

**MEMORIAL HOSPITAL OF SOUTH BEND
NOTICE OF PRIVACY PRACTICES
EFFECTIVE DATE: APRIL 14, 2003**

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

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT LAMONT FREEZE, CORPORATE COMPLIANCE AND PRIVACY OFFICER, MEMORIAL HOSPITAL OF SOUTH BEND, 615 NORTH MICHIGAN STREET, SOUTH BEND, INDIANA, 46601, AT TELEPHONE (574) 647-3309.

WHO WILL FOLLOW THIS PRACTICE:

This notice describes the privacy practices of Memorial Hospital of South Bend (Hospital), an Organized Health Care Arrangement (OHCA), and that of:

- Any health care professional authorized to enter information into your Hospital chart.
- All departments and units of the Hospital.
- Any member of a volunteer group we allow to help you while you are in the Hospital.
- All employees, staff, other Hospital personnel, and any residents or student trainees of the Hospital.
- Memorial Health System, Inc., personnel who support the Hospital, interact with Hospital personnel, or have access to your protected health information.
- The Medical Staff members of Memorial Hospital of South Bend, Inc.

These individuals and entities will share your medical information as necessary to carry out treatment, payment and health care operations relating to the uses and disclosures of the Hospital's OHCA as described more specifically in this Joint Notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Hospital. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the medical records of your care generated by the Hospital, whether made by Hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information

about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Maintain the privacy of medical information that identifies you;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you, and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses and disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

FOR TREATMENT

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other Hospital personnel who are involved in taking care of you at the Hospital. We may also disclose your medical information to participants in the Hospital's OHCA for treatment of you by them.

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. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals.

Different departments of the Hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the Hospital who may be involved in your medical care, such as family members or others we use to provide services that are part of your care. In addition, we may disclose your medical information to other health care providers who need it to provide treatment to you.

FOR PAYMENT

We may use and disclose medical information about you so that the treatment and services you receive at the Hospital may be billed to and payment be collected from you, an insurance company or a third party.

For example, we may need to give your health plan information about surgery you received at the Hospital so your health plan will pay us or reimburse you for the surgery. We may also tell

your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

We may also disclose your medical information to other providers or health plans for their payment activities as they relate to your treatment.

FOR HEALTH CARE OPERATIONS

We may use and disclose medical information about you for Hospital operations. These uses and disclosures are necessary to run the Hospital and make sure that all of our patients receive quality care.

For example, we may use medical information to review our treatment and services and to evaluate our staff in caring for you. We may also combine medical information about many Hospital patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective.

We may also disclose information to doctors, nurses, technicians, medical students, and other Hospital personnel for review and learning purposes.

We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

We may also combine your medical information to those entities participating in the Hospital's OHCA for health operation purposes of the OHCA. We may also disclose your medical information to other providers or health plans for certain health care operations purposes of that entity, but only if that entity has a relationship with you.

INCIDENTAL USES AND DISCLOSURES

We may occasionally inadvertently use or disclose your medical information when such use or disclosure is incident to another use or disclosure permitted by law. For example, while we have safeguards in place to protect against others overhearing our conversations that take place between doctors, nurses, and other Hospital personnel, there may be times that such conversations are overheard by others. Please be assured, however, that we have appropriate safeguards in place to avoid such situations, and others, as much as possible.

APPOINTMENT REMINDERS

We may use and disclose medical information to contact you as a reminder that you have an

appointment for treatment or medical care at the Hospital, to recommend possible treatment options or alternatives, or to inform you of health-related benefits or services that may be of interest to you. If you do not wish us to contact you about appointment reminders, treatment alternatives, or other health-related benefits or services, you must notify, in writing, LaMont Freeze, Corporate Compliance and Privacy Officer, Memorial Hospital of South Bend, 615 North Michigan Street, South Bend, Indiana, 46601.

THIRD PARTIES

We may disclose your medical information to third parties with whom we contract to perform services on our behalf. If we disclose your information to these entities, we will have an agreement by them to safeguard your information.

FUND RAISING ACTIVITIES

We may use medical information about you to contact you in an effort to raise money for the Hospital and its operations. We may disclose medical information to a foundation related to the Hospital so that the foundation may contact you in raising money for the Hospital.

We will only use contact information, such as your name, address and phone number and the dates you received treatment or services at the Hospital, if we want to contact you for fundraising purposes.

If you do not want the Hospital to contact you for fundraising efforts, you must notify LaMont Freeze, Corporate Compliance and Privacy Officer, Memorial Hospital of South Bend, 615 North Michigan Street, South Bend, Indiana, 46601.

HOSPITAL DIRECTORY

We may include certain limited information about you in the Hospital directory while you are a patient at the Hospital. This information may include your name, location in the Hospital and your general condition (e.g., fair, good, serious, critical, etc.).

The directory information may be released to people who ask for you by name. This is so your family, friends and clergy can visit you in the Hospital and generally know how you are doing.

You have the right to object to being included in the facility directory and we will ask you if have any such objections.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who is involved with or who helps

pay for your care. We may also tell your family or friends your condition and that you are in the Hospital.

In addition, we may disclose medical 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 medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who receive one medication to those who receive 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 medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process.

We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Hospital.

AS REQUIRED BY LAW

We will disclose medical information about you when required to do so by federal, state or local law.

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 and 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 or to law enforcement authorities in particular circumstances.

DISCLOSURES TO YOU

Upon a written request by you, we may use or disclose your medical information in accordance with your request.

LIMITED DATA SETS

We may use or disclose certain parts of your medical information, called a "limited data set", for purposes such as research, public health reasons or for our health care operations. We would disclose a limited data set only to third parties who have provided us with satisfactory assurances that they will use or disclose your medical information only for limited purposes.

DISCLOSURES TO THE SECRETARY OF HEALTH AND HUMAN SERVICES

We might be required by law to disclose your medical information to the Secretary of the Department of Health and Human Services, or his/her designee, in the case of a compliance review to determine whether we are complying with privacy laws.

DE-IDENTIFIED INFORMATION

We may use your medical information, or disclose it to a third party whom we have hired, to create information that does not identify you in any way. Once we have de-identified your information, it can be used or disclosed in any way according to law.

DISCLOSURES BY MEMBERS OF OUR WORKFORCE

Members of our workforce, including employees, volunteers, trainees or independent contractors, may disclose your medical information to a health oversight agency, public health authority, health care accreditation organization or attorney hired by the workforce member, to report the workforce member's belief that we have engaged in unlawful conduct or that our care or services could endanger a patient, workers or the public. In addition, if a workforce member is a crime victim, the member may disclose your medical information to a law enforcement official.

COMMUNICATIONS REGARDING OUR SERVICES OR PRODUCTS

We may use or disclose your health information to make a communication to you to describe a health-related product or service of the Hospital. In addition, we may use or disclose your health information to tell you about products or services related to your treatment, case management or care coordination, or alternative treatments, therapies, providers or settings of care for you.

We may occasionally tell you about another company's products or services, but will use or disclose your health information for such communications only if they occur in person with you.

We may also use and disclose your health information to give you a promotional gift from us that is minimal in value.

DISCLOSURES OF RECORDS CONTAINING DRUG OR ALCOHOL ABUSE INFORMATION

Because of federal law, we will not release your medical information if it contains information about drug or alcohol abuse without your written permission except in very limited situations.

DISCLOSURES OF MEDICAL INFORMATION OF MINORS

Under Indiana law, we cannot disclose the medical information of minors to non-custodial parents if a court order or decree is in place that prohibits the non-custodial parent from receiving such information. However, we must have documentation of the court order prior to denying the non-custodial parent such access.

SUSPECTED ABUSE OR NEGLECT

If we believe that a person is a victim of child or adult abuse or neglect, we are required by law

to report certain information to public authorities.

DISCLOSURES OF MENTAL HEALTH RECORDS

If your records contain information regarding your mental health, we are restricted in the ways we may use and disclose them. We can disclose such records without written permission only in the following situations:

- If the disclosure is made to you (unless it is determined by a physician that the release would be detrimental to your health);
- Disclosures to our employees in certain circumstances;
- For payment purposes;
- For data collection, research, and monitoring managed care providers if the disclosure is made to the division of mental health;
- For law enforcement purposes or to avert a serious threat to the health and safety of you or others;
- To a coroner or medical examiner;
- To satisfy reporting requirements;
- To satisfy release of information requirements that are required by law;
- To another provider in an emergency;
- For legitimate business purposes;
- Under a court order;
- To the Secret Service if necessary to protect a person under Secret Service protection; and
- To the Statewide waiver ombudsman.

SPECIAL SITUATIONS

ORGAN AND TISSUE DONATION

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

MILITARY AND VETERANS

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

WORKERS' COMPENSATION

We may release medical 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 medical 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 only make this disclosure if you agree or when required or authorized by law.
- to notify your employer if we treat you and such notification is required by law.

HEALTH OVERSIGHT ACTIVITIES

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

LAWSUITS AND DISPUTES

We may disclose medical information about you in response to a court or administrative order. We may also disclose medical 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 medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons 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 at the Hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims, or the identity, description or location of the person who committed the crime.

In most cases, the information will be limited to demographic information.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

We may also release medical information about patients of the Hospital to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

We may release your medical information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.

We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for the conduct special investigations.

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

Except for disclosures to another provider for your treatment, the information disclosed will be limited to your contact information or physical characteristics.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

RIGHT TO INSPECT AND COPY

You have the right to inspect and copy your medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to LaMont Freeze, Corporate Compliance and Privacy Officer, Memorial Hospital of South Bend, 615 North Michigan Street, South Bend, Indiana, 46601. 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 you are denied access to medical information, you may request that the denial be reviewed.

Another licensed health care professional chosen by the Hospital 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.

RIGHT TO AMEND

If you feel that medical 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 the Hospital.

To request an amendment, your request must be made in writing and submitted to LaMont Freeze, Corporate Compliance and Privacy Officer, Memorial Hospital of South Bend, 615 North Michigan Street, South Bend, Indiana, 46601.

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 medical information kept by or for the Hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request, you can submit a statement of your position for inclusion in your medical records.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an “accounting of disclosures.” This is a list of the disclosures that we have made of your medical information.

To request this list or accounting of disclosures, you must submit your request in writing to LaMont Freeze, Corporate Compliance and Privacy Officer, Memorial Hospital of South Bend, 615 North Michigan Street, South Bend, Indiana, 46601.

Your request must state a time period which may not be longer than six years and may not include the dates prior to April 14, 2003. Your request should state in what form you want the list (for example, on paper, electronically).

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 REQUEST RESTRICTIONS

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

We are not required to agree with 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 LaMont Freeze, Corporate Compliance and Privacy Officer, Memorial Hospital of South Bend, 615 N. Michigan Street, South Bend, Indiana, 46601.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

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 may request that we contact you only at work or by mail.

To request confidential communications, you must make your request in writing to LaMont Freeze, Corporate Compliance and Privacy Officer, Memorial Hospital of South Bend, 615 North Michigan Street, South Bend, Indiana, 46601.

We will not ask 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.qualityoflife.org. To obtain a paper copy of this notice, contact LaMont Freeze, Corporate Compliance and

Privacy Officer, Memorial Hospital of South Bend, 615 North Michigan Street, South Bend, Indiana, 46601.

CHANGES TO THIS NOTICE

WE RESERVE THE RIGHT TO CHANGE THIS NOTICE

We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Hospital.

The notice will contain on the first page, at the top of the page, the effective date. In addition, each time you register or are admitted to the Hospital for treatment or health care services as an outpatient or an inpatient, you may request a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the Hospital, contact LaMont Freeze, Corporate Compliance and Privacy Officer, Memorial Hospital of South Bend, 615 North Michigan Street, South Bend, Indiana, 46601. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical 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 medical 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.