III. Other Uses and Disclosures of Your PHI For Which Your Written Authorization Is Not Required

A. Use or Disclosure for the In-Patient Directory

We may use or disclose your PHI for the in-patient directory as part of your health care treatment. We may disclose your PHI for other purposes to a family, friend or other person who is involved in your health care or to notify or assist in the notification of such individuals regarding your location in the hospital. You will be charged for copies in accordance with established charges.

B. Business Associates

We may disclose PHI of deceased individuals to a coroner, medical examiner or funeral director as necessary to carry out the coroner’s or medical examiner’s duties.

C. Right to Revoke Your Authorization

You also may obtain any revised notice by writing to the Privacy Officer. You may obtain a copy of this notice on our website at JeffersonHealth.org/PrivacyPractices.

D. Right to Request Restrictions

You may request that we restrict our uses and disclosures of your PHI. Your request may cover any PHI we created or received before or after the effective date of your request and to the extent practicable, we will honor any reasonable request you make for a restriction. We may not agree to a restriction that would interfere with our treatment, payment, or health care operations.

E. Right to Amend Your Records

You have the right to request that we amend the PHI maintained in your medical or billing records. To do so, you must submit a written request to: The Privacy Office Jefferson Health 834 Chestnut Street, Suite 400 PATN Enterprise Chief Privacy Officer

We may say “no” to your request, but we will tell you why in writing within 60 days.

F. Right to Receive An Account of Disclosures

We may disclose PHI to a coroner, medical examiner or funeral director as necessary to carry out the coroner’s or medical examiner’s duties.

G. Right to Request Notice of Privacy Practices

We may disclose PHI to any person who may be involved in your care or payment for your care, as necessary to provide you with health care or health care payment, or for health care operations. We may also disclose PHI to a coroner or medical examiner, as necessary to carry out the coroner’s or medical examiner’s duties.

H. For Further Information: Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Office for Civil Rights, United States Department of Health and Human Services, or with our Privacy Office.

I. Your Rights Regarding Your Protected Health Information

You have the right to receive a copy of this Notice of Privacy Practices. Should we wish to disclose your PHI in any manner that would constitute a sale of your PHI, we will obtain your written authorization to do so.

This Notice is effective on April 13, 2003.

B. Sale of PHI

We will not sell your PHI without your specific authorization if Jefferson's Institutional Review Board (“IRB”) has waived the specific authorization requirement.

C. Highly Confidential Information

We may disclose PHI to a coroner or medical examiner as necessary to carry out the coroner’s or medical examiner’s duties.

D. Business Associates

We may disclose PHI of deceased individuals to a coroner, medical examiner or funeral director as necessary to carry out the coroner’s or medical examiner’s duties.

If you wish to make a request to restrict the use of your PHI, please go to Jefferson Health.org and complete the form as instructed: https://hospitals.jefferson.edu/content/dam/health/IRB/PrivacyOffice/Request-for-Restrictions-Of-Protected-Health-Information-form.pdf

C. Right to Receive Confidential Communications

We may request to receive notifications of your PHI in the manner you have selected. If you do not specify a preference, we will provide you with the opportunity to object to the disclosure and you do not object.

A. Right to Inspect and Copy Your Health Information

You have the right to inspect and copy your PHI and to receive an account of disclosures of your PHI for purposes of treatment, payment, or health care operations as described in this Notice. The request for an account of disclosures must be submitted in writing by you, a family member, or legal representative.

B. Right to Request Restrictions

You may request restrictions on certain uses and disclosures of your PHI for treatment, payment, or health care operations. Your request must be in writing and will be considered only if made in connection with a specific treatment, payment, or health care operation. We may not agree to a restriction if to do so would interfere with our ability to continue to provide you with care.

C. Right to Amend Your Records

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