

YORK HOSPITAL SENIOR FRIEND PROGRAM

This notice describes how medical information about you may be used and disclosed and how you may get access to this information. Please Read it carefully.

York Hospital Senior Friends Program is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information (PHI) and to provide you with this notice of our legal responsibilities in regard to said information. PHI is defined as information that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services.

We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you.

You Have The Following Rights With Respect To Your Medical Information:

- The right to request restrictions on certain uses and disclosures of your medical information.
- The right to receive communications from York Hospital in a confidential manner.
- The right to inspect and copy your medical record.
- The right to request an amendment or restriction of your PHI*. York Hospital may deny your request for certain specific reasons, and if denied, you will be provided with a written explanation for the denial and information regarding further rights you would have at that point.
- The right to complain to York Hospital and/or to the United States Department of Health and Human Services if you believe that your privacy rights have been violated. To complain to York Hospital or receive further information about your rights to privacy, please contact the risk coordinator at 351-2139.

*To make a request to restrict information contact a senior friend representative at 207-351-2447

York Hospital Senior Friends Program may need to use your medical information, in order to access certain community resources and/or services. Your signature on the Authorization form, will allow a senior friend representative to use and/or disclose your information in accordance with federal and state laws for the following reasons:

1. We may disclose your medical information to others that may assist in your care, such as your Physician, therapists, spouse, children, or parents.
2. We may use your medical information to make a communication to you in person or by mail, which concerns products or services of nominal value, and/or health related products or services of another party (provided we tell you that we are the party communicating with you). *We **will not** disclose your health care information for fundraising purposes.
3. We will only disclose patient identifiable communicable disease information to the Department of Human Services for adult or child protection purposes or to other public health officials, agents or agencies or to officials of a school where a child is enrolled, for public health purposes i.e. surveillance, investigation and or intervention. In a public health emergency, as declared by the state health officer, we may also release your information to private health care providers and agencies for the purpose of preventing further disease transmission.
4. We may disclose your medical information to a government authority if we believe you are a victim of abuse, neglect, or domestic violence. If we make such a disclosure, we will inform you of it, unless we think that informing you places you at risk or serious harm.
5. We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.
6. We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

7. If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the requested PHI.
8. We will not use or disclose your PHI for any other purpose without your written authorization. Once given you may revoke your authorization in writing at any time.

This Notice Is Effective as of May 11, 2004. A current copy of this notice will be kept in the Friendraising Office and on our website www.yorkhospital.com. We reserve the right to change the terms of this notice.