

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.

I. Who We Are

This Notice describes the privacy practices of Thomas Jefferson University (TJU), including the clinical operations referred to as Jefferson Health, which includes Thomas Jefferson University Hospitals, Inc. (TJUH, Inc.), Jefferson University Physicians (JUP), Abington Hospital, Abington Lansdale Hospital, Abington Health Physicians, Aria Health, Aria Health Physician Services, Kennedy University Hospital, Inc., Kennedy Medical Group Practice, P.C., and “Jefferson Health”), Magee Rehabilitation Hospital. This list of facilities may change from time to time; you may obtain an updated list of facilities by calling 1-833-391-2547.

Jefferson facilities include all patient care, research, laboratory and administrative space owned or leased by Jefferson and any location where Jefferson employees work. All employees, medical staff, students and other members of the Jefferson community (“we” or “us”) follow the terms of this Notice. Jefferson is required by law to maintain the privacy of your health information (“Protected Health Information” or “PHI”) and to provide you with this Notice.

II. How We May Use and Disclose Health Information – Treatment, Payment and Health Care Operations

Jefferson Health understands that information about you and your health is very personal. Therefore, we strive to protect your privacy. We are required by law to maintain the privacy of our patients’ protected health information (“PHI”) and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We will only use and disclose your PHI as described in this Notice. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice and to make the new notice provisions effective for all PHI we maintain. Any revised notice will be available upon request and on our website at -----

Unless you expressly indicate to the contrary, you agree to receive such information from us and from the persons and entities with whom we share your PHI by automated means, which may include the use of an automatic telephone dialing system (“ATDS”), pre-recorded message, artificial voice and/or electronic mail (“email”)

A. Treatment

We may use and disclose your PHI in connection with your treatment and/or other services provided to you—for example, to diagnose and treat you. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services. We may also disclose PHI to other providers (e.g. physicians, nurses, pharmacists and other health care facilities involved in your treatment).

B. Payment

We may use and disclose your PHI to obtain payment for services that we provide to you—for example, to request payment from your health insurer and to verify that your health insurer will pay for your health care services.

C. Health Care Operations

We may use and disclose your PHI for our health care operations. These include internal administration and planning, and various activities that improve the quality and cost effectiveness of health care services. For example, we may use your PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. We may also use PHI to resolve patient problems and complaints.

D. Business Associates

We may contract with certain outside persons or organizations to perform certain services on our behalf, such as auditing, accreditation, legal services, etc. At times, it may be necessary for us to provide your information to one or more of these outside persons or organizations. In such cases, we require these business associates, and any of their subcontractors, to appropriately safeguard the privacy of your information.

E. Other Health Care Providers

We may also disclose PHI to other health care providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain health care operations, for example, for emergency ambulance companies to request payment for services in bringing you to the hospital.

F. Health Information Exchanges

We participate in Health Information Exchanges (HIEs) which, through secure connected networks with health care providers who participate in the HIEs, makes it possible for us to electronically share protected health information to coordinate patient care. We may electronically share your medical information through HIEs, among participating HIE members for the purposes of treatment, payment, health care operations, and other authorized purposes, to the extent permitted by law.

You have the right to “opt-out” or to decline participation in any HIE that we participate in. To opt out of an HIE you may use the Request for Restriction of Protected Health Information form found at: <https://hospitals.jefferson.edu/content/dam/health/PDFs/patients/patients-and-visitors/Request-For-Restrictions-Of-Protected-Health-Information-Form.pdf>

III. Other Uses and Disclosures of Your PHI for Which Your Written Authorization is Not Required

A. Use or Disclosure for the In-Patient Directory

If you are admitted to a Jefferson hospital facility, we may include your name, room number, general health condition and religious affiliation in our hospital patient directory without obtaining your written authorization, unless you choose to object after reading this Notice. Information in the hospital directory (other than religious affiliation) may be disclosed to anyone who asks for you by name, either in person or by telephone. This information, including your religious affiliation, may also be disclosed to members of the clergy.

B. Disclosure to Relatives, Friends and Other Caregivers

We may disclose your PHI to a family member, other relative, friend, or any other person if we:

- 1) obtain your agreement;
- 2) provide you with the opportunity to object to the disclosure and you do not object; or
- 3) we reasonably assume that you do not object.

If we provide information to any individual(s) listed above, we will release only information that we believe is directly relevant to that person’s involvement with your health care or payment related to your health care. We may also disclose your PHI in the event of an emergency or to notify (or assist in notifying) such persons of your location, general condition or death.

C. Fundraising Communications

We may contact you to request a donation to support important activities of Jefferson. We may disclose to our fundraising staff certain demographic information about you (e.g. your name, address, other contact information, age, gender, and date of birth), dates on which we provided health care to you, department of service information, your treating physician, outcome information, and your health insurance status. You may request to opt-out of receiving fundraising communications.

Jefferson will not condition treatment or billing for those services on your choice of whether to receive fundraising communications.

D. Public Health Activities

We may disclose your PHI for the following public health activities:

- 1) reporting births or deaths;
- 2) preventing or controlling disease, injury or disability;
- 3) reporting child abuse and neglect to public health or other government authorities authorized by law to receive such reports;

- 4) reporting information about products and services under the jurisdiction of the United States Food and Drug Administration, such as reactions to medications and problems with products;
- 5) alerting a person who may have been exposed to an infectious disease or may be at risk of contracting or spreading a disease or condition;
- 6) notifying people of recalls of products they may be using; and
- 7) reporting information to your employer as required by laws addressing work-related illnesses and injuries or workplace medical surveillance.

E. Victims of Abuse, Neglect or Domestic Violence

If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.

F. Health Oversight Activities

We may disclose your PHI to a health oversight agency that is responsible for ensuring compliance with rules of government health programs such as Medicare or Medicaid.

G. Legal Proceedings and Law Enforcement

We may disclose your PHI in response to a court order, subpoena or other lawful process.

H. Deceased Persons

We may disclose PHI of deceased individuals to a coroner, medical examiner or funeral director authorized by law to receive such information.

I. Obtaining Organs and Tissues

We may disclose your PHI to organizations that obtain organs or tissues for banking and/or transplantation.

J. Research

When conducting research, in most cases, we will ask for your written authorization before PHI is used. However, we may use or disclose your PHI without your specific authorization if Jefferson’s Institutional Review Board (“IRB”) has waived the authorization requirement. The IRB is a committee that oversees and approves research involving living humans.

K. Public Safety

We may use or disclose your PHI to prevent or lessen a serious and imminent threat to the safety of a person or the public.

L. Specialized Government Functions

We may release your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances, such as for intelligence, counter-intelligence or national security activities.

M. Workers’ Compensation

We may disclose your PHI as authorized by state law relating to workers’ compensation or other similar government programs.

N. Inmates

If you are or become an inmate of a correctional institution or you are in the custody of a law enforcement official, we may release your PHI to the institution or official if required to provide you with healthcare or to protect the health and safety of others.

O. As Required by Law

We may use and disclose your PHI when required to do so by any other laws not already referenced above.

IV. Uses and Disclosures Requiring Your Specific Written Authorization

For any purpose other than the ones described above, we may use or disclose your PHI only when you give Jefferson your specific written authorization. For instance, you will need to sign an authorization form before we send your PHI to a life insurance company. The following are examples of other uses or disclosures for which your specific written authorization is required:

A. Marketing

We may contact you as part of our marketing activities, as permitted by law. We will obtain your written permission when the uses and disclosures of PHI are for marketing purposes or other activities where we receive remuneration in exchange for disclosing such PHI

If you do not “opt-out” at the time you provide your PHI, you consent to Jefferson, its affiliates and business associates contacting you by automated means, which may include an ATDS. Your consent is not a condition of purchase. These messages may also include recurring text message promotions and special offers.

B. Sale of PHI

Should we wish to disclose your PHI in any manner that would constitute a sale of your PHI, we will obtain your written authorization to do so.

C. Highly Confidential Information

Federal and state laws require special privacy protections for certain highly confidential information about you. This includes:

- 1) psychotherapy notes;
- 2) documentation of mental health and developmental disabilities services;
- 3) information about drug and alcohol abuse, prevention, treatment and referral;
- 4) information relating to HIV/AIDS testing, diagnosis or treatment and other sexually transmitted diseases; and
- 5) information involving genetic testing and other genetic-related information.

Generally, we must obtain your written authorization to release this type of information. However, there are limited circumstances under the law when this information may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.

V. Your Rights Regarding Your Protected Health Information

A. Right to Inspect and Copy Your Health Information

You may request to see and receive paper or electronic copies of your medical and billing records. To do so, please submit a written request to the appropriate Jefferson office or department. You will be charged for copies in accordance with established professional, Pennsylvania and federal guidelines and laws. If you are a parent or legal guardian of a minor, certain portions of the minor’s medical record may not be shared or reproduced under the law (for example, records relating to abortion, contraception and/or family planning services) unless the patient him/herself authorizes Jefferson to give you access to this PHI. Additionally, under limited circumstances defined by law, we may deny you access to a portion of your records.

B. Right to Request Restrictions

You may request additional restrictions on Jefferson’s use and disclosure of your PHI:

- 1) for treatment, payment and health care operations,
- 2) to individuals (such as family members, or other relatives, close friends or any other person identified by you) involved with your care or with payment related to your care,
- 3) to notify or assist in the notification of such individuals regarding your location in the hospital and your general condition, and
- 4) to your health plan (i.e. third party insurer or healthcare payor) when the PHI is the result of a healthcare item or service that has been fully paid out of pocket.

We are not required to agree to your request, and we may say “no” if it would affect your healthcare or if we reasonably believe the information is accurate as is in your record. If we agree to a restriction, we will state the agreed restrictions in writing and will abide by them, except in emergency situations when the disclosure is needed for purposes of treatment.

If you wish to make a request to restrict the use of your PHI, please go the Jefferson site and complete the form as instructed: <https://hospitals.jefferson.edu/content/dam/health/PDFs/patients/patients-and-visitors/Request-For-Restrictions-Of-Protected-Health-Information-Form.pdf>

C. Right to Receive Confidential Communications

You may request, and we will accommodate, any reasonable written request from you to receive your PHI by alternative means of communication or at alternative locations. For example, you may instruct us not to contact you by telephone at home, or you may give us a mailing address other than your home for test results.

D. Right to Revoke Your Authorization

You may revoke your authorization, except to the extent that we have already used or disclosed your PHI. A revocation form is available upon request from the Jefferson Privacy Office, as noted below. This form must be completed by you and returned to the Privacy Office.

E. Right to Amend Your Records

You have the right to request that we correct PHI maintained in your medical or billing records. To do so, you must submit a written request to:

The Privacy Office
Jefferson Health
834 Chestnut Street, Suite 400

ATTN: Enterprise Chief Privacy Officer

We may say “no” to your request, but we will tell you why in writing within 60 days.

F. Right to Receive An Accounting of Disclosures

You may request a record of certain disclosures of your PHI. Your request may cover any disclosures made in the six years prior to the date of your request. Certain disclosures do not need to be included in this accounting, including the following: those made for treatment, payment and operations purposes;

G. Right to Receive Notification

You have the right to receive written notification from Jefferson in the event of a breach of unsecured PHI, i.e., if there is an unauthorized use or disclosure of your PHI which meets certain criteria under the law.

H. For Further Information; Complaints

If you have a question or wish to file a complaint about related to the privacy of your health care information, please contact The Privacy Office at 833-391-2547 or email us at privacyoffice@jefferson.edu or contact us by mail at:

Jefferson Health – Center City
834 Chestnut Street, Suite 400
Philadelphia, PA 19107

Attention: The Privacy Office

If you wish to remain anonymous, contact the Jefferson Alertline via telephone at 1-833-ONE_CODE (833-663-2633)

Additionally, you may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services located at 200 Independent Avenue, S.W., Washington, D.C. 20201 or email: OCRComplaint@hhs.gov

VI. Effective Date and Duration of This Notice

A. Effective Date

This Notice is effective on April 14, 2003.

B. Date of Revision

This Notice was revised September 23, 2013, April 28, 2017 and July 19, 2019.

C. Right to Change Terms of this Notice

We may change the terms of this Notice at any time. If we change this Notice, we will post the revised Notice in appropriate locations around Jefferson and on-line at [JeffersonHealth.org/PrivacyPractices](https://jeffersonhealth.org/PrivacyPractices). You also may obtain any revised notice by contacting the Privacy Office.

VII. European Union - General Data Protection Regulations

If you are a resident of a European Union Member state, please refer to the link for the EU General Data Protection Regulations: [JeffersonHealth.org/DataProtection](https://jeffersonhealth.org/DataProtection)

Arabic	ملاحظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. يرجى طلب المساعدة من أحد الموظفين.
Chinese Traditional	注意：如果您說中文，您可獲得免費的語言援助服務。如需協助請洽詢工作人員。
Dutch	WICHTIG: Wann du Deutsch (Pennsylvania Dutch/German) schwetszcht, darreftscht du ebber hawwe as dich helpe kann mit Englisch, unni as es dich ennich eppes koschte zell. Froog yuscht eens vun die Schaffleit do, un sie helpe dich.
French	ATTENTION : Si vous parlez français, des services d'aide linguistique sont disponibles gratuitement. Veuillez demander assistance à un membre du personnel.
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wenden Sie sich bitte an einer unsere Mitarbeiter zur Unterstützung.
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. કૃપા કરીને સહાય માટે સ્ટાફ સભ્યને કહો.
Haitian Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri mande yon moun ekip la ede ou.
Hindi	ध्यान दें: यदि आप हंदी बोलते हैं तो आपको लिए मूल में भाषा सहायता सेवाएं उपलब्ध हैं। कृपया सहायता के लिए स्टाफ के किसी सदस्य से कहें।
Italian	ATTENZIONE: Se parlate l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Rivolgetevi a un membro del personale per assistenza.
Khmer/ Cambodian	សំខាន់ៗ: បើអ្នកនិយាយភាសាខ្មែរ, អ្នកអាចទទួលបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ សូមសុំជំនួយពីមនុស្សក្នុងប្រព័ន្ធនេះ។
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 직원에게 도움을 요청해 주십시오.
PA Dutch	WICHTIG: Wann du Deutsch (Pennsylvania Dutch/German) schwetszcht, darreftscht du ebber hawwe as dich helpe kann mit Englisch, unni as es dich ennich eppes koschte zell. Froog yuscht eens vun die Schaffleit do, un sie helpe dich.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zgłoś się po pomoc naszemu personelu.
Portuguese	ATENÇÃO: Se você fala português, encontramos-se disponíveis serviços linguísticos, gratuitos. Solicite assistência de um membro da equipe.
Russian	ВНИМАНИЕ! Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Обратитесь за помощью к персоналу.
Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Solicite ayuda a un miembro del personal.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maari kang gumamit ng mga seryisyo ng tulong sa wika nang walang bayad. Mangyaring humingi ng tulong mula sa miyembro ng kawani.
Telugu	తెలుగు మాట్లాడండి: ఒకేవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాష సహాయక సేవలు ఉచితంగా లభిస్తాయి. దయచేసి మా సిబ్బంది సభ్యుడిని సంప్రదించండి.
Urdu	توجہ دین: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مدد کی خدمات، مفت دستیاب ہیں۔ براہ کرم عملے کے رکن سے مدد کے لیے کہیں۔
Vietnamese	CHÚ Ý: Nếu quý vị nói tiếng Việt, quý vị sẽ được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng yêu cầu nhân viên giúp đỡ quý vị.



JeffersonHealth.org