



Organized Healthcare Arrangement

JOINT NOTICE OF HEALTH INFORMATION 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.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

St. Vincent's Health System and its affiliates (**STVHS**) create a record of the care and services you receive at the hospital. We understand that medical information about you and your health is personal. We are committed to protecting the confidentiality of medical information we maintain about you.

This notice describes the way that STVHS employees and contracted workers, as well as the physician members of the medical staff and allied health professionals who practice at STVHS will treat your health information created while you are a patient at one of the following St. Vincent's entities, sites, and locations. All these entities, sites, and locations follow the terms of this Notice.

St. Vincent's Birmingham

St. Vincent's East

St. Vincent's One Nineteen

St. Vincent's Blount

St. Vincent's St. Clair

St. Vincent's Physician Alliance

St. Vincent's Chilton

St. Vincent's Trussville

Vincientian Ventures of North Alabama

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of STVHS, the information contained within it belongs to you. You have the following legal rights with respect to your health information:

- You have the right to request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care. However, we are not required by law to agree to a requested restriction, except for when you request that we not disclose information to your health plan about services for which you paid out-of-pocket in full. In those cases, we will honor your request, unless the disclosure is necessary for your treatment or is required by law. Requests for restrictions must be made in writing to: Privacy Officer, St. Vincent's Health System, 810 St. Vincent's Drive, Birmingham, AL 35205.
- You have the right to obtain a paper copy of this notice of information practices upon request. Please contact the STVHS Privacy Officer at 1-866-742-4922 to request a copy of this Notice. A copy of this notice may also be obtained from St. Vincent's website at www.stvhs.com.
- Except under certain limited circumstances, you have the right to inspect and request a copy of your health record. You do not have the right to free copies of your records. We will charge you a reasonable fee for copying your records.
- If you believe that information in your records is incorrect or incomplete, you have the right to request that we amend your health record. However, we are not required by law to agree to a request to amend your health record. We will notify you if we are unable to grant your request.
- You have the right to ask for a list of instances when we have disclosed your health information for any reasons other than treatment, payment, healthcare operations or upon your written authorization. If you ask for this information more than once in a twelve month period, we may charge you a fee for responding to your request.
- You have the right to request communications of your health information by alternative means or at alternative locations. For example, you may ask that we contact you only at home or through a post office box. We will accommodate reasonable requests. To request confidential communications, you must make your request in writing to: Privacy Officer, St. Vincent's Health System, 810 St. Vincent's Drive, Birmingham, AL 35205.
- You have the right to revoke your authorization to use or disclose health information except to the extent that action has already been taken.

You may exercise your rights set forth in this notice, by providing a written request to the Health Information Management department of STVHS unless otherwise specified above.

OUR RESPONSIBILITIES

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you;
- Abide by the terms of this notice as it may be revised from time to time;
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures.

We must obtain your written authorization before we may use or disclose your psychotherapy notes, except for: use by the originator of the psychotherapy notes for treatment; use or disclosure by STVHS for its own mental health training programs; or use or disclosure by Covered Entity to defend itself in a legal action or other proceeding brought by the individual.

We must obtain your written authorization before we may sell your PHI.

We are required to notify you in the event of a breach of your unsecured PHI.

STVHS reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our information practices change we are not required to notify you, but we will have the revised notice available for you to request at each of the facilities within STVHS and on St. Vincent's website, <http://www.stvhs.com>.

STVHS is required to abide by the terms of this Notice as currently in effect. We will not use or disclose your health information without your written authorization, except as described in this notice or permitted by law.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS AND AS OTHERWISE ALLOWED BY LAW

The following categories describe different ways that we use and disclose medical information.

For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information should fall within one of the categories.

FOR TREATMENT:

For example: We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you within the facility. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also provide your other health-care providers with copies of various reports to assist in treating you after you are discharged from the facility. In some cases the sharing of your PHI with other health care providers, health plans and hospitals may be done electronically through an electronic health information exchange ('HIE') operated by STVHS or a business associate. By using an HIE, we may be able to make your PHI available to those who care for you in a more timely and effective manner, and thus help to improve the coordination of your care. Contact the Corporate Privacy Officer at 1-866-742-4922 with any questions or concerns.

FOR PAYMENT:

For example: A bill may be sent to you or a third-party payer such as an insurance company or an HMO. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, the medical procedures performed on you, and supplies used in taking care of you.

FOR HEALTH CARE OPERATIONS:

For example: We may use the information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

ORGANIZED HEALTH CARE ARRANGEMENTS: Each of the hospitals in the STVHS has a medical staff, which includes physicians and other professionals who are not employees of the hospital. In addition, St. Vincent's Physician Alliance is an arrangement between STVHS and a number of physicians from each medical staff (including physicians employed by STVHS Medical Group). These parties are participants in an organized health care arrangement, which permits protected health information to be shared for purposes of treatment, payment and/or health care operations (described above) relating to such organized health care arrangement. STVHS may participate in organized health care arrangements in addition to those listed immediately above and may share protected health information with the other participants in such organized health care arrangements.

WE WILL USE YOUR HEALTH INFORMATION TO COMMUNICATE WITH FAMILY AND FRIENDS INVOLVED IN YOUR CARE.

We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to a family member or friend who helps pay for your care. Unless you object to being included in our patient information system (hospital directory), we may also tell your family members or friends about your general medical condition and that you are in the facility.

WE WILL USE YOUR HEALTH INFORMATION TO COMMUNICATE WITH YOU.

We may use and disclose medical information to contact you by telephone, cell phone, texting, e-mail, patient portal or mail. We will do this in order to remind you that you have an appointment for treatment, medical care, or other services at the facility.

WE WILL USE YOUR HEALTH INFORMATION AS OTHERWISE ALLOWED BY LAW.

The following are some examples of how we may use and disclose medical information about you.

BUSINESS ASSOCIATES: There are some services provided in our organization through contracts with business associates. Examples include certain laboratory tests, and copy services. To protect your health information, however, we require business associates to take the appropriate measures to safeguard your information.

DIRECTORY: Unless you notify us that you object, we will use your name, your room number or other location within in the facility, your general medical condition (such as serious, good, fair, etc.), and your religious affiliation as part of our hospital patient information system. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

NOTIFICATION: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, about your location in the facility, and your general medical condition.

RESEARCH: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

FUNERAL DIRECTORS: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

ORGAN PROCUREMENT ORGANIZATIONS: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

MARKETING: We may contact you to provide information about treatment alternatives or other health-related benefits, goods, and services provided by the facility that may be of interest to you. We must obtain your written authorization before we may use or disclose your PHI for marketing purposes, except for face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you.

FUNDRAISING: We may contact you to raise money for the Health System. We would use only contact information, such as your name, address and phone number, and the dates you were here. We may communicate with you as part of our fundraising activities, but you have the right to opt out of receiving such communications. If you do not want the Health System to contact you for fundraising efforts, you must notify us in writing. Your notification must be sent to: St. Vincent's Foundation, One Medical Park East Drive, Birmingham, AL 35235.

UNITED STATES FOOD AND DRUG ADMINISTRATION (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

HEALTH OVERSIGHT ACTIVITIES: We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government benefit programs, and compliance with civil rights laws.

WORKER'S COMPENSATION: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

PUBLIC HEALTH: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

ABUSE, NEGLIGENCE OR DOMESTIC VIOLENCE: As required by law, we may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence.

JUDICIAL, ADMINISTRATIVE AND LAW ENFORCEMENT PURPOSES: Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes. This may include disclosures in response to subpoenas or court orders.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose your health information when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat or to law enforcement authorities in particular circumstances.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: We may release your health information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS: We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations.

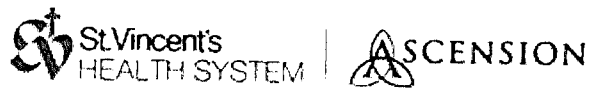
CUSTODIAL SITUATIONS: If you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to us, we may disclose your health information to a correctional institution or law enforcement official.

REQUIRED OR ALLOWED BY LAW: We will disclose medical information about you when required or allowed to do so by federal, state or local law.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact the St. Vincent's Health System Privacy Office at 1-866-742-4922.

If you believe your privacy rights have been violated, you can file a complaint with STVHS or with the Secretary of the Federal Department of Health and Human Services. To file a complaint with STVHS, call 1-866-742-4922. To file a complaint with the Secretary of Health and Human Services, call 404-562-7886. There will be no retaliation for filing a complaint.



St. Vincent's Birmingham
810 St. Vincent's Drive, Birmingham,
Alabama 35205

St. Vincent's East
50 Medical Park Drive East, Birmingham,
Alabama 35235

St. Vincent's St. Clair
7063 Veterans Parkway, Pell City,
Alabama 35125

St. Vincent's Blount
150 Gilbreath Drive, Oneonta,
Alabama 35121

St. Vincent's Chilton
2030 Lay Dam Road, Clanton,
Alabama 35045

St. Vincent's One Nineteen
7191 Cahaba Valley Road, Hoover,
Alabama 35242

St. Vincent's Trussville
7201 Happy Hollow Road, Trussville
Alabama 35173



Acknowledgement of Receipt of Joint Notice of Health Information Privacy Practices

By signing below, I acknowledge that I have received St. Vincent's Joint Notice of Health Information Privacy Practices

Signature of Patient or Legal Representative

Date

Notice Effective Date July 1, 2007

St. Vincent's Health System

St. Vincent's Hospital Birmingham
810 St. Vincent's Drive, Birmingham, Alabama 35205

St. Vincent's Hospital East
30 Medical Park Drive East, Birmingham, Alabama 35235

St. Vincent's Hospital St. Clair
7063 Veterans Parkway, Pell City, Alabama 35125

St. Vincent's Hospital Blount
150 Gilbreath Drive, Oneonta, Alabama 35121

One Ninteen Health and Wellness Center
7191 Cahaba Vally Road, Hoover, Alabama 35242