of protected health information occurs when we, or someone we contract with directly or indirectly, receive payment in exchange for your protected health information.
3. We will not use or disclose your protected health information for marketing purposes without your written authorization. Marketing is defined as receipt of payment from a third party for communicating with you about a product or service marketed by the third party.

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

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. You must make a request to the medical records department (or another designated department) that maintains your health information.

We are not required to agree to your request in all circumstances. 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.

Requesting Confidential Communications

You may request changes in the manner in which we communicate with you or the location where we may contact you. You must make your request in writing. See contact information below. 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/or obtain a copy of your health information. You must make your request, in writing, to the medical records department (or another designated department) that maintains your health information. For instance, if you would like to view your records from your surgery at a BJC HealthCare affiliated hospital and the related physician office records, you must submit separate requests at both the hospital where you had your surgery and your physician's office.

We may charge a fee for copying or preparing a summary of requested health information. We will generally 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. You must make your request in writing. See contact information below. 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 made of your health information. See contact information below. 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 had provided your written authorization to the disclosure. Generally, we will respond to your request within 60 days of receiving your request unless we need additional time.

Notification Following a Breach of Unsecured Protected Health Information

We will notify you within a reasonable time not to exceed 60 days, in writing, in the event your health information is compromised by BJC HealthCare, one of our affiliates or by someone with whom we contracted to conduct business on our behalf.

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 still request a paper copy at any time. You may also view or obtain a copy of our Notice at our website at www.bjc.org.

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 website.

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 our Patient Care Advocate/Representative, HIPAA Liaison or with the Secretary of the U.S. Department of Health and Human Services.

To obtain assistance from the Patient Advocate/Representative or HIPAA Liaison, contact the Operator at any of our facilities or offices and request the Patient Advocate/Representative or HIPAA Liaison. The Patient Advocate/Representative or HIPAA Liaison may also be contacted for any questions concerning this Notice.

It is important to note that requests or complaints must be made to the hospital or office where your privacy concern arose. Any requests or complaints made will not be deemed to be filed with any of the other hospitals or providers covered by or addressed in this Joint Notice.

Be assured that filing a complaint will have no impact on your care or result in penalty or retaliation of any kind.

For more information concerning this Notice or any of our locations, please access our website at www.bjc.org or call 314-362-9355 or 1-800-392-0936.

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 and Northwest HealthCare

Missouri Baptist Medical Center

Missouri Baptist Sullivan Hospital

Parkland Health Center - Bonne Terre

Parkland Health Center - Farmington

Parkland Health Center - Weber Road

Progress West Hospital

St. Louis Children's Hospital

BJC HealthCare Long-Term Care Facilities

Barnes-Jewish Extended Care

Eunice Smith Home

Other BJC Service Organizations

BJC Behavioral Health
BJC Corporate Health Services
BJC Home Care Services
Boone Hospital Home Care and Hospice
BJC Medical Group Offices
BJC Retail Pharmacies
BJC Vision Centers
Fairview Heights Medical Group
Heart Care Institute

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