

Lifespan Affiliate Privacy Officer at the address listed at the end of this Notice. The first disclosure list you request within a 12-month period will be free. For additional lists, we may charge you the cost of providing such lists.

F. Right to a Paper Copy of This Notice – You have the right to request a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. Requests for paper copies may be obtained when registering at a Lifespan affiliate or can be requested, in writing, from either the Lifespan Privacy Officer, or the appropriate Lifespan Affiliate Privacy Officer listed at the end of this Notice.

G. Right to Notification – If we determine that your medical records have been improperly used or accessed, we will notify you of the improper use or access as required by law.

6. Minors and Personal Representatives

In most situations, parents, guardians, and/or others with legal responsibilities for minors (children under 18 years of age) may exercise the rights described in this Notice on behalf of the minor. However, there are situations where minors may themselves exercise the rights described in the Notice.

7. Changing This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you as well as any information we receive in the future. We will prominently post a copy of this Notice at each Lifespan affiliate and on the Web at

<http://www.lifespan.org/lifespan-joint-privacy-notice.html>

The effective date will be printed on the first page of the Notice in the top right hand corner.

It should also be noted that in the event Lifespan or any of its affiliates are sold or merge with another organization, your medical information/medical record would become the property of the new owner.

8. Complaints/Informational Inquiries

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201. You may also file a complaint with the Lifespan Privacy Officer at the address and phone number below.

You will not be penalized for filing a complaint, nor will you be asked to waive your rights as a condition of treatment.

Lifespan Privacy Officer
225 Carolina Ave, Suite 300
Providence, RI 02905

401-444-4728 or privacyofficer@lifespan.org

We recognize that our patients may have questions about, or may wish to make inquiries about, their protected health information, this Notice or our privacy practices. Lifespan has appointed Lifespan Affiliate Privacy Officers who work closely with the Lifespan Privacy Office. The Lifespan Affiliate Privacy Officers, who work primarily in the Health Information Services area, are ready to assist you with your questions and inquiries and can be reached at the addresses and telephone numbers listed on the following page.

Contact Information for Affiliate Privacy Officials

Rhode Island Hospital
Health Information Services
Affiliate Privacy Officer
593 Eddy Street
Providence, RI 02903
401-444-4500

The Miriam Hospital/Lifespan Physician Group
Health Information Services
Affiliate Privacy Officer
164 Summit Avenue
Providence, RI 02906
401-793-2910

Newport Hospital/ NHCC Medical Associates, Inc.
Affiliate Privacy Officer
11 Friendship Street
Newport, RI 02840
401-845-1545
401-845-1152

Emma Pendleton Bradley Hospital
Affiliate Privacy Officer
1011 Veterans Memorial Parkway
East Providence, RI 02915
401-432-1129

Gateway Healthcare, Inc./ Gateway Professional Group, Inc./
The Autism Project
Affiliate Privacy Officer
249 Roosevelt Ave. Suite 250
Pawtucket, RI 02860
401-724-8400

Effective Date
April 2018

Lifespan Joint Privacy Notice



Lifespan

Delivering health with care.®

Form - I-96
LSMC 0718

Information Exchange, we may electronically share your protected health information with them via the Exchange.

C. For Payment – We use your protected health information in order to bill and collect payment from you, your insurance company, or a third party for the services you receive. For example, your insurance company may need to know about the type of surgery you received in order to pay us appropriately. We may also use your protected health information to obtain your insurer's prior approval to provide you with certain types of care, if your insurer requires us to do this. If you elect to take full financial responsibility for the services you receive and you request that we do not bill your insurer, we will honor that request. Finally, we can disclose your protected health information for the payment activities of another covered entity or health care provider.

D. For Healthcare Operations Purposes – We may use and disclose your protected health information to support the operations of our organization. This is necessary to make sure all of our patients receive quality care. For example, we may use your protected health information to evaluate the performance of our staff. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. Also, we can disclose your protected health information for certain types of health care operations of another covered entity.

E. Business Associates – We may disclose your protected health information to business associates who provide services or activities on our behalf. For example, we may contract with accreditation agencies, management consultants, quality assurance reviewers, billing and collection services, and accountants. To protect your health information, we require our business associates to sign a written agreement regarding the safeguards they will implement to protect the privacy of our records in their possession.

F. As Required by Law – We disclose protected health information about you when required to do so by federal, state, or local law.

G. Appointment Reminders – We may use and disclose your protected health information to contact and remind you of your health care appointments with any of our Lifespan entities.

H. Treatment Alternatives, Benefits and Services – In the course of providing treatment for you, we may use your health information to contact you about health promotion activities, disease awareness or case management. We may also use your protected health information to tell you about or recommend possible treatment options, health related benefits, or services that may be of interest to you. However, if a third party provides financial remuneration to us in exchange for making these types of communications to you, we will ask you for your authorization in advance.

I. Fundraising – We may use or disclose your demographic information and the dates you receive treatment in order to contact you for our fundraising purposes. Each of our hospital affiliates has established an institutionally-related fundraising foundation that solicits gifts. You have a right to opt-out of these types of communications in the future by following the instructions on fundraising communications from us.

J. To Avert a Serious Threat to Health or Safety – We may disclose protected health information about you when necessary to prevent a serious and imminent threat to your health and safety or to the health and safety of the public or another person. We may also release protected health information to the police in certain cases.

K. Public Health Activities – We may release your protected health information to appropriate authorities for public health purposes including, but not limited to, preventing or controlling disease, injury or disability; to report child abuse or neglect; to the Food and Drug Administration (FDA) for activities relating to quality, safety or effectiveness of FDA regulated products or activity. We may also release your protected health information for the public health purpose of alerting a person who may be at risk of contracting or spreading a communicable disease.

L. Disclosures About Victims of Abuse, Neglect, or Domestic Violence – We may release your protected health information in a situation where we believe you have been a victim of abuse, neglect, or domestic violence. In some cases, we may be required by law to release such information. In other cases, we may not be required to release the information, but we may choose to release it to appropriate authorities or social service providers in order to prevent harm to you or another person. If possible, we will ask you for your permission before we make the disclosure, or tell you as soon as possible after we make it.

M. Organ and Tissue Donation – If you are an organ donor, we may release your protected health information to organizations that obtain organ, eye or tissue for donation and transplantation.

N. Limited Disclosures for Research Purposes or For Purposes Leading Up to Research – We may use and disclose your protected health information within Lifespan as necessary to prepare for research studies. For example, a researcher might review your protected health information while he or she is thinking about how to design a research study. Also, after a patient's death, it is possible that his or her protected health information would be used for research purposes if at least fifty years have passed since the patient's death. In most other cases, we will not use your protected health information for research purposes unless we first explain the research to you and you consent to participate in the research and you give us permission to use your protected health information for the research. In some cases, though, we may use your protected health information for research without your permission. In order for this to happen, your information would have to be partially de-identified, or a committee of people who know about research, privacy and medical ethics would have to decide that use of your information was necessary and that it would be of low risk to you and your privacy.

O. National Security and Military – We may disclose your protected health information to authorized federal officials for conducting national security and other intelligence activities, including providing protective services to the President and other officials. If you are a member of the armed forces, we may release information about you as required by military command authorities.

P. Workers' Compensation – We may release protected health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Q. Legal Proceedings – We may release protected health information about you during the course of legal proceedings if we are ordered to release the information by a court or judge, or in response to a valid subpoena or warrant issued by a court, administrative tribunal or an officer of a court.

R. Law Enforcement – We may release your protected health information to a law enforcement official for a law enforcement purpose under the following circumstances: (1) as permitted or required by law, or in response to certain types of court orders, warrants, subpoenas, demands requests or other legal process; (2) if the law enforcement official needs limited information about you because of a reasonable belief that you pose a danger to yourself, a particular person or people, or if you are trying to obtain narcotics illegally; (3) if it is believed you have been the victim of a crime, although we will try to discuss with you before making the disclosure; (4) for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; (5) if you have died and we think your death involved a criminal act; (6) if a crime occurs at Lifespan and we think your protected health information is evidence of the crime and (7) in an emergency health care situation if necessary to report a crime.

S. Coroners, Medical Examiners and Funeral Directors – We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person when determining the cause of death. Following the patient's death, we may also be required to furnish funeral directors with a standard death certificate that includes certain protected health information.

T. Health Oversight – We may disclose your protected health information to governmental agencies authorized by law to audit, inspect, or investigate the health care system, government benefit programs, other government programs and civil rights laws.

U. Inmates – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we will release your protected health information only as permitted by law.

V. Questions of Capacity to Consent – In situations where you lack capacity to consent, we may use and disclose your protected health information as permitted by applicable Lifespan policies and by law.

4. Other Uses or Disclosures of Your Protected Health Information

All other uses or disclosures of your protected health information will be made only with your written authorization, consent, or after you have been given the opportunity to object and you have decided not to object. If you authorize or agree to a use and disclosure now, you can change your mind later. If you do change your mind, you must let us know in writing. If and when you revoke your permission, we will stop using or disclosing your protected health information pursuant to your written authorization to the greatest extent practical. You understand that we are unable to revoke any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.

NOTICE OF AMENDMENT TO LIFESPAN JOINT PRIVACY NOTICE

Effective November 2, 2020, Section W of the Lifespan Joint Privacy Notice, last updated on August 3, 2020, is amended as follows:

W. Health Information Exchange(s) – We may participate in certain health information exchanges (HIE) whereby we may share, request and receive your health information, as permitted by law, with or from other health care providers or entities for treatment, payment, or health care operations purposes. However, you may choose not to have your information shared through our HIE (i.e., “opt out”) at any time. For questions, or if you want to opt out of sharing your information with our HIEs, contact the Lifespan Privacy Offices listed below in Section 8. Please note that if you choose to opt out but later decide to opt back in, any information that was previously restricted by your request will once again be exchanged and accessible through that HIE.

AVISO DE ENMIENDA DEL AVISO DE PRIVACIDAD CONJUNTO DE LIFESPAN

Con vigencia a partir del 2 de noviembre de 2020, la sección W del Aviso de privacidad conjunto de Lifespan, cuya última actualización es del 3 de agosto de 2020, se modificará de la siguiente manera:

W. Intercambio(s) de información de salud: Podríamos participar en algunos intercambios de información de salud (HIE, por sus siglas en inglés), por los cuales, podríamos compartir, solicitar o recibir su información de salud, según lo permitido por la ley, con otros proveedores o entidades de atención médica por razones de tratamiento, pago o transacciones relativas a la atención médica. Sin embargo, usted puede elegir que no divulguemos su información mediante nuestros HIE (es decir, «optar por no participar») en cualquier momento. Si tiene alguna pregunta o si desea optar por no participar de la divulgación de su información mediante nuestros HIE, comuníquese con las oficinas de privacidad de Lifespan que se indican a continuación en la sección 8. Tenga en cuenta que si opta por no participar, pero luego decide volver a participar, toda información que fue restringida para divulgación a pedido suyo podrá ser intercambiada y accesible a través de nuestros HIE.

COMUNICAÇÃO DE EMENDA AO AVISO CONJUNTO DE PRIVACIDADE DA LIFESPAN

A partir de 2 de novembro de 2020, a Seção W do Aviso Conjunto de Privacidade da Lifespan, atualizado pela última vez em 3 de agosto de 2020, será emendado da seguinte maneira:

W. Intercâmbio(s) de informações de saúde – Poderemos participar de certos intercâmbios de informações de saúde (HIE - Health Information Exchanges) onde poderemos compartilhar, solicitar e receber suas informações de saúde, na medida legalmente permitida, com ou de outros provedores de cuidados de saúde ou entidades para questões de tratamento, pagamento ou de operações de cuidados de saúde. Entretanto, você pode optar por não compartilhar suas informações por intermédio de nosso HIE (ou seja “optar por não participar”) a qualquer momento. Se tiver alguma dúvida, ou se desejar exercer sua opção de não participar do compartilhamento de informações com nossos HIEs, contate os Escritórios de Privacidade da Lifespan enumerados abaixo na Seção 8. Note que, se você optar por não participar e, posteriormente, optar por participar, informações previamente restritas a seu pedido poderão novamente ser intercambiadas e serão acessíveis através do HIE.

УВЕДОМОЛЕНИЕ ОБ ИСПРАВЛЕНИИ В УВЕДОМЛЕНИИ О ПОЖИЗНЕННОЙ СОВМЕСТНОЙ КОНФИДЕНЦИАЛЬНОСТИ

С 2 ноября 2020 г. раздел W Уведомление о пожизненной совместной конфиденциальности, в последней редакции от 3 августа 2020 г., исправляется следующим образом:

W. Бирж(-и) медицинской информацией – Мы можем участвовать в определенных обменах медицинской информацией через биржи (HIE), при этом мы можем передавать, запрашивать и получать информацию о Вашем здоровье в соответствии с законом, от других поставщиков медицинских услуг или юридических лиц для целей лечения, оплаты или здравоохранения. Однако, если вы не хотите, чтобы Ваша информация была доступна через нашу биржу HIE (т. е. хотите «отказаться»), Вы можете сделать это в любое время. Если у Вас возникнут любые вопросы, или Вы захотите отказаться от предоставления Вашей информации через нашу биржу HIE, обратитесь в отдел пожизненной конфиденциальности, указанный ниже в разделе 8. Обратите внимание, что если Вы решите отказаться, а потом решить дать согласие, любая информация, доступ к которой был ранее ограничен по Вашей просьбе, будет снова подлежать обмену и доступна через эту биржу HIE.

សេចក្តីជូនដំណឹងអំពីការធ្វើវិសោធនកម្មទៅលើការចូលរួមផ្តល់ព័ត៌មានបែបឯកជនរបស់ Lifespan

មានប្រសិទ្ធភាពចាប់ពីថ្ងៃទី ២ ខែវិច្ឆិកា ឆ្នាំ ២០២០ វគ្គ W នៃការចូលរួមផ្តល់ព័ត៌មានបែបឯកជនរបស់ Lifespan ដែលត្រូវបានធ្វើបច្ចុប្បន្នភាពចុងក្រោយនៅថ្ងៃទី ៣ ខែសីហាឆ្នាំ ២០២០ត្រូវបានកែប្រែដូចតទៅ៖

W. ការផ្លាស់ប្តូរព័ត៌មានសុខភាព –យើងអាចចូលរួមក្នុងការផ្លាស់ប្តូរព័ត៌មានសុខភាពមួយចំនួនដែលយើងអាចចែករំលែកបានស្មើគ្នា និងទទួលបានព័ត៌មានសុខភាពរបស់អ្នក ដូចដែលបានអនុញ្ញាតពីច្បាប់ ឬពីអ្នកផ្តល់សេវាថែទាំសុខភាព ឬអង្គការផ្សេងទៀតសម្រាប់ការព្យាបាល ការបង់ប្រាក់ ឬក្នុងគោលបំណងប្រតិបត្តិការថែទាំសុខភាព។ ទោះយ៉ាងណាក៏ដោយ អ្នកអាចជ្រើសរើសមិនឱ្យគេចែកចាយព័ត៌មានរបស់អ្នកតាមរយៈប្រព័ន្ធ HIE (ឧទាហរណ៍ បដិសេធចេញ) នៅពេលណាក៏បាន។ សម្រាប់សំណួរ ឬបើអ្នកចង់ដកខ្លួនចេញពីការចែករំលែកព័ត៌មានអ្នកជាមួយ HIEs របស់យើង សូមទាក់ទងមកកាន់ការិយាល័យឯកជនរបស់ Lifespan ដែលបានរាយក្នុងតារាងខាងក្រោមនៅផ្នែកទី ៨ ។ សូមកត់ចំណាំថា ប្រសិនបើអ្នកជ្រើសរើសមិនចូលរួម ឬប្តូរក្រោយមកក៏សម្រេចចិត្តចូលវិញ ព័ត៌មានពីមុនណាមួយដែលអ្នកស្នើសុំអោយបិទ នឹងត្រូវផ្លាស់ប្តូរហើយចូលដំណើរការបានម្តងទៀតតាមរយៈ HIE ។