

UPMC's Notice of Privacy Practices

Effective Date: November 14, 2018

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED (SHARED) AND HOW YOU CAN GET ACCESS TO (SEE AND COPY) THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Background

UPMC creates and maintains a record of information about the care and services you receive at UPMC. This includes information that UPMC receives from other doctors and medical facilities that are not part of UPMC, but that UPMC keeps to help give you better care. UPMC may share and use your health information for purposes of treating you, obtaining payment for services provided to you, health care operations as described in this Notice, as well as purposes authorized by you or permitted by law. You can learn more about UPMC at www.upmc.com.

What Is a Notice of Privacy Practices?

The Notice tells you about the ways we may use and share your health information, as well as the legal duties we have about your health information. The Notice also tells you about your rights under federal (United States) and state (Pennsylvania) laws. In this Notice, the words "we," "us," and "our" mean UPMC and all the people and places that make up UPMC. This Notice does not apply to the UPMC Health Plan or UPMC as an employer.

UPMC

UPMC is an equal opportunity employer. Policy prohibits discrimination on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or veteran status. Further, UPMC will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in UPMC programs and activities. This commitment is made by UPMC in accordance with federal, state and/or local laws and regulations.

Who Follows UPMC's Notice of Privacy Practices?

A list of entities that are bound by this Notice can be found within the privacy information section of www.upmc.com. This includes hospitals, doctors, rehabilitation services, skilled nursing services, home health services, pharmacy services, laboratory services, and other related health care providers. This also includes departments, units, and staff within our health care facilities, health care professionals permitted by us to provide services to you, and students, residents, trainees, volunteers, and others involved in providing your care whether or not these individuals are employed by UPMC.

This Notice does not apply to the UPMC Health Plan or UPMC as an employer. These UPMC entities are separate covered entities for the purpose of the Health Insurance Portability and Accountability Act (HIPAA) and have their own Notice. Additionally, if your doctor is not a member of a physician practice that is owned by UPMC, he or she may have different policies about how to handle your information and will have a separate Notice.

Our Duty to Protect Your Health Information

We are required by law to:

- Make sure that information that identifies you is kept private and is used in accordance with this notice (as currently in effect).
- Make available to you this Notice that describes the ways we use and share your health

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information as well as your rights under the law about your health information.

How We May Use and Share Your Health Information with Others

The law permits us to use and share your health information in certain ways. When we act in response to your written permission, share information to help treat you, or are directed by the law, we will share all information that you, your health care provider, or the law permits or requires. The list below tells you about different ways that we may use your health information and/or share it with others. We have also provided you with examples of what we mean. Every possible example of how we may use or share information is not listed below. However, all of the ways we are permitted to use and share information fall into one of the groups below. When possible, we will use health information that does not identify you.

A. Ways We Are Allowed to Use and Share Your Health Information With Others Without Your Consent or as the UPMC Consent for Treatment, Payment, and Health Care Operations Provides:

1. Treatment. We may use your health information to give you medical treatment or services. We may also share your health information with people and places that provide treatment to you. For example, if you have diabetes, the doctor may need to tell the dietitian about your diabetes so that

you get the kind of meals you need. We may share health information about you with people outside of UPMC who provide follow-up care to you, such as your physicians, other providers, EMS providers, nursing homes and home care agencies. At all times, we will comply with any regulations that apply.

2. Payment. In order to receive payment for the services we provide to you, we may use and share your health information with your insurance company or a third party. We also may share your health information with other health care service or product providers who provide follow-up care to you, such as your physicians, other providers, EMS providers, nursing homes and home care agencies so they can bill you, your insurance company, or a third party. For example, some health plans require your health information to pre-approve you for surgery and require pre-approval before they pay us.

3. Health Care Operations. We may use and share your health information so that we, or others that have provided treatment to you, can better operate the office or facility. For example, we may use your health information to review the treatment and services we gave you and to see how well our staff cared for you. We may share your health information with our researchers, so they can develop plans to conduct research. We may share information with our

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students, trainees, and staff for review and learning purposes. We may share your information for case management and care coordination purposes. We will not sell your name or any identifiable health information to others without your authorization.

4. **Health Information Exchanges.** We may share your information using a variety of Health Information Exchanges both on a regional and a national basis. You have the right not to participate in these exchanges. If you choose not to participate in the exchanges, your health information will no longer be accessible through the exchange. However, it does not affect the information that was exchanged prior to the time you chose not to participate. You can learn more about the health information exchanges UPMC participates in at www.upmc.com.
5. **Business Associates.** We may share your health information with others called "business associates," who perform services on our behalf. The Business Associate must agree in writing to protect the confidentiality of the information. For example, we may share your health information with a billing company that bills for the services we provided.
6. **Appointment Reminders.** We may use and share your health information to remind you of your appointment for treatment or medical care. For example, if your doctor has sent you for a test, and you have approved

communication, the place where the testing will be done may call, text, or e-mail you to remind you of the date you are scheduled.

7. **Appointment Confirmations.** We may use and share your health information to confirm the time, place and attendance of your appointment for treatment with third-party transportation services.
8. **Treatment Options and Other Health-Related Benefits and Services.** We may use and share your health information to tell you about possible treatment options and other health-related benefits and services that may interest you. For example, if you suffer from an illness or condition, we may tell you about a special treatment or research study that is being offered.
9. **Fundraising Activities.** We may use and share with a Business Associate or a foundation that is related to us your name, address, phone number, and other such information (called "demographic information"), the dates that health care was provided to you, general department information regarding the department where services were rendered, the name of your treating physician and outcome information. You may then be asked for a donation to UPMC. For example, you may receive a letter from a UPMC foundation asking for a donation to support enhanced patient care, treatment, education or research at UPMC.

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Any fund-raising materials will explain how you can tell us, a business associate, or a foundation that you do not want to be contacted in the future.

10. Marketing Activities. We may use or share your health information for marketing purposes without your permission when we discuss such products or services with you face to face or to provide you with an inexpensive promotional gift related to the product or service. For example, you may receive samples of products or drugs during a visit to a UPMC hospital or facility. For other types of marketing activities, we will obtain your written permission before using or sharing your health information.

We will not sell your identifiable health information to others without authorization.

11. Research. We may use and share your health information for research 1) if our researcher obtains permission from a special UPMC committee that decides if the request meets certain standards required by law; or 2) if you provide us with your written permission to do so. You may participate in a research study that requires you to obtain hospital and other health care services. In this case, we may share the information that we create 1) to our researcher who ordered the hospital or other health care services; and 2) to your insurance company in order to receive payment for services that your insurance will pay for. We may use and share with a UPMC

researcher your health information if certain parts of your information that would identify you, such as your name and other items that the law describes, are removed before we share it with the UPMC researcher. This will be done when the researcher signs a written agreement with us that the researcher will not share the information again, will not try to contact you, and will obey other requirements that the law provides. We may also share your health information with a Business Associate who will remove information that identifies you so that the remaining information can be used for research.

12. Special Situations. In the following situations, the law either permits or requires us to use or share your health information with others. Pennsylvania law may further limit these disclosures; for example, in cases of behavioral health information, drug and alcohol treatment information, and HIV status:

a. As Required by Law. We will share your health information when required by federal, state, or local law. For Example:

- If we believe that you have been a victim of abuse, neglect, or domestic violence, we will share your health information with an authorized government agency. If we share your health information for this purpose,

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we will tell you unless we believe that telling you would put you or someone else at risk of harm.

- b. To Prevent a Serious Threat to Health or Safety.** We may use and share your health information with persons who may be able to prevent or lessen the threat or help the potential victim of the threat when doing so is necessary to prevent a serious threat to the health and safety of you, the public, or another person. Pennsylvania law may require such disclosure when an individual or group has been specifically identified as the target or potential victim.
- c. Organ and Tissue Donation.** To assist in the process of eye, organ or tissue transplants, in the event of your death, we may share your health information with organizations that obtain, store, or transplant eyes, organs, or tissue.
- d. Special Government Purposes.** We may use and share your health information with certain government agencies, such as:
 - **Military and Veterans.** We may share your health information with military authorities as the law permits if you are a member of the armed forces (of either the United States or a foreign government).
 - **National Security and Intelligence.**

We may share your health information with authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.

- **Protective Services for the President and Others.** We may share your health information with authorized federal officials to protect the President of the United States, other authorized persons, or foreign heads of state. We may also share your health information for purposes of conducting special investigations as authorized by law.
- e. Workers' Compensation.** We may share your health information for Workers' Compensation or similar programs that provide benefits for work-related injuries or illness.
- f. Public Health.** We may share your health information with public health authorities for public health purposes to prevent or control disease, injury, or disability. This includes, but is not limited to, reporting disease, injury, and important events such as birth or death, and conducting public health monitoring, investigations, or activities. For example, we may share your health information to 1) report child abuse or neglect; 2) collect and report on the

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quality, safety, and effectiveness of products and activities regulated by the Food and Drug Administration (FDA) (such as drugs and medical equipment, and could include product recalls, repairs, and monitoring); or 3) notify a person who may have been exposed to or is at risk of spreading a disease.

g. Health Oversight. We may share your health information with a health oversight agency for purposes including 1) monitoring the health care system; 2) determining benefit eligibility for Medicare, Medicaid, and other government benefit programs; and 3) monitoring compliance with government regulations and civil rights laws.

h. Coroners, Medical Examiners, and Funeral Directors. We may share your health information with a coroner or medical examiner in order to identify a deceased person, determine the cause of death, or for other reasons allowed by law. We also may share your health information with funeral directors, as necessary, so they can carry out their duties.

i. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may share your health information with the correctional institution or law

enforcement official. This would be necessary 1) for the institution to provide you with health care; 2) to protect your health and safety or the health and safety of others; or 3) for the safety and security of the correctional institution and its staff.

B. Other Ways We Are Allowed to Use and Provide Your Health Information to Others

1. Hospital Directory. We may include limited information about you in the hospital directory while you are a patient at a UPMC hospital or other facility. The information may include your name, location in the building, general condition, such as “stable,” “serious,” “critical,” and your religious affiliation. Except for your religious affiliation, the directory information may be released to people who ask for you by name. We may give your religious affiliation to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This helps your family, friends, and clergy who visit you to know how you are doing. You have the right to ask that all or part of your information not be given out. If you do so, we will not be able to tell your family or friends your room number or that you are in the hospital or facility.

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- 2. People Involved in Your Care or Payment for Your Care.** We may share your health information with a friend, family member, or another person identified by you who is involved in your medical care or the payment of your medical care. We may share your health information with these persons if you are present or available before we share your health information with them and you do not object to our sharing your health information with them, or we reasonably believe that you would not object to this. If you are not present and certain circumstances indicate to us that it would be in your best interests to do so, we will share information with a friend or family member or someone else identified by you, to the extent necessary. This could include sharing information with your family or friend so that they could pick up a prescription or a medical supply. We may tell your family or friends that you are in a UPMC hospital and your general condition. We may share medical information about you with an organization assisting in a disaster relief effort.

3. Permissible Disclosures to Law Enforcement.

We may share your health information with a law enforcement official or authorized individual:

- a. in response to a court order, subpoena,

- warrant, summons or similar process;
- b. to identify or locate a suspect, fugitive, material witness, or missing person;
- c. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- d. about a death we believe may be the result of criminal conduct;
- e. about criminal conduct at the hospital; or in emergency circumstances to report a crime; the location of the crime or victims;
- f. or the identity, description or location of the person who committed the crime.

- 4. Exception to the Above.** If you are a patient in a psychiatric/mental/behavioral health facility or drug and alcohol facility, additional authorization may be required to release your information outside of UPMC. If you are under 14 years of age, this permission must come from your parents or legal guardians. If you are 14 years or older, this permission must come from you.

- C. In All Other Ways, We Will Require Your Written Permission Before Your Health Information Is Used or Shared With Others**
Except as stated in Sections A and B, your written permission is required before we can use or share your health information with anyone outside of UPMC. This permission is provided through a form. If you give us permission to use or share health information about you, you may cancel that permission, in writing, at any time. If

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you cancel your permission, we will no longer use or share your health information for the reasons you have given us in your written permission. However, we are unable to take back any information that we have already shared with your permission.

Your Rights Concerning Your Health Information

The law gives you the following rights about your health information:

- 1. Right to Ask to See and Request a Copy.** You have the right to ask to see and request a copy of the health information we used to make decisions about your care. This includes your right to request a copy of your electronic medical record in electronic form. Your request must be in writing and given to your doctor or the place where you were treated. You can call your doctor's office or the place where you were treated to find out how to do this. If you ask to see or request a copy of your health information, you may have to pay fees as permitted by law. We may tell you that you cannot see nor have a copy of some or all of your health information. If we tell you this, you may ask that someone else at UPMC review this decision. A licensed health care professional chosen by UPMC will review those that can be reviewed. This person will not be the same person who refused your request. We will do whatever this person decides.
- 2. Right to Ask for a Correction.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to correct the information. You have the right to ask for a correction for as long as the information is kept by or for UPMC. You must put your request in writing and give it to your doctor or the place where you received care. If you do not ask in writing or give your reasons in writing, we may tell you that we will not do as you have asked. We have the right to refuse your request if 1) we determine that the information is correct and complete; 2) the information is not part of the health information created or kept by or for UPMC; 3) the person or place who created the information is no longer available to make the correction and we believe the information to be correct; or 4) the information is not part of the information that you are permitted by law to see and/or copy.
- 3. Right to Ask for an "Accounting of Disclosures."**
 - a. Generally.** You have the right to ask us for an "accounting of disclosures." This is a list of those people and organizations who have received or have accessed your health information. This right does not include information made available for treatment, payment, or health care operations, or made available when you have provided us with permission to do so. You must put your request in writing and give it to your doctor

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or the place where you received care. You can call your doctor's office or the place where you received care to find out how to ask for the list. You must include in your written request how far back in time you want us to go, which may not be longer than six years.

b. Information that is Maintained Electronically.

c. Subject to a schedule established by federal law, if we maintain your health information electronically (in our computer), you have the right to ask for an accounting of disclosures of where UPMC disclosed your health information. In accord with federal law, you may request an accounting for a period of three years prior to the date the accounting is requested. You also have the right to ask our business associates for an accounting of their disclosures. We will post a list of all of our business associates and how to contact them on our website.

4. Right to Ask for Limits on Use and Sharing.

5. Generally. You have the right to ask us to limit the health information we use or share with others about you for treatment, payment, or health care operations. You also have the right to ask us to limit health information that we share with someone who is involved in your care or payment for your care, like a family member or friend. You can call your doctor's office or the place where

you received your care to get instructions on how to submit such a request. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) the person or institution the limits apply to (for example, your spouse). For example, you could ask that we not use or share information about a surgery you had. You must put your request in writing and give it to your doctor or the place where you received your care. We are not required to agree to your request. If we do agree to your request, we still may provide information, as necessary, to give you emergency treatment.

a. Services Paid For by You. Where you have paid for your services out of pocket in full, at your request, we will not share information about those services with a health plan for purposes of payment or health care operations. "Health plan" means an organization that pays for your medical care.

6. Right to Ask for Confidential Communications.

7. You have the right to ask that we contact you about your health information in a certain way or at a certain location that you believe provides you with greater privacy. For example, you can ask that we contact you at work or by mail. Your request must state how or where you wish to be contacted. You must make your request in writing to your doctor or the place where you

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received care. You do not need to provide a reason for your request. We will comply with all reasonable requests.

8. Right to Ask for a Paper Copy of This Notice.

You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically (for example, through the computer), you still have the right to a paper copy of this Notice. You can also get a copy of this Notice at our website. To obtain a paper copy of this Notice, contact your doctor's office or the registration department of the place where you received care.

9. UPMC Insurance Division is prohibited from requesting, requiring or purchasing genetic information with respect to any individual prior to such individual's enrollment in a health plan, and from using genetic information for underwriting purposes.

Violation of Privacy Rights

In the event that a breach of your protected health information occurs by UPMC or one of its Business Associates, you will be provided with written notification as required by law.

If you believe your privacy has been violated by us, you may file a confidential complaint directly with us. You can do this by contacting the UPMC Privacy Officer at the hospital or facility where you received care or by calling the UPMC Compliance Help Line at 1-877-983-8442, or the UPMC Office of Patient

and Consumer Privacy at 412-647-5757.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary of Health and Human Services, you must 1) name the UPMC place or person that you believe violated your privacy rights and describe how that place or person violated your privacy rights; and 2) file the complaint within 180 days of when you knew or should have known that the violation occurred. All complaints to the Secretary of the U.S. Department of Health and Human Services must be in writing and addressed to:

**U.S. Department of Health and
Human Services 200 Independence
Ave. S.W.
Washington, DC 20201**

You will not be penalized for filing a complaint.

Changes to This Notice

We reserve (have) the right to change this Notice. We reserve (have) the right to make the revised or changed Notice effective for health information we already have about you and for any future health information. We will post a copy of the revised Notice in the places where we provide medical services and on our website. The Notice will contain the effective date on the first page, in the top right-hand corner. We will provide to you, if you ask us, a copy of the Notice that is currently in effect each time you register at UPMC as an inpatient or outpatient for treatment or health care services.

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If You Have Questions About This Notice

If you have any questions about this Notice, please contact your doctor or the place where you received care. You also may contact **UPMC's Notice of Privacy inquiry line at 412-647-6286** or the **UPMC Office of Patient and Consumer Privacy at 412-647-5757**

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