We may use and disclose health information about you.

In most circumstances we use or disclose protected health information to a mental health professional to document or analyze a conversation in a counseling session.

Any marketing communication that is paid for by a third party about a product or service to encourage you to purchase or use the product or service.

Except for limited transactions permitted by the Privacy Rule, a sale of protected health information for which we directly or indirectly receive remuneration or payment.

Other uses or disclosures of protected health information that are not described in this notice.

If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time.

If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

For requests involving your records — amendments, copies, accounting of disclosures:

For Healthcare Operations

We may use health information to review our treatment and services and to evaluate our performance.

We may use health information to plan the services that are part of or are likely to be provided to you.

We may use health information to support quality improvement activities.

We may use health information to identify areas for improvement.

We may use health information to conduct or support other activities that support quality improvement, the delivery of care to you, and the functioning and improvement of Reading Health System.

For Treatment

We may use and disclose health information about you to provide you with medical treatment or services.

We may use and disclose health information about you to receive payment for services you receive.

We may use and disclose health information about you to arrange for other health care.

We may disclose health information about you to professional persons who are involved in your care.

Other uses or disclosures of protected health information require an authorization from you:

In circumstances where we use or disclose health information about you, we will be made only with your written permission.

In the following circumstances, we will always require an authorization from you:

To file a complaint with the Secretary of the US Department of Health and Human Services, please use the address in the “Addresses” section that follows. There will be no retaliation against you for filing a complaint. For additional information, you may call 202-619-2527 or toll-free 877-696-6775, or visit the Office for Civil Rights website: www.hhs.gov/ocr/hipaa.

To file a complaint with us, contact our Privacy Officer at the address listed in the “Addresses” section that follows. There will be no retaliation against you for filing a complaint. For additional information, you may call 202-619-2527 or toll-free 877-696-6775, or visit the Office for Civil Rights website:

To file a complaint with the Office for Civil Rights, you may file a complaint electronically through the Office’s website at https://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html, or you may file a complaint by mail or phone.

If you live in Pennsylvania, the Office for Civil Rights will send you a letter confirming receipt of your complaint.

The Office for Civil Rights is required to investigate your complaint.

The Office for Civil Rights will inform you of the outcome of your complaint.

This Notice of Privacy Practices will be made available to our covered entities at no charge to you. If you request multiple copies, a reasonable cost per copy may be charged.

We will make easily available a copy of this notice. The notice will contain the effective date on the cover, in the top right-hand corner.

We will make easily available a copy of the current notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

You may file a complaint with us or with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the US Department of Health and Human Services or with us.

If you have a complaint about this notice or the laws that apply to us, you may file a complaint with the Secretary of the US Department of Health and Human Services or with us.

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the US Department of Health and Human Services or with us.

The Secretary of the US Department of Health and Human Services will be made available to our covered entities at no charge to you. If you request multiple copies, a reasonable cost per copy may be charged.

We will make easily available a copy of the current notice. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

You may file a complaint with us or the Secretary of the US Department of Health and Human Services if you believe your privacy rights have been violated.

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the US Department of Health and Human Services or with us.

If you have a complaint about this notice or the laws that apply to us, you may file a complaint with the Secretary of the US Department of Health and Human Services or with us.

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the US Department of Health and Human Services or with us.
Hospital Directory
• Unless you tell us that you object, we may include certain limited information about you in the hospital directory while you are a patient at Reading Hospital or Reading Health Rehabilitation Hospital. This information may include your name, or the location in the hospital, your general condition (good, fair, poor, critical), and your religious affiliation. It may be released to the clergy or to other people who ask for who ask for you by name. This directory information is so that family, friends, and clergy can visit you in the hospital and generally know how you are doing.

Individuals Involved in Your Care or Payment for Your Care
• We may release health information about you to a friend or family member who is involved in your care.
• We may also tell your family or friends your condition and that you are in the hospital.
• In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research
• Under certain circumstances, we may use and disclose health information about you for research purposes.

For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients’ need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process.

SPECIAL SITUATIONS

Organ and Tissue Donation
• If you are an organ donor, we may release health information to organizations that handle organ procurement, or transplant, or tissue donation, or to an organ donation bank in order to facilitate organ or tissue donation and transplantation.

Military and Veterans
• If you are a member of the armed forces, we may release health information about you as required by military command authorities.
• We may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers’ Compensation
• We may release health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks
• We may disclose health information about you for public health activities. These activities generally include the following:
  • to prevent or control disease, injury or disability;
  • to report births and deaths;
  • to report child abuse or neglect;
  • to report reactions to medications or problems with products;
  • to notify people of recalls of products they may be using;
  • to notify a person who may have been exposed to a disease, or may be at risk for contracting or spreading a disease or condition;
  • to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will make this disclosure only if you agree, or when required or authorized by law.

Health Oversight Activities
• We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes
• If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information 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 information requested.

Law Enforcement
• We may release health information if asked to do so by a law enforcement official:
  • in response to a court order, subpoena, warrant, or similar process;
  • to identify or locate a suspect, fugitive, material witness, or missing person;
  • about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
  • about a death we believe may be the result of criminal conduct;
  • about criminal conduct that occurs on aReading Health System property;
  • in emergency circumstances to report a crime, the location or victims of the crime, the identity, description, or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors
• We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person, or to determine the cause of death.
• We may also release health information about patients of Reading Health System to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities
• We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Out-of-Pocket Payments
• If you paid out-of-pocket (or, in other words, you requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan or to the individual or other person — other than the health plan — paid the health plan in full.

Right to Request Confidential Communications
• You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only at work or by email.
• To request confidential communications, you must make your request in writing to the Privacy Officer at Reading Health System. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to 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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
• You may obtain a copy of this notice at our website www.readinghealth.org.
• To obtain a paper copy of this notice, contact the Privacy Officer at Reading Health System.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU
You have the following rights regarding health information we maintain about you.

Right to Inspect and Copy
• You have the right to inspect and copy health information that may be used to make decisions about you care. Usually, this includes medical and billing records, but does not include psychotherapy notes.
• To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Department at Reading Hospital, or to the Administrator of The Highlands at Wyomissing if services have been provided by The Highlands at Wyomissing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.
• We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by Reading Health System will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
• Limited copies of your medical information are available electronically through a Reading Health System service called MyChart. Visit https://mychart.readinghealth.org for more information.

Right to Request Amendment
• If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Reading Health System.
• To request an amendment, your request must be made in writing and submitted to the Director of Health Information Management at Reading Hospital, or to the Administrator of The Highlands at Wyomissing if services have been provided by The Highlands at Wyomissing. In addition, you must provide a reason that supports your request.
• We have the right to deny your request for an amendment if it is not in writing or does not include a reason to support the request.
• In addition, we may deny your request if you ask us to amend information that:
  • was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  • is not part of the information which you would be permitted to inspect and copy, or
  • is accurate and complete.

Right to an Accounting of Disclosures
• You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of health information about you.
• To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at Reading Health System. Your request must state a time period which may not be longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the list — on paper or electronic copy.
  • The first list you request within a 12-month period will be free.
  • For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Breach Notification
• You have the right to be notified upon a breach of any of your Protected Health Information.

Right to Request Restrictions
• You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or healthcare operations.
• You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend.
• For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
• To request restrictions, you must make your request in writing to the Director of Health Information Management at Reading Hospital, or to the Administrator of The Highlands at Wyomissing if services have been provided by The Highlands at Wyomissing.
• In your request, you must tell us:
  • what information you want to limit;
  • whether you want to limit our use, disclosure, or both; and
  • to whom you want the limits to apply.
• For example, you may ask that we not disclose information to your spouse.

Your Privacy Rights Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)