UPMC and The Washington Hospital Cancer Center Notice of Privacy Practices

Effective Date: September 23, 2013

RELATIONSHIP OF HEALTH CARE PROVIDERS
For the purposes of this form, the term “UPMC and The Washington Hospital Cancer Center” refers to all parties involved in the joint venture of UPMC Cancer Center and The Washington Hospital unless stated otherwise.

Summary
At UPMC and The Washington Hospital Cancer Center, we are committed to protecting the privacy of your medical information, as federal and state laws require. When we say “information,” we mean health, treatment, or payment information that identifies you. Attached is UPMC and The Washington Hospital Cancer Center’s “Notice of Privacy Practices.” The Notice explains how we meet this commitment. The Notice also explains your legal rights about what is in your health record. All people and places that make up UPMC and The Washington Hospital Cancer Center must follow the Notice. However, this does not include the UPMC Health Plan or the UPMC and The Washington Hospital Cancer Center as an employer. This Summary tells you in brief what the Notice says. THIS SUMMARY IS NOT A COMPLETE LISTING OF HOW WE USE AND DISCLOSE (SHARE) YOUR HEALTH INFORMATION. IF YOU HAVE A QUESTION ABOUT ANY OF THE INFORMATION IN THIS SUMMARY, YOU SHOULD REVIEW THE FULL NOTICE OF PRIVACY PRACTICES OR ASK A UPMC AND THE WASHINGTON HOSPITAL CANCER CENTER STAFF MEMBER FOR MORE INFORMATION. UPMC and The Washington Hospital Cancer Center has the right to change this Summary and the Notice without first notifying you.

How UPMC and The Washington Hospital Cancer Center may use and share your health information

Without your consent, UPMC and The Washington Hospital Cancer Center can use and share your health information to:

- Provide you with medical treatment and other services.
- Receive payment from you, an insurance company, or someone else for services we provide to you.
- Coordinate your care, which may include such things as giving you appointment reminders and telling you about other treatment options.
- Contact you for certain marketing and fundraising activities, unless otherwise indicated by you.
- Comply with the law.
- Meet special situations as described in the Notice, such as public health, safety, and research.
- **Exception:** This does not include behavioral health, drug and alcohol, and AIDS/HIV information.

Unless you object, UPMC and The Washington Hospital Cancer Center can:

- Share your health information with a family member or a close personal friend.
- All other uses and sharing of your health information will be done only with your specific written permission or as required by law.

Your legal rights about your health information

- Right to ask to see and request a copy of your medical record.
- Right to ask that incorrect or incomplete information in your medical record be corrected.
- Right to ask for a list of all people and organizations who UPMC and The Washington Hospital Cancer Center disclosed your health information to, subject to limits permitted by law.
- Right to ask UPMC and The Washington Hospital Cancer Center to limit how we use and share your health information without your consent.
- Right to ask for confidential communications.
- Right to ask for a paper copy of the Notice of Privacy Practices.

Violation of privacy rights

If you believe your privacy rights have been violated, you have a right to file a complaint. Please see UPMC and The Washington Hospital Cancer Center’s Notice of Privacy Practices for more details.

In the event that a breach of your protected health information occurs at UPMC and The Washington Hospital Cancer Center or one of its Business Associates, you will be provided written notification as required by law.
UPMC and The Washington Hospital Cancer Center’s
Notice of Privacy Practices
Effective Date: September 23, 2013

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.

RELATIONSHIP OF HEALTH CARE PROVIDERS
For purposes of this form, the term “UPMC and The Washington Hospital Cancer Center” refers to all parties involved in the joint venture of UPMC CancerCenter and The Washington Hospital unless stated otherwise.

What Is A Notice Of Privacy Practices?
UPMC and The Washington Hospital Cancer Center understand that your health information is personal. We create and maintain a record with information about the care and services you receive at UPMC and The Washington Hospital Cancer Center. We need this information to provide you with quality care and to comply with the law. This Notice of Privacy Practices (Notice) applies to all information about your care that UPMC and The Washington Hospital Cancer Center, and all of the people and places that make up UPMC and The Washington Hospital Cancer Center, (a list of entities that this notice covers accompanies this notice at www.upmc.com) may create, maintain, or receive. This includes information that UPMC and The Washington Hospital Cancer Center receives from other doctors and medical facilities that are not part of UPMC and The Washington Hospital Cancer Center, but that UPMC and The Washington Hospital Cancer Center keeps to help give you better care. 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 The Washington Hospital Cancer Center and all the people and places that make up UPMC and The Washington Hospital Cancer Center which are described below.

Who follows UPMC and The Washington Hospital Cancer Center Notice of Privacy Practices?
All of the people and places that make up UPMC and The Washington Hospital Cancer Center follow this Notice. UPMC and The Washington Hospital Cancer Center includes hospitals, doctors, rehabilitation services, skilled nursing services, home health services, pharmacy services, laboratory services and other related health care providers. UPMC and The Washington Hospital Cancer Center 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. UPMC and The Washington Hospital Cancer Center may share and use your health information for purposes of treating you, obtaining payment for services provided to you, and/or health care operations as described in this Notice. You can learn more about UPMC and The Washington Hospital Cancer Center at www.upmc.com.

This Notice does not apply to the UPMC Health Plan or UPMC and The Washington Hospital Cancer Center as an employer. These 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 or UPMC and The Washington Hospital Cancer Center, 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.
- Make available to you this Notice that describes the ways we use and share your health information as well as your rights under the law about your health information.
- Follow the Notice that is currently in effect.

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 share this information with others outside of the UPMC and The Washington Hospital Cancer Center, we will share what is reasonably necessary. When we act in response to your written request, 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 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.

### A. Ways We Are Allowed to Use and Share Your Health Information With Others Without Your Consent

A list of Participants may be found at: www.clinicalconnecthie.com.

#### 1. Treatment.
We may use your health information to give you medical treatment or services. We may 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 and The Washington Hospital Cancer Center who provide follow-up care to you, such as 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 another doctor or facility that has treated you so that 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. We may share your health information with our researchers so they can develop plans to conduct research. We may share information with our students, trainees, and staff to review and learning purposes.

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.

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**Update Effective: February 1, 2016**

UPMC and The Washington Hospital Cancer Center participates in the ClinicalConnect Health Information Exchange (HIE). Generally, a HIE is an organization that provides, payers, and providers of ancillary healthcare related services participate in (each a “Participant”) to exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical errors will occur. By participating in the HIE, UPMC and The Washington Hospital Cancer Center may share your health information with Participants or participants of other health information exchanges, by example P3N (Pennsylvania Patient & Provider Network) and Healtheway (a national network that allows providers to exchange information). This health information includes, but is not limited to:

- Test Results. By example, General laboratory tests, Pathology tests, Radiology tests, GI tests, cardiac tests, neurological tests, etc.
- Health Maintenance documentation
- Problem lists
- Allergy Information
- Immunizations
- Medication lists
- Consultation and Progress notes
- Discharge summaries and instructions
- Clinical Claims Information

### Ancillary healthcare service providers may include, but are not limited to:

- Organ Procurement
- Diagnostic Testing
- Pharmacies
- Durable medical Equipment Suppliers
- Home Health Services

All Participants have agreed to a set of standards relating to their use and disclosure of health information available through the HIE. These standards are intended to comply with all applicable state and federal laws.

As a result, you understand and agree that unless you notify your Provider that you do not wish for your health information to be available through the HIE (“Opt-Out”):

- Health information that results from any Participant providing services to you will be made available through the HIE. For clarity, if you Opt-Out, your health information will no longer be accessible through the HIE. However, your opt-out does not affect health information that was disclosed through the HIE prior to the time that you opted out;
- Regardless of whether you choose to opt-out of the HIE, your health information will still be provided to the HIE. However, if you choose to Opt-Out, the HIE will not exchange your health information with other providers and payers. Additionally, you cannot choose to have only certain providers or payers access your health information;
- All Participants who provide services to you will have the ability to access and download your information. However, Participants that do not provide services to you will not have the ability to access or download your information;
- Information available through the HIE may be provided to others as necessary for referral, consultation, treatment and/or the provision of other treatment-related healthcare services to you. This includes providers, payers, pharmacies, laboratories, etc.;
- Your information may be disclosed for payment related activities associated with your treatment by a Participant; and your information may be used for healthcare operations related activities by Participants.

You may Opt-Out at any time by notifying UPMC and The Washington Hospital Cancer Center of your treatment by a Participant; and your information may be used for healthcare operations related activities by Participants.

Version 2
5. 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, the place where the testing will be done may call you to remind you of the date you are scheduled.

6. 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.

7. 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.

8. 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 the UPMC and The Washington Hospital Cancer Center. For example, you may receive a letter from a UPMC Cancer Center foundation asking for a donation to support enhanced patient care, treatment, education or research at UPMC and The Washington Hospital Cancer Center. 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.

9. 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 the UPMC and The Washington Hospital Cancer Center 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 name or any identifiable health information to others without your authorization.

10. Research. We may use and share your health information for research if the research is conducted by UPMC, or its Business Associates, and is subject to the same restrictions and safeguards as those outlined in this Notice. For example, we may use and share your health information for research if a researcher obtains permission from a special UPMC committee that decides if the request meets certain standards required by law; or 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 Cancer Center’s 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 Cancer Center 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 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 received care. You do not need to provide a reason for your request. We will comply with all reasonable requests.

6. 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 get a copy of this Notice at the website www.upmc.com. To obtain a paper copy of this Notice, contact your doctor’s office or the registration department of the place where you received care.

7. To the extent you are a UPMC Health Plan member, the 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 and The Washington Hospital Cancer Center 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 Privacy Officer at this facility or by calling the UPMC Compliance HelpLine at 1-877-983-8442, or the UPMC Office of Patient and Consumer Privacy at 412-647-5757.
4. Right to Ask for Limits on Use and Sharing.

a. 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.

b. 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.

5. Right to Ask for Confidential Communications. You have the right to ask that we contact you about your health information in a certain way or at a certain time.

6. Right to Medical Records. You have the right to get a list of all of our business associates and how to contact them on the website (www.upmc.com).

11. Special Situations. In the following situations, the law either permits or requires us to use or share your health information with others.

a. As Required by Law. We will share your health information when federal, state, or local law requires us to do so.

- If we believe that you have been a victim of abuse, neglect (except child abuse or neglect) or domestic violence, we may share your health information with an authorized government agency. We will do so either if you agree to our sharing this information; or if the law allows us to do so and we believe that we need to share the information in order to protect you or someone else. If we decide to share your health information for this purpose, we will tell you unless we believe that telling you would put you at risk of harm or you are a personal representative of the victim and may be involved in the abuse, neglect, or injury.

- We may share your health information in response to an administrative or court order, a subpoena, a discovery request, or other legal process if we are advised that you have been made aware of the request or we receive notice either that you agree or, if you disagree with the request, that you are taking action to prevent the disclosure.

- We may share your health information with a law enforcement official or authorized individuals 1) to comply with laws, including laws that require the reporting of injury or death suspected to have been caused by criminal means; 2) in response to a court order, warrant, subpoena, or summons; 3) or in emergency situations.

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).
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- 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.
- Workers’ Compensation. We may share your health information for Workers’ Compensation or similar programs that provide benefits for work-related injuries or illness.
- 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 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.
- Health Oversight. We may share your health information with a health oversight agency for purposes of 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.
- 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.
- 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.
- Other Ways We Are Allowed to Use and Provide Your Health Information to Others
  1. 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 at the UPMC and The Washington Hospital Cancer Center facility and your general condition. We may share medical information about you with an organization assisting in a disaster relief effort.
  2. Exception to the Above. If you are a patient in a psychiatric/mental/behavioral health facility or a drug and alcohol facility, none of the above information will be given to anyone outside of UPMC and The Washington Hospital Cancer Center unless you give your written permission. 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.
  3. 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 and The Washington Hospital Cancer Center. 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 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 and The Washington Hospital Cancer Center will review this decision. A licensed health care professional chosen by UPMC and The Washington Hospital Cancer Center 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 and The Washington Hospital Cancer Center. 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 you ask us to correct information that 1) was not made by