

Bon Secours Kentucky 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.

OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION:

Bon Secours Kentucky is committed to protecting medical information about you. We create a record of the medical care and services you receive at Bon Secours Kentucky sites for use in your care and treatment. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all the records of your care relating to services provided in the hospitals, outpatient and ambulatory care centers and other facilities that comprise the Bon Secours Kentucky Health System, as well as the physicians and other health care professionals who provide services within those facilities, whether made by employees of Bon Secours or your personal doctor. If your personal doctor is not an employee of Bon Secours Kentucky, then your doctor may have different policies or notices regarding how information maintained by the doctor's office or clinic is used or disclosed about you.

This notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your information.

We are required by law to:

- **make sure that your medical information is protected;**
- **give you this Notice describing our legal duties and privacy practices with respect to your medical information; and**
- **follow the terms of the Notice that is currently in effect.**

WHO WILL FOLLOW THIS NOTICE?

This notice describes the practices of Bon Secours Kentucky and those of the following individuals and organizations (collectively, "we"):

- All divisions, affiliates, facilities, medical groups, departments and units of Bon Secours Kentucky;
- Any member of a volunteer group we allow to help you while you are in a Bon Secours Kentucky facility;
- All employees, staff and other Bon Secours Kentucky personnel; and
- Bon Secours Kentucky-based physicians, physician practices, residents, and medical students, with regard to services provided and medical records kept at a Bon Secours Kentucky facility or by physicians employed by or under contract with Bon Secours Kentucky.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following sections describe different ways that we may use and disclose your medical information. For each category of uses or disclosures we will describe them and give some examples. Some information, such as certain genetic information, certain drug and alcohol information, HIV information and mental health information may be entitled to special restrictions by state and federal laws. We abide by all applicable state and federal laws related to the protection of this information. Not every use or disclosure will be listed, but all of the ways we are permitted to use and disclose information will fall within one of the following categories.

Treatment: We may use or disclose medical information about you to provide you with medical treatment or services. We may disclose information about you to doctors, nurses, technicians, students or other personnel involved in taking care of you. For example, a doctor treating you for a broken hip may need to know if you have diabetes so that proper medications, meals and treatments can be ordered. We may share medical information about you with Bon Secours Kentucky personnel or other health care providers, agencies, or facilities not affiliated with Bon Secours Kentucky in order to provide or coordinate the different things you need, such as prescriptions, lab work, and X-rays. We may also disclose medical information about you to people outside of Bon Secours who may be involved in your continuing medical care after you leave Bon Secours Kentucky, such as other health care providers, transport companies, community agencies and family members or others providing services that are part of your care. We may disclose information about your care to any doctor identified as a provider of medical care to you, even if that doctor is not a direct participant in a given episode of care at Bon Secours Kentucky. For example, it is routine for Bon Secours Kentucky to provide information about your care to your primary care provider (PCP). We may participate in an electronic health information exchange, which facilitates the sharing of your medical information for treatment purposes. In this way we may share your information with other health care providers that request information about you. We also may thus obtain the information that they maintain about you so we have a more complete understanding of your health and care.

Payment: We may use and disclose medical information about you so for payment activities of Bon Secours Kentucky and others involved in your care, such as an ambulance company. For example, we may use and disclose information so that Bon Secours or others involved in your care can obtain payment from you, an insurance company or another third party. We may disclose your information to the Social Security Administration, or any other person or insurance or benefit payor, health care service plan or worker's compensation carrier which is, or may be responsible for all or part of your bill. For example, we may give your insurance company information about surgery you receive at Bon Secours so they will pay us or reimburse you for the surgery. We may tell your insurance company about a proposed treatment to determine whether or not they will pay for the treatment or to resolve an appeal or complaint/grievance. However, if you pay in cash in advance for your treatment, and you ask us not to disclose your health information to your insurance company with regard to that treatment, we will honor your request.

Health Care Operations: We may use and disclose medical information about you for our health care operations and for certain health care operations of other providers who furnish care

to you. These uses and disclosures are necessary to operate Bon Secours Kentucky and to make sure that all of our patients receive quality services. For example, we may use medical information to review our treatment and services, to evaluate the performance of our staff, and to survey you on your satisfaction with our treatment and/or services. We may review and/or aggregate medical information to decide what additional services or health benefits Bon Secours should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, students training with Bon Secours, and other Bon Secours personnel for review and learning purposes. We may combine the medical information we have with medical information from other health care entities to compare how we are doing and see where we can make improvements in the care and services we offer. Bon Secours may disclose information to private accreditation organizations, such as the Joint Commission, in order to obtain accreditation from these organizations.

Health Information Exchange (HIE): Bon Secours Kentucky participates in the Kentucky Health Information Exchange (KHIE), a secure internet-based "virtual" health record that permits participants to electronically share health information with other health care providers for treatment, payment and operations purposes. By participating in KHIE, we may share certain portions of your health information with other health care providers that provide services to you and that participate in KHIE or health information exchanges.

Business Associates: We may share your medical information with third-parties referred to as "business associates". Business associates provide various services to or for Bon Secours. Examples include billing services, transcription services and legal services. We require our business associates to sign an agreement requiring them to protect your information and to use it only for the purposes for which we have contracted for their services in an effort to make sure your medical information is appropriately safeguarded.

Fundraising Activities: We may contact you to provide information about Bon Secours Kentucky-sponsored activities, including fund-raising programs and events. You may request to "opt out" of fund raising communications if you do not wish to be contacted.

Hospital Directory (Hospital Only): If you are hospitalized, we may include your name, location in the hospital (for example: room number or emergency room), your general condition (for example: fair condition, stable condition, etc.) and your religious affiliations in the hospital directory. The directory information, except for your religious affiliation, may be released to people who ask for you by name so your family, friends and clergy can visit you in the hospital and generally know how you are doing. Your religious affiliation and directory information may be given to members of the clergy, such as priests, ministers, or rabbis even if they don't ask for you by name. If you object to any or all of this information being included in the hospital directory, you must tell your caregivers at Bon Secours Kentucky so that information about you may be removed from the directory.

Individuals Involved in Your Care or Payment for Your Care: Unless you tell us not to, we may release medical information to anyone involved in your medical care, such as a friend, family member, or any individual you identify. We also may give your information to someone who helps pay for your care. Additionally, we may disclose information about you to your legal representative. If a person has the authority by law to make healthcare decisions for you, Bon

Bon Secours Kentucky typically will treat that legal representative the same way we would treat you with respect to your medical information. Parents and legal guardians are generally patient representatives of minors unless the minors are permitted by law to act on their own behalf and make their own medical decisions in certain circumstances.

Research: We may use and disclose medical information about you for certain research purposes in compliance with the requirements of applicable federal and state laws. All research projects, however, are subject to a special approval process, which establishes protocols to ensure that your health information will continue to be protected. When required, we will obtain a written authorization from you prior to using your health information for research.

As Required or Authorized by Law: We will disclose medical information about you when required to do so by federal and/or state law. This includes, but is not limited to, disclosures to mandated patient registries, including reporting adverse events with medical devices, food, or prescription drugs to the FDA. We also may disclose medical information to health oversight agencies for activities authorized by law. These oversight activities may include licensure activities and other activities by governmental, licensing, auditing and accrediting agencies as authorized or required by law. We may disclose your health information for public health activities including disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; or notify a person who may have been exposed to a disease or condition. We may disclose information for law enforcement purposes as required by law or in response to a valid subpoena, summons, court order, or similar process.

Legal Proceedings, Lawsuits and Other Legal Actions: We may disclose medical information about you to courts, attorneys, court employees and others when we get a court order, subpoena, discovery request, warrant, summons or other lawful instructions. We also may disclose information about you to Bon Secours' attorneys and/or attorneys working on Bon Secours' behalf to defend ourselves against a lawsuit or action brought against us.

We may use and disclose your medical information in the following special situations:

- **Disaster-Relief Efforts:** We may disclose medical information about you to an organization assisting in a disaster-relief effort so that your family can be notified about your condition, status and location. If you do not want us to disclose your medical information for this purpose, you must tell your caregivers so that we do not disclose this information unless we must do so to respond to the emergency.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose medical information about you to help prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person.
- **Organ, Eye and Tissue Donation:** We may release information to organizations that handle organ procurement, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- **Military:** If you are a member of the armed forces, domestic (United States) or foreign we may release medical information about you to the military authorities as authorized or required by law.
- **Workers' Compensation:** We may disclose medical information about you for workers' compensation or similar programs as authorized or required by law.
- **Coroners, Medical Examiners and Funeral Directors:** We may disclose medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties.
- **National Security and Intelligence Activities:** We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities as required by law.
- **Protective Services for the President of the United States and Others:** We may disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the President of the United States, other authorized persons or foreign heads of state as authorized by law.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution or law enforcement officials as authorized or required by law.

USES OF MEDICAL INFORMATION REQUIRING AUTHORIZATION

Psychotherapy Notes: We must obtain your written permission to disclose psychotherapy notes except in certain circumstances. For example, written permission is not required for use of those notes by the author of the notes with respect to your treatment, or use or disclosure by us for training of mental health practitioners, or to defend Bon Secours Kentucky in a legal action brought by you.

Marketing: We must obtain your written permission to use or disclose your medical information for marketing purposes except in certain circumstances. For example, written permission is not required for face-to-face encounters involving marketing, or where we are providing a gift of nominal value (example: a coffee mug), or a communication about our own services or products (example: we may send you a postcard announcing the arrival of a new surgeon or x-ray machine).

Sale of PHI: We must obtain your written permission to disclose your medical information in exchange for remuneration.

Other Uses and Disclosures: Other Uses and Disclosures of your PHI not covered by the categories included in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization. If you provide us with such written permission, you may revoke it at any time. We are not able to take back any Uses or Disclosures that we already

made with your authorization. We are required to retain your medical information regarding the care and treatment that we provided to you.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding your medical information:

Right to Inspect and Copy: With certain exceptions, you have the right to inspect and/or receive a copy of your medical and billing records or any other of our records that are used by us to make decisions about your care. The exceptions to this are any psychotherapy notes, information collected for certain legal proceedings and any medical information restricted by law.

To inspect and/or receive a copy of your medical records we require that you submit your request in writing to your Bon Secours Kentucky care provider or the appropriate medical records department. If you request a copy of your medical records, we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. Under certain circumstances, we may deny your request to inspect or copy your records such as if we believe it may endanger you or someone else. If you are denied access to your medical information, you may request that the denial be reviewed by another licensed health care professional. We will comply with the outcome of the review.

Right to Request an Amendment: If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept by or for Bon Secours in your medical and billing records. To request an amendment, your request must be submitted in writing and provide the reason for the request. If we agree to your request, we will amend your record(s) and notify you of such. In certain circumstances, we cannot remove what was in the record(s), but we may add supplemental information to clarify. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

Right to an Accounting of Disclosures: You have a right to receive a list of certain of the disclosures we have made of your medical information in the six years prior to your request. To request an accounting of disclosures you must submit your request in writing to the Privacy Officer. You must state the time period for which you want to receive the accounting, which may not be longer than six years and which may not date back more than six years from the date of your request. You must indicate whether you wish to receive the list electronically or on paper. The first accounting you receive in a 12 month period will be free. We may charge you for responding to additional requests in that same period. We will inform you of the costs involved before any costs are incurred. You may choose to withdraw or modify your request at that time.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a

family member or friend. For example, you could ask that we not disclose information to a family member about a surgery you had. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment or we are required by law to disclose it. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations of the health plan, and the information pertains solely to a health care item or service for which we have been paid out of pocket in full. For example, when a patient wants cosmetic surgery and pays for it out of pocket, upon request we will not send any claim to the insurance carrier.

To request a restriction you must make your request in writing and tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply, i.e. disclosures to your spouse. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect the health information that was created or received after we notify you.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you only at home or by mail. If you want us to communicate with you in a certain way, you will need to give us specific details about how you want to be contacted including a valid alternative address. We will not ask you the reason for the request, and we will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice at any time, even if you have previously agreed to receive this notice electronically. Copies of this notice are available throughout Bon Secours Kentucky or by contacting the Bon Secours Kentucky Privacy Officer.

CHANGE TO THIS NOTICE

We reserve the right to change this notice and Bon Secours' privacy practices. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the Bon Secours Kentucky website: www.olbh.com.

QUESTIONS OR COMPLAINTS

If you have questions or believe that your privacy rights have been violated, you may file a complaint with Bon Secours Kentucky or with the Secretary of the Department of Health and Human Services. To file a complaint with Bon Secours Kentucky, contact the Privacy Officer. You will not be penalized for filing a complaint.

Addresses

The address for our Bon Secours Kentucky Privacy Officer is:
1000 St. Christopher Drive
Ashland, Kentucky 41101

The address for our Corporate Privacy Officer is:
1505 Marriottsville Road
Marriottsville, MD 21104

The address for the Department of Health and Human Services is:
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

This Notice is effective January 7, 2014 and replaces all earlier versions