

## Lifespan’s Summary Notice Of Privacy Practices

*See the attached Privacy Notice for greater detail*

Lifespan and its partners are required by federal law to provide a Privacy Notice that describes how medical and health care information we maintain about you may be used or disclosed. Your protected health information is confidential. The notice describes each use and disclosure we are permitted to make, your rights, and our obligations under the law.

### Use and Disclosures:

Under a variety of circumstances we may use your medical information without obtaining your prior authorization. For example we may use this information to:

- Provide you with treatment,
- Ensure the quality of your care,
- Bill and collect payment for the services you were provided, or
- Report a communicable disease, domestic violence or criminal activity.

In other scenarios we may use your medical information, but you have the opportunity to object. For example unless you object:

- The hospital directory will include limited information about you such as your hospital room number, or
- We may release information, as permitted under the law, about your condition to family and friends involved in or who help pay for your care.

## Lifespan Joint Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This notice describes the types of medical information we gather about you (or your minor child or ward), with whom that information may be shared and the safeguards we have in place to protect it. You have the right to the confidentiality of your health care information. If you have any questions about this notice, please contact the Lifespan Privacy Officer or one of the Lifespan Affiliate Privacy Officers at the telephone numbers and/or addresses listed at the end of this notice.

### 1. Who We Are

This notice describes the privacy practices of the Lifespan Healthcare System (“Lifespan”) facilities, as well as health care professionals and other persons, such as doctors and nurses and their support personnel, who provide services at Lifespan facilities and have agreed to follow this notice. We believe it is in the best interest of patient care to standardize privacy practices for all providers participating in the

These examples are merely illustrative. For full descriptions see the attached notice.

### Your Rights:

While the records we maintain belong to us, you have a variety of rights with respect to the information in those records. For instance, you have the right to:

- Correct, but not delete, the information
- Choose where and how the information is sent to you
- Obtain a list of non-routine disclosures made of this information.

All of these rights are subject to some exceptions that are described in the attached notice.

### Our Obligations:

We are required to provide you with our Privacy Notice and abide by its terms. We can amend the notice from time to time. We reserve the right to make the amended or changed notice effective for medical information we already have about you as well as any information we receive in the future.

After reviewing the notice, if you have any questions or require additional information, please call the affiliate hospital designated Privacy Officer at the telephone number below or contact the Lifespan Privacy Officer.

<b>Rhode Island Hospital</b>	<b>401-444-4560</b>
<b>The Miriam Hospital</b>	<b>401-793-7402</b>
<b>Lifespan Physician Group</b>	<b>401-444-4728</b>
<b>Newport Hospital</b>	<b>401-845-1545 or 845-1152</b>
<b>Bradley Hospital</b>	<b>401-432-1129</b>
<b>Gateway Healthcare</b>	<b>401-724-8400</b>
<b>Lifespan Privacy Officer</b>	<b>401-444-4728</b>

Lifespan organized health care arrangement, including the Lifespan entities identified below:

Rhode Island Hospital  
Hasbro Children’s Hospital, A Division of Rhode Island Hospital  
The Miriam Hospital  
Newport Hospital  
Emma Pendleton Bradley Hospital  
NHCC Medical Associates, Inc.  
Lifespan Physician Group, Inc.  
Gateway Health Care, Inc.  
Gateway Professional Group, Inc.  
The Autism Project  
RIH Ventures  
Lifespan Pharmacy, LLC  
Radiosurgery Center of Rhode Island

### 2. Our Pledge Regarding Protected Health Information

We understand that protected health information, commonly referred to as medical and health care related information, about you is personal and needs to be kept confidential. We are committed to protecting this information.

We create and maintain a record of the care and services you receive from us and from other organizations that participate in your care. This information includes medical information and personally identifiable information we use to bill for your care. Lifespan needs this record to provide you with quality care and to comply with certain legal requirements. We store and manage your protected health information primarily in our electronic health record, although we may also store and manage some of your protected health information in paper format only.

This notice will tell you about the ways Lifespan uses and discloses protected health information about you. It will also describe your rights and certain obligations we have regarding the use and disclosure of this information. Lifespan uses and discloses your protected health information in accordance with applicable state and federal laws. To the extent state laws are more restrictive than federal laws, we will comply with the more restrictive state laws.

We are required by law to:

- Keep protected health information about you private;
- Give you this notice of our legal duties and privacy practices;
- Notify you if you are affected by a breach of unsecured health information; and
- Abide by the terms of the notice that is currently in effect.

### 3. How We May Use And Disclose Protected Health Information About You

The following categories describe and give examples of the different ways we are permitted or required to use and disclose your protected health information without first asking for your permission or offering you the opportunity to agree or object. In addition, if you participate in one of Lifespan’s federally assisted substance use disorder programs, your patient identifying information may receive some further protections.

**A. De-Identified Health Information** – We can release your protected health information without your permission if we first “de-identify” it such that the person looking at it will not know it refers to you.

**B. For Treatment** – We use your protected health information to provide, coordinate and manage your health care. This will include disclosing protected health information about you to doctors, nurses, technicians, or other health care professionals who care for you, whether or not they are employed by Lifespan. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

**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. If you elect to take full financial responsibility for services you receive, and you pay your bill in a timely manner, your request that we do not bill your insurer will be honored.

**D. For Health Care Operations Purposes** – We may use and disclose your protected health information to support the operations of our organization, such as to conduct quality assessment activities, train health care professionals or arrange for legal services. This is necessary to make sure all our patients receive quality care. For example, we may use your protected health information to evaluate the performance of our staff.

**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.

**W. Health Information Exchange(s)** – We may participate in certain health information exchanges 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.

### 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, and that we are required to retain our records of the care that we provide to you.

Effective Date  
August 3, 2020

# Lifespan Joint Privacy Notice

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please let us know and we will follow your instructions.

**A. Hospital Directory** - Except for patients receiving mental health services, unless you object we will include certain limited information about you in the hospital directory while you are in the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information may also be released to individuals, such as your family, friends, a member of the clergy, who ask for you by your full name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. However, for patients receiving mental health services, we will not disclose that the patient is receiving care at the hospital, unless an official at the hospital determines that the release of such information to any of the following persons is in the patient's best interest: (1) members of the patient's family; (2) the patient's lawyer; or (3) the patient's guardian or conservator.

**B. Individuals Involved in Your Care or Payment for Your Care** - Unless you object in writing, we may release the fact of your admission and a general description of your condition to another person, such as a relative or friend, who is involved in your care, or who helps pay for your care. Also, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate permitted uses and disclosures to family or other individuals involved in your health care. In cases where you are not present or able to agree or object, the health care providers will use their professional judgment to determine whether it is in your best interest for them to make disclosures permitted by law.

**C. Research** – Except for research described in Section 3 of this notice, we may not use or disclose your protected health information for research purposes unless you authorize us to do so.

**D. Psychotherapy Notes** - In general, we will not use or disclose psychotherapy notes (notes recorded by a mental health professional to document or analyze conversations with you and/or your family and stored separately from your medical record), unless you authorize us to do so. However, we can use or disclose such protected health information without your authorization for the following purposes: (1) the health professional who recorded the information can use it to treat you; (2) in limited situations, Lifespan can use or disclose the information in connection with mental health counseling training that occurs at Lifespan; and (3) Lifespan can use a patient's psychotherapy notes to defend against any legal proceeding brought by a patient.

**E. Marketing** – Marketing communications are communications about a product or service that encourage you to purchase or use the product or service. We must get your authorization before we use or disclose your protected health information for marketing, with two exceptions. First, we may inform you about products or services during face-to-face communications with you without your

authorization, including providing related written materials to you. Second, we may also, without your authorization, provide to you promotional gifts of nominal value that encourage you to purchase or use a product or service.

**F. Sale of Protected Health Information** – We will not sell your protected health information to a third party without your prior authorization, and the authorization must state that we will receive remuneration in exchange for the disclosure of your protected health information.

## 5. Your Rights Regarding Your Medical Information

You have the following rights regarding the protected health information we maintain about you.

**A. The Right to Request Restrictions** – You have the right to request restrictions on uses and disclosures of your protected health information for treatment, payment and health care operations. We are not required to agree to your request unless you request restriction on disclosures to a health plan for purposes of payment or health care operations, and the protected health information relates to an item or service for which you, or another person on your behalf, have assumed full financial responsibility. If we do agree to your request for restrictions, we are bound by the restrictions, except in limited circumstances, such as if there is an emergency. In many cases, restricting a caregiver's access to protected health information is not in the best interest of the patient and could impede Lifespan operations. For this reason, in many cases, Lifespan will not agree to your request.

You may also request that we not release any part of your protected health information to family members or friends who may be involved in your care, but we are not required to agree to your request.

To request restrictions, you must make your request in writing to the **Lifespan Privacy Officer, 245 Chapman Street, Suite 200, Providence, RI 02905, or one of the Affiliate Privacy Officers at the addresses listed at the end of this notice.**

**B. The Right to Request to Receive Confidential Communication**– We will accommodate reasonable requests to communicate protected health information to you at a certain location or in a certain way. For example, you may ask us to contact you at work, or at a location other than your home address. If possible, please make alternative location requests at your first contact or at the time of registration. However, you may make such requests anytime thereafter. Requests for alternative means of communication made after the first contact or registration must be made in writing to our Privacy Officers at the address listed above.

**C. Right to Inspect and Copy** – You have the right to inspect and obtain, in a timely manner, a copy of your protected health information used to make decisions about your care, known as a "designated record set." Usually, this includes medical and billing records, but does not include psychotherapy notes, information

gathered for research purposes, information compiled in reasonable anticipation of or use in a legal proceeding, and protected health information subject to any law that prohibits your access.

To inspect and copy your protected health information in a designated record set, you must submit your request in writing to our Privacy Officer at the address above or Affiliated Privacy Officer at the addresses listed at the end of this notice. 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. If we maintain the protected health information you request in an electronic format, you have the right to request a copy of your information in electronic format, and we will provide the information to you in the format you request so long as it is readily producible in that format. If the information is not readily producible in the electronic format you request, we will reach an agreement with you as to an alternative readable electronic format. We will not charge you more than our labor costs of responding to your request for an electronic copy of your protected health information.

We may deny your request to inspect and receive a copy of your protected health information in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by another Lifespan health care professional. Under some circumstances, however, we are not required to offer you such review. If we do comply with your request for review of a denial, we will comply with the outcome of this review.

**D. Right to Amend** – If you feel that protected 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.

To request an amendment, your request must be made in writing and submitted to the Lifespan Privacy Officer or Lifespan Affiliated Privacy Officers at the address listed at the end of this notice. In addition, you must provide a reason that supports your request.

We may 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 protected health information kept by Lifespan;
- Is accurate and complete.

**E. Accounting of Certain Disclosures** – In general, you have the right to receive an accounting of disclosures we made of your protected health information in the six (6) years prior to the date the accounting is requested. However, many exceptions apply to this general rule. For instance, you do not have a right to receive an accounting for disclosures made: (1) for treatment, payment or health care operations; (2) to you or your personal representative; (3) that you authorized in writing; (4) for the hospital's directory; (5) to family and friends involved in your care or payment for your care or certain other notification purposes; (6) to federal officials

for national security or intelligence activities; (7) to correctional institutions or law enforcement officers regarding inmates; (8) as part of a limited data set; or (9) to health oversight officials in certain situations. The scope of your right to request an accounting may be modified by changes in federal law from time to time. You have the right to receive specific information about those disclosures for which you do have a right to an accounting. The right to receive this information is subject to certain exceptions, restrictions and limitations. Your request must be submitted in writing to either the Lifespan Privacy Officer or the appropriate 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  
245 Chapman Street, Suite 200  
Providence, RI 02905

401-444-4728 or [privacyofficer@lifespan.org](mailto: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 Officers

**Rhode Island Hospital**  
Health Information Services  
Affiliate Privacy Officer  
593 Eddy Street  
Providence, RI 02903  
401-444-4560

**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 Avenue, Suite 250  
Pawtucket, RI 02860  
401-724-8400

