



THIS PRIVACY NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

I. We are required by law to protect the privacy of your health information.

We disclose information that relates to your past, present, or future physical or mental health or condition, the provision of health care, or the past, present, or future payment for health care.

We are required by law to provide you with this Joint Notice about privacy practices and legal duties that explains how, when, and why Barnabas Health Medical Group and its Medical Staff may use or disclose your protected health information.

At Barnabas Health Medical Group we recognize and respect your right to confidentiality, and we maintain numerous safeguards to protect your privacy. We are required by law to abide by the terms of this Notice currently in effect. We reserve the right to change this Notice at any time and to make the revised Notice effective. You can always obtain a copy of our most current Notice by contacting the Privacy Officer.

II. How We May Use and Disclose Protected Health Information

The following categories describe the most common ways that we may use or share your medical information. For each category, we have provided examples:

Treatment - Means the provision, coordination, or management of your health care, including consultations between doctors, nurses, and other providers regarding your care, and referrals from one provider to another. For example, your primary care doctor may disclose your protected health information to a cardiologist if he is concerned that you have a heart problem.

Payment - Means the activities we carry out to bill and collect for the treatment and services provided to you. For example, we may provide information to your insurance company about your medical condition to determine your current eligibility and benefits. Note that certain state or federal laws governing special uses of PHI may require written permission from you prior to our disclosure of that PHI for payment purposes, and if so required by law, we will ask you to sign such permission to release your PHI to obtain payment.

Health Care Operations - Means the support functions that help operate the hospital, treat patients, or obtain payment for such treatment, such as quality improvement, case management, business planning, responding to patient concerns, and other important activities. For example, we may use PHI to evaluate the performance of the staff that cared for you or to determine if additional hospital services are needed. In addition, we may remove details that identify you so that others can use the de-identified information to study health care delivery without learning your PHI.

III. Other Uses and Disclosures of Protected Health Information

In addition to using and disclosing your protected health information for treatment, payment, and health care operations, we may also use or disclose your information in the following ways:

Appointment Reminders and Health-Related Benefits or Services - We may use PHI to contact you for a medical appointment or to provide information about treatment alternatives or other health care services that may benefit you.

Disclosures to Family, Friends, and Others - We may disclose your PHI to family, friends, and others identified by you or payment for your care. We may use or disclose your PHI to notify others of your general condition and location in the hospital. We may also allow friends and family to act for you and pick up prescriptions, X-rays, etc. when we determine, in our professional judgment that it is in your best interest to do so. If you are available, we will give you the opportunity to object to these disclosures, and then we will not make these disclosures if you object.

Patient Directory. We may include your name, location in the facility, general condition, and religious affiliation in our patient directory. The directory information, except for your religious affiliation, may be released to people who ask for you by name so they can generally know how you are doing. Your religious affiliation may be given to a member of the clergy even if they do not ask for you by name. You may request that your information not be listed in the Patient Directory.

Fundraising Activities. We may contact you as part of our fundraising activities, as permitted by law. You have the right to tell us not to send you future fundraising communications.

Marketing Activities. We may contact you as part of our marketing activities, as permitted by law.

Research Purposes. In certain circumstances, we may use and disclose PHI to conduct medical research, subject to the requirements of applicable law. When required by law for certain types of research projects, we will obtain your written authorization prior to using or disclosing your PHI for such research.

Disaster Relief. When permitted by law, we may coordinate our uses and disclosures of protected health information with other organizations authorized by law or charter to assist in disaster relief efforts. For example, a disclosure of PHI may be made to the Red Cross or a similar organization in an emergency.

Incidental Disclosures. We may make incidental uses and disclosures of your PHI. Incidental uses and disclosures may result from otherwise permitted uses and disclosures and cannot be reasonably prevented. An example of an incidental disclosure would include a situation where a visitor in the hallway overhears the conversation between you and your nurse.

#### IV. Special Situations

Subject to the requirements of applicable law, we may make the following other types and disclosures of your PHI:

**Organ and Tissue Donation.** If you are an organ donor, we may disclose your PHI to an organ procurement organization.

**Military Personnel.** If you are a member of the armed forces, we may release PHI about you as required by military authorities. We may also release health information about foreign military personnel to appropriate foreign military authorities.

**Worker's Compensation.** We may disclose your PHI for programs that provide benefits for-work

agree to your request, unless your request is to restrict our sharing of your PHI with a health plan in order to receive