Communicable diseases, births, deaths, or child abuse. Permitted by law.

As Required by Law:

We may use and disclose medical information about you to workers’ compensation or similar programs that are involved in your medical care or payment. In addition, if you are involved in your medical care or payment.

Health Oversight Activities: We may disclose medical information to a government agency for activities authorized by law, such as audits, investigations, inspections, and licensures. These activities are necessary to monitor the quality of the healthcare system, government programs, and compliance with civil rights laws.

Disputes and Lawsuits: We may disclose medical information about you in response to a subpoena, discovery request, or other lawful process, but only if we have been notified of an order protecting the information requested.

Law Enforcement: We may release your information in limited situations to a law enforcement official to: (a) report certain types of wounds or injuries; (b) release health information in response to a court-ordered warrant; (c) assist law enforcement officials in locating a missing person; and (d) identify or locate an individual involved in a death.

Coroners, Medical Examiners, and Funeral Directors: We may release medical information about you to a coroner or medical examiner to help identify a deceased person, or determine the cause of death.

Government Purposes:

We may disclose health information for special governmental purposes, to law enforcement officials acting within the scope of their official duties.

We may disclose medical information that is by a product of the uses or disclosures described above, and cannot be reasonably
treated as a separate identifiable individual.

Limited Data Sets:

We may use or disclose certain information that does not directly identify you, research, public health, or healthcare operations if the recipient of that information agrees to promise in writing that they will use the information only for research, public health, or healthcare operations.

Mental Health Records:
The use and release of mental health records is subject to more stringent protections under state law than the use and release of other health information. We may disclose mental health records without your authorization except in the following situations:

- To assess whether an individual is suitable for employment or to a correctional facility.
- For instance, we may use your medical information to review our treatment and services in order to bill and receive payment.

Payment: We may use and disclose medical information about you to your health insurance company, or another third party payer.

We may use your health information about you to recover our costs and to support our healthcare operations, and to determine whether they will cover the treatment. We may disclose medical information to a third party that provided items or services to you for their payment activities.

Healthcare Operations:

We may use and disclose medical information as necessary to carry out the various Summit Health entities, to maintain licensure and accreditation status, and to ensure our patient’s privacy. For purposes of carrying out the treatment of your records, we will take the necessary steps to protect your medical information. We may disclose information about you to a third party on our behalf to perform certain activities that relate to the healthcare operations.

Appointment Reminders:

We may use and disclose medical information about you to communicate with you about your appointment for treatment or medical care at one of our hospitals or other Summit Health affiliates.

Treatment Alternatives:

We may use and disclose medical information to tell you about, or recommend, possible treatment options for you.

Health-related Benefits and Services:

We may use and disclose medical information to tell you about your health-related benefits or services.

Fundraising Activities:

We may use your name, address, phone number, and other demographic information and the dates you receive medical services in connection with our fundraising efforts.

We may use or disclose medical information about you to a business that creates a medical information file or database to be sold to another entity.

To Asvert a Serious Threat to Health or Safety: We may use or disclose medical information about you when we reasonably believe that such information will assist in preventing or controlling a serious threat to the health or safety of a patient or any other person. Any disclosure would be to those who are able to help prevent the threatened harm.

Patient’s Rights: If you are an adult patient, we may use or disclose medical information to a patient-appointed representative. We may use or disclose medical information to a patient-appointed representative to the extent that the patient would have the right not to receive such communications from Summit Health and its affiliates.

[534x155]will not be penalized for filing a complaint.

[534x298]list on the inside front cover of this notice, or via the Summit Health web site at www.SummitHealth.org/PrivacyPolicy. Even if you

[534x308]listed on the inside front cover of this notice, or via the Summit Health web site at www.SummitHealth.org/PrivacyPolicy. Even if you

[534x328]this notice by requesting it in person at any of our sites, by sending a request for additional information about this notice by mail or email to: Summit Health Privacy Office, 500 Chambersburg Street, Chambersburg, PA 17201, (717) 267-4842, or online at www.SummitHealth.org/PrivacyPolicy.

You have the right to inspect and copy your medical information that is in our possession. You may not, however, have access to psychotherapy notes, protected health information that is part of a health or service plan, public or certain limited data sets. If you request your medical information, we will notify you of our request in writing to the Summit Health provider site generating the information you wish to inspect or receive.

If you have received a copy of this notice electronically, you may request a paper copy of this notice by writing to: Summit Health Privacy Office, 500 Chambersburg Street, Chambersburg, PA 17201, (717) 267-4842, or online at www.SummitHealth.org/PrivacyPolicy.

You have the right to request a reasonable alteration to your medical information. If you request a correction of information that is not accurate or complete, 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 that case, you may request that we append a notation to the amendment that was not created by us, the person or entity that made the amendment.

To those participating in PSRO or utilization reviews.

To the administrator of any Summit Health facility where you have been a patient, if you are a minor, so that they can fulfill their duties under applicable statutes and regulations.

To a court or mental health review office, in the course of legal proceedings authorized by the Pennsylvania Mental Health Procedures Act.

To appropriate agencies in fulfillment of mandatory requirements for accreditation.

To parents, guardians, and others when necessary to obtain consent for medical treatment.

To employees of the Pennsylvania Department of Public Welfare, where access to such information is necessary and appropriate for the purposes of providing public assistance.

Drug and Alcohol Abuse and Dependence Information: Drug and alcohol treatment information may only be released with your authorization except when we are required to do so by law.

National Health Information Exchange: We may disclose protected health information to the National Health Information Exchange, or any of its administrative agents, or health information exchange organizations.

**DISCLOSURES WITH YOUR AUTHORIZATION:**

We are required to obtain your prior authorization for Summit Health, or its affiliates or organizations to engage in certain marketing activities. We are also required to obtain your authorization for any disclosures which constitute a sale of your medical information. We are also required to obtain your authorization to use or disclose health information in situations where we are not otherwise permitted to use or disclose, as described above. If you authorize us to use or disclose protected health information for the purposes described above, you have the right to revoke that authorization at any time.