

YOUR RIGHTS

You have the right to:

- Request restrictions. You may request restrictions on our use and disclosure of your protected health information (1) for treatment, payment and health care operations, (2) to individuals such as a family member, close personal friend, or other person identified by you involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we consider all requests for restrictions carefully, we are not required to agree to a requested restriction. You may request restrictions at the time of registration or by contacting your nurse. You may also request that we not inform your payer of services rendered that were paid in full out-of-pocket.
- Receive paper copy of notice. Upon request, you may obtain a paper copy of this notice, even if you have obtained such notice electronically. You may obtain this notice by contacting the Patient Registration Department at 413-534-2540 or via our website: www.holyokehealth.com
- Inspect and/or receive a copy of your health information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny you access to your records. There is a reasonable cost-based charge for copies of medical records, plus the cost of postage if you request that we mail copies to you.
- Receive confidential communications. You may request, and we will accommodate,

any reasonable written request for you to receive your protected health information by alternative means of communication or at alternative locations.

- Notification of a breach. Should there be a breach of your PHI, you will be notified by the Compliance Manager or Privacy Officer.
- Request to amend your records. You have the right to request that we amend protected health information maintained in your medical record file or billing records. We will comply with your written request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.
- Revoke your authorization. You may revoke your authorization except to the extent that we have taken action in reliance upon it.
- Receive an accounting of disclosures. Upon written request, you may obtain an accounting of certain disclosures of your protected health information made by us during any period of time prior to the date of your request, provided that such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, there will be a reasonable cost-based fee for the accounting statement.

To exercise the above rights, please send your request in writing to:

Correspondence Coordinator
Health Information Management Department
Holyoke Medical Center
575 Beech Street
Holyoke, MA 01040

USES and DISCLOSURES for Treatment, Payment, and Health Care Operations

Your health information may be used by and disclosed to Holyoke Medical Center's workforce, medical staff and business associates to facilitate treatment, payment, and to manage the business and health care operations of the hospital. Business associates who use medical information must follow our requirements to protect the privacy of the information they have access to.

Examples of how information may be used for treatment, payment and health care operations include:

Treatment. We keep a record of each patient visit that includes test results, diagnoses, medications, surgeries, therapies, progress and response to care. This record allows your doctors, nurses and other clinical staff to provide the care you need.

Payment. We keep a record of the services and supplies provided to deliver your care so we can bill and be paid by you and/or your insurance company. In certain circumstances we may disclose protected health information to your payer if your payer had previously notified you that this disclosure may occur.

Health Care Operations. We use medical information to manage the business of the hospital. For example, patient records are used to evaluate and improve the quality of care and services we provide as well as to train and monitor staff and students.

We may also use your information for the following reasons:

- To contact you for appointment reminders.
- To describe or recommend treatment alternatives or other health-related benefits that may be of interest to you.
- To contact you as part of our hospital fund raising efforts.

Fund Raising. We may use PHI for fund raising, however, you may opt-out of receiving fund-

raising communications by contacting the Development Office at 413-534-2579.

USES and DISCLOSURES Required or Permitted by Law

Your protected health information may be used or disclosed without your authorization to the extent required or permitted by law. We will limit such use or disclosure of your protected health information to the relevant requirements of the law. Uses and disclosures which are required or permitted by law include:

- To a public health authority for the purpose of monitoring and controlling disease, injury or disability.
- To report child, elder or disabled persons abuse or neglect; or to report rape or sexual assault to public health or other government authorities authorized by law to receive such reports; and to protect victims of abuse, neglect or domestic violence.
- To report information about products and services under the jurisdiction of the U.S. Food and Drug Administration (FDA).
- To report information to your insurer and/or the Massachusetts Industrial Accident Board as required under laws addressing work-related illnesses or injuries or workplace medical surveillance.
- To report information related to the birth and subsequent health of an infant to state government agencies.
- To file a death certificate or to report a fetal death.
- To report an abortion performed after 24 weeks of pregnancy to state government agencies.
- To health oversight agencies that oversee the health care system, government programs and civil rights laws and for health oversight activities such as inspections, audits and investigations.
- For judicial or administrative proceedings, in response to a subpoena, legal order or other lawful process.

- To law enforcement officials in compliance with a court order or a grand jury or administrative subpoena.
- To coroners and medical examiners to perform duties authorized by law.
- To funeral directors in order to perform their duties with respect to a deceased individual or in reasonable anticipation of death.
- To organizations that facilitate organ, eye or tissue procurement, banking or transplantation.
- To prevent or lessen a serious or imminent threat to the health or safety of you or others.
- For research purposes if an Institutional Review Board/Privacy Board approves a waiver of authorization for such use or disclosure or if otherwise permitted by applicable law.
- To units of the government with special functions, such as the U.S. Military or the U.S. Department of State under certain circumstances, such as national security and intelligence activities.
- To a correctional institution if you are an inmate.
- When required to do so by any other law not already referred to in the preceding categories.

OTHER USES and DISCLOSURES

Uses and Disclosures You May Agree or Object to:

- Patient Directory. Unless you object, we may disclose your location and general condition to persons who ask for you by name without obtaining your authorization. If you object, we will not acknowledge that you are in the hospital to anyone who asks for you, nor will we be allowed to accept flowers or mail for you. Clergy: Unless you object, we may provide your name, location, general condition and religious affiliation to the clergy.

- Persons Involved in Your Care. Unless you object, we may disclose to a member of your family, a close friend or another person you identify, your health information as it relates to that person's involvement in your health care or to notify them of your general condition, location or death.
- Disaster Relief. Unless you object, we may disclose your health information to a public or private entity authorized to assist in disaster relief efforts.

If you are unable to agree or to object, we will use our professional judgment for what is in your best interests or to respond to an emergency.

Other uses and disclosures will be made only with your written authorization. Federal and state law require special privacy protections for certain information about you. The following information will not be disclosed unless specifically authorized by you or as otherwise required by law:

- Your HIV/AIDS status.
- Genetic testing.
- Confidential communications with a psychotherapist, psychologist, social worker, sexual assault counselor, domestic violence counselor, or other allied mental health professional, or human services professional.
- Substance abuse (alcohol or drug) treatment or rehabilitation.
- Venereal disease.
- Abortion consent form(s).
- Mammography records.
- Family planning services.
- Treatment or diagnosis of emancipated minors.
- Mental health records.
- Research involving controlled substances.

To obtain an authorization form to release your health information, please contact the Correspondence Coordinator in the Health

Information Management Department at 413-534-2528.

RETENTION

Holyoke Medical Center maintains medical records for at least 20 years after the patient's discharge or after the final treatment, as required by state law; a copy of the hospital's record retention policy is available upon request.

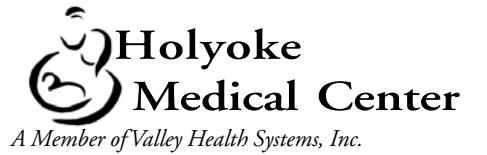
FOR MORE INFORMATION

If you need clarification or more information on any portion of this notice, or if you feel your privacy rights have been violated, you may contact the Privacy Officer at 413-534-2534 or write to the following address:

Holyoke Medical Center
 Privacy Officer
 Health Information Management Department
 575 Beech Street
 Holyoke, MA 01040-2296

All complaints will be thoroughly investigated, and you will not suffer retaliation for filing a complaint. You may also file a complaint with the Secretary of the United States Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the correct address for such office.

Holyoke Medical Center
 575 Beech Street
 Holyoke, MA 01040-2296
 www.holyokehealth.com
 413-534-2500



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NOTICE of PRIVACY PRACTICES

Effective 08/01/13

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

OUR RESPONSIBILITIES

Holyoke Medical Center is required by law to maintain the privacy of your medical and health information (protected health information), to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this notice and to make the new provisions effective for all protected health information we maintain. When changes are made to our privacy practices, a revised notice will be posted on our web site, in our admitting area, and available upon request as of its effective date.