WE ARE REQUIRED BY LAW TO:

- Have regard for the use and disclosure of protected health information. We are required to comply with
- All of these people follow the terms of this notice. They may also share health information that identifies

OUR PLEDGE REGARDING HEALTH INFORMATION:

- That we understand that health information about you and your health is personal. We are committed to
- Protecting health information about you. This notice will tell you about the ways we may use and disclose
- health information about you. This notice also describes your rights and certain obligations we

This notice describes our practices and those of:

- Any medical staff member who participates in your care;
- Any volunteer we allow to help you while you are here; and
- All employees of any hospital, clinic, laboratory, or other facility affiliated with LHS.

All of these people follow the terms of this notice. They may also share health information that identifies
you (also known as “protected health information”) with each other for treatment, payment or health care operations as described below.

Disclosures

WE ARE REQUIRED BY LAW TO:

- Maintain the privacy of health information that identifies you;
- Give you and other individuals this notice of our legal duties and privacy practices with respect to
- Follow the terms of the notice that is currently in effect; and
- Notify affected individuals in the event of a breach involving unsecured protected health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

- For Treatment. We may use and disclose your health information to provide you with medical treatment. For example, we may use or disclose health information about you to provide you with medical care and services. We may disclose health information to doctors, nurses, technicians, and other medical staff who are involved in your care. We may use or disclose health information about you to help us determine what treatment you should receive and to coordinate your care.
- For Payment. We may use and disclose your health information for purposes of receiving payment for treatment and services that you receive. For example, we may disclose your information to health plans or other payers to determine whether you are entitled to health benefits or to submit claims for payment. The information on our bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. We may provide health information to entities that help us submit bills and collect amounts owed, such as a collection agency.
- For Health Care Operations. We may use and disclose your health information for operational purposes. For example, your health information may be used by, and disclosed to, members of the medical staff, including doctors and nurses to help provide you with health care. We may also use or disclose health information from other participants in a health information exchange to help improve the quality and effectiveness of the health care we provide.
- Health Information Exchange. We may participate in one or more health information exchanges or other health information registries and may use and disclose your health information through these exchanges for certain purposes described in this notice. For example, we may disclose your health information to or obtain your health information from other participants in a health information exchange that have treated you in order to coordinate your care. We may use a health information exchange to obtain information for payment for the care you receive. We may also disclose or obtain your health information through a health information exchange for quality assessment or improving health and reducing health care costs. We may disclose your health information to an electronic health information registry to report certain diseases or for other public health purposes.
- Facility Directory. Unless you object, we may include you in the facility directory. This information may include your name, room number, and that you are a patient in the hospital. The directory may be accessed by law enforcement officials, the news media, and by others who have a legitimate need to know if you are present in the hospital. This notice of your presence may also be shared with family members and friends of the hospital who are your visitors.
- Others Involved In Your Care. We may disclose relevant health information to a family member, friend, or anyone else you designate in order for that person to be involved in your care or payment related to your care. We may also disclose health information to those assisting in disaster relief efforts so that others can be notified of your condition, status and location.
- Fundraising. We do not use or disclose your information for fundraising. We may use and disclose your health information about you as required by law. For example, we are required to disclose information about you to the U.S. Department of Health and Human Services so that it can ensure compliance with federal privacy law.
- Reporting Abuse, Neglect or Domestic Violence. We may disclose health information to an appropriate government authority, including a protective services agency, if we believe an individual is the victim of abuse, neglect or domestic violence. We will inform the individual that we have made such a disclosure to the extent that we can do so without harm. We will make such reports only as required or authorized by law, or if the individual agrees.
- Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities (e.g., state health department, Center for Disease Control, etc.) to prevent or control disease, injury, or disability, or for other public health activities.
- Law Enforcement Purposes. Subject to certain restrictions, we may disclose your information needed or required by law enforcement.
- Judicial And Administrative Proceedings. We may disclose information in response to an appropriate subpoena, discovery request or court order.
- Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections to monitor the health care system.
- Decedents. Health information may be disclosed to funeral directors, medical examiners or coroners to enable them to carry out their lawful duties.
- Organ/ Tissue Donation. Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

YOUR HEALTH INFORMATION RIGHTS

- You have the right to:
  - Obtain a paper copy of this notice of information practices upon request, even if you have previously agreed to receive this notice electronically.
  - Obtain a paper copy of your health information that we maintain, or direct us to send a copy of your health information to another person designated by you in writing. In most cases we will provide this to you, or the person you designate, within 30 days of your request.
  - Request an amendment of your health information if you think it is incorrect or incomplete. We may deny your request if it is not sufficiently complete or if we do not agree with your request, but we will tell you why within 60 days of receiving your request.
  - Request a confidential communication of your health information by alternative means or at alternative locations. Please be advised that this request for alternative means or locations of communications applies only to this provider or location.
  - Receive an accounting (a list) of the disclosures we have made of your health information for the six years prior to your request, except for certain disclosures that we are not required to include (such as disclosures that you have authorized us to make). We will also include in the list the reason for the disclosure and the recipient. We will provide one accounting per year at no charge, but if you ask for additional accountings within the same 12-month period, we may charge a reasonable, cost-based fee.
  - Request a restriction on certain uses and disclosures of your information. We are not required to agree to a requested restriction, except for requests to limit disclosures to your health plan for purposes of payment or health care operations when you have paid for the item or service covered by the request out-of-pocket and in full and when the uses or disclosures are not required by law.

If you have given another individual a medical power of attorney, or if another individual is appointed as your legal guardian or is authorized by law to act on your behalf, that individual may exercise any of the rights listed above for you. We will confirm this individual has the authority to act on your behalf before we take any action.

To exercise any of these rights, please contact our Privacy Officer at the address at the end of this notice.

CHANGES TO THIS NOTICE:

- We reserve the right to change the terms of this notice and make the new terms effective for all protected health information we maintain. If we make a material change, we will post a copy of the notice on our website at www.Lovelace.com. You may also get a current copy by contacting our Privacy Officer at the address at end of this notice. The effective date of the notice is in the top right-hand corner of each page.

COMPLAINTS:

- If you believe your privacy rights have been violated, you may file a complaint with LHS or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with LHS, submit your written complaint to our Privacy Officer at the address at end of this notice. You will not be penalized for filing a complaint.

- If you believe your privacy rights have been violated, you may file a complaint with LHS or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with LHS, submit your written complaint to our Privacy Officer at the address at end of this notice. You will not be penalized for filing a complaint.

Contact Information For Questions or To File A Complaint:

If you have any questions about this notice, want to exercise one of the rights that are described in this notice, or want to file a complaint, please contact the LHS Privacy Officer at: