As Required by Law: We will disclose medical information about you when required to do so by federal, state, or local law. Any use or disclosure not described in this notice will be made only with your written authorization.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS:

Organ and Tissue Donation: If you are an organ donor, we may disclose your protected health information to an organ procurement organization or other person responsible for the recovery and use of organs or body parts for transplantation.

Military and Veterans: If you are a member of the armed services, we may disclose your protected health information as required by military command authorities.

Workers’ Compensation: We may disclose your protected health information for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks: We may disclose your protected health information for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- To report to state and federal health authorities
- To report reactions to medications or problems with products
- To notify people of recalls of products that may be harmful
- To notify a person who may have been exposed to a disease or may be at risk for acquiring a disease
- To provide proof of immunization to a school that is required by state or other law to have such proof with the agreement to the disclosure by a parent or guardian of the person active participation in a research study
- To notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities may include, but are not limited to, audits, investigations, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with the laws.

For Judicial or Administrative Proceedings: We may disclose your protected health information to the proper (court) or administrative order. This disclosure would be permitted, for example, to identify a deceased person or to determine cause of death. We may also release health information about patients of the Organizations to funeral directors as necessary for carrying out their duties.

Law Enforcement: We may disclose PHI to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

Coroners, Medical Examiners, and Funeral Directors: We may disclose your protected health information to a coroner or medical examiner. This disclosure may be necessary, for example, to identify a deceased person or to determine cause of death. We may also release health information about patients of the Organizations to funeral directors as necessary for carrying out their duties.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official. This release would be permitted (1) for the institution to provide you with health care; (2) to protect your health and safety; (3) to notify family members, clergy or others we use to provide services that are part of your care.

Amend: If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend (correct or complete) the information for as long as we maintain the records of the care that we provided for you. If we deny your request, you have the right to request a copy of the portion of your record that contains the information we denied you access to, and to have a statement added to your record explaining our denial of your request.

OTHER AUTHORIZED USE OF MEDICAL INFORMATION:

• Businesses Associates will receive, create, maintain and/or transmit PHI about you, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI.

ACCOUNTING OF DISCLOSURES & NOTIFICATION OF BREACH:

You have the right to request an accounting of disclosures, and this request must be in writing. A list of disclosures will make our record of purposes other than treatment, payment, or operations. We also have the right to be notified by you of any breach of your PHI.

A Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You have the right to request a paper copy of this notice electronically, you are still entitled to a paper copy.

ACCOUNTING OF DISCLOSURE & NOTIFICATION OF BREACH:


MARY BIRD PERKINS CANCER CENTER AT STPH
STPH–1300(9/13)

STPH–1300(9/13)