STATE.

Regarding a victim or death of a victim of a crime in limited circumstances;

Rights laws.

Organ and Tissue Donation.

allow a researcher to use or disclose your health information to prepare for research, to screen and identify participants for inclusion in a research study, or to conduct

Institutional Review Board and/or Privacy Board approves an authorization waiver for the use and disclosure of your health information for a research study. A waiver may

Research.

other contact information, age, gender, dates of birth, health insurance status, dates you received treatment or services from us, the department of service and the

Future Communications.

out' and prevent sharing of your health information through SHARE, by calling them at

Arkansas Health Alliance for Records Exchange (SHARE) is Arkansas' statewide Health Information Exchange (HIE) that is overseen by the Arkansas Office of Health

oversight of health care activities such as The Joint Commission, external quality assurance and peer review organizations, and credentialing organizations. We may also use and disclose your health information for certain purposes to help us manage our business.

For Treatment.

practices, and affiliated clinics participate in an OHCA to manage their joint operating activities similar to the CHI OHCA. The CHI St. Vincent OHCA may use and disclose your health information to provide treatment, payment, or health care operations for the affiliated members and includes activities such as integrated information system management, health information exchange, financial and billing services, insurance, quality improvement, and risk management activities.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

For Treatment.

We will use your health information to provide you with health care treatment and to coordinate or manage services with other health care providers, including third parties. We may disclose all or any portion of your health information to your attending physician, consulting physician(s), nurses, technicians, health profession students, or other health care personnel who have a legitimate need for such information in order to take care of you. Different departments of the facility will use your health information in order to coordinate the health care services you receive, such as, prescriptions, lab work and radiology. We may disclose your health information to one another in order to coordinate your treatment and to provide you with quality health care services. We may also disclose or exchange your health information for payment purposes, such as billing and collection, claims management, and medical data processing. For example, we may tell your health plan about you in order to obtain or receive payment for the treatment and services you receive from us.

CHI Health Information Exchange. CHI, St. Vincent, as a member of the CHI-OHCA participates in the CHI Health Information Exchange (HIE) which is a collaborative effort of CHI member organizations to share health information and make it available electronically. The CHI HIE is a secure, electronic network allowing for secure communication of patient information. CHI St. Vincent has the security and privacy features necessary to protect your information. CHI St. Vincent, in conjunction with other member organizations, is actively working to develop procedures and practices to ensure the security and privacy of your health information.

The notice will contain the effective date. Upon your initial registration or admittance to the facility for treatment or health care services as an inpatient or outpatient, we will explain our Notice of Privacy Practices and give you a copy of our Notice of Privacy Practices. CHI St. Vincent will obtain your authorization to use and disclose your health information for those specific purposes when required by law and regulation.

Marketing. A communication is a product or service that you may be interested in purchasing. If CHI St. Vincent receives payments from a third party on your behalf that may influence whether we communicate with you about a product or service, we may ask for your authorization to use or disclose your health information to make the communications. CHI St. Vincent will obtain your authorization to use and disclose your health information for these specific purposes when required by law and regulation.

Psychology notes. Psychology notes are notes by a mental health professional that document or analyze the contents of a conversation during private therapy. We may also disclose requested copies of your health information to an outside attorney. If you do not want us to use or disclose your health information for these purposes, you may request that we not do so in the Notice of Privacy Practices. CHI St. Vincent will obtain your authorization to use and disclose your health information for these specific purposes when required by law and regulation.

Right to Request Access. You have the right to request access to your health information which CHI St. Vincent directly owns or controls and maintains. For access requests, we may charge a reasonable cost based on the expenses of copying, mailing or other supplies. You have the right to request your health information in electronic format....