

Notice of Privacy Practices

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.

This notice applies to the Mercy entities and Clinic listed at the end of this notice (Collectively “Mercy”).

Mercy’s Duties

By law, Mercy must keep protected health information (“PHI”) private. PHI is any information, including verbal, electronic and on paper that is created or received by Mercy for purposes of providing health care to patients and for purposes of billing and payment for those services. PHI includes test results, notes written by doctors, nurses and other clinical staff, and general information such as your name, address and telephone number that is included in your health care records and your billing records.

Mercy is required by law to give you this notice and to follow the notice that is currently in effect.

አማርኛ (**Amharic**)
አማርኛ የሚናገሩ ከሆነ፣ የጽንቁ እገዛ አገልግሎቶች፣ ከከፍያ ነጻ ይቀርብልዎታል። ወደ ሚክተለው ቁጥር ይደውሉ 1-844-372-8355.

tsalagi gawonihisdi (Cherokee)
Hagsesda፡ iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1-844-372-8357.

Kiswahili (Swahili)
KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-701-0309.

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-802-3929.

ગુજરાતી (Gujarati)
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-372-8340.

हिंदी (Hindi)
ध्यान दें: अगर आप हिंदी बोलते हैं/ए भाषा सहायता सेवाएँ मुफ्त में उपलब्ध हैं। 1-844-372-8344 पर कॉल करें।

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-844-372-8347 تماس بگیرید.

ພາສາລາວ (Lao)
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຮ 1-844-477-7622.

Italiano (Italian)
ATTENZIONE: Se parlate italiano, potete usufruire di servizi di assistenza linguistica totalmente gratuiti. Chiamate il numero 1-844-802-4021.

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-477-7617まで、お電話にてご連絡ください。

λληνικά (Greek)
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε στον αριθμό 1-844-477-7620.

Srpsko-hrvatski (Serbian/Croatian/Bosnian)
OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-844-477-7623.

Kajin Majōl (Marshallese)
LALĀ: Ñe kwōj kōnono Kajin Majōl, kwomaroŋ bōk jerbal in jipaŋ ilo kajin ŋe aŋ ejjelōk wōŋāān. Kaalōk 1-844-865-1243.

Português (Portuguese)
ATENÇÃO: se você fala português, tem à sua disposição serviços linguísticos gratuitos. Ligue para 1-844-477-7618.

Hmoob (Hmong)
LUS CEEV: Yog hais tias koj hais lus Hmoob peb muaj cov kev pab cuam hais ua koj hum lus pub rau koj yam tsis xam tus nqi hlo li. Hu rau 1-844-477-7621.

မြန်မာစာ(Burmese)
သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-844-477-7624 သို့ ခေါ်ဆိုပါ။

Deitsch (Pennsylvania Dutch)
Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-844-372-8349.

ภาษาไทย (Thai)
เตือน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาไทยได้ โทร 1-844-372-8350.

Oroomiffa (Oromo)
XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-372-8351.

Nondiscrimination Notice
Mercy complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Mercy does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Mercy provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats. Mercy also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, you or your representative can contact your local Mercy facility. If you believe that Mercy has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Mercy by mail or phone at: 14528 S. Outer 40, Suite 100, Chesterfield, MO 63017, Attention: Chief Compliance Officer, 1-844-764-0100. If you need help filing a grievance, the Chief Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance Available

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-364-0425.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-802-3924.

繁體中文 (Chinese)
注意：如果您講中文，可免費為您提供語言援助服務。普通話服務請致電1-844-802-3927；粵語服務請致電1-844-372-8337。

Polski (Polish)
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwon pod numer 1-844-802-3930.

한국어 (Korean)
주의: 한국어를 사용하는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-802-3925번으로 전화해 주십시오.

العربية (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-802-3928.

Tagalog (Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-820-7170.

Français (French)
ATTENTION : si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-844-802-3931.

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, вы можете воспользоваться бесплатными услугами перевода. Звоните 1-844-802-3926.

اُردُو (Urdu)
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-844-372-8338.

The Health Care Providers Covered By This Notice

This notice covers Mercy and Mercy co-workers, volunteers, students and trainees. The notice also covers other health care providers that come to Mercy's facilities and clinics to care for patients (such as physicians, physician assistants, therapists and other health care providers not employed by Mercy), unless these other health care providers give you their own notice of privacy practices.

Use and Disclosure of PHI without your Permission: Below is a list of ways in which Mercy may use or share your PHI without your advance permission:

For Treatment: We may share PHI about you with people involved in your care. For example, a doctor may need to look at your medical history before treating you.

For Payment: We may use and disclose your PHI for billing purposes. For example, we may share your PHI with your insurance company to receive payment for services Mercy provides to you, and we may share information with an ambulance company so that it may bill for services provided to bring you to Mercy for treatment.

For Health Care Operations: We may use and disclose PHI about you for our operations. For example, we may share PHI about you to evaluate our doctors' and nurses' performance in caring for you.

For Research: We may share your PHI with researchers when their research has been approved by an institutional review board (IRB) and found by the IRB not to require patient permission.

Your permission is required for other types of research.

Other Uses and Disclosures of PHI without your permission:

Mercy may also use or share PHI without your permission for the following purposes:

- Public health activities such as to report the occurrence of communicable diseases.
- To report information about victims of abuse, neglect or domestic violence.
- Health oversight activities, such as Medicare and Medicaid program activities.
- Legal proceedings, such as in response to a subpoena or court order.
- Law enforcement purposes, such as with the police or other law enforcement officials who are pursuing a criminal suspect.

- With medical examiners, coroners, and funeral directors.
- For organ and tissue donation purposes.
- To avert a serious health or safety threat.
- To comply with workers' compensation laws.
- With an entity legally authorized to assist in disaster relief efforts such as the American Red Cross.
- For other purposes as required by law.

Permissive Uses or Disclosures

Mercy may use or share your PHI for any of the purposes described in this section unless you specifically request in writing that we do not. Your written request must be given to your care provider or to the Health Information Management Office listed at the end of this notice.

- We may contact you to remind you of an appointment.
- We may contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- We may share patient directory information including your name, room location, and general condition (for example, fair, or stable.) with people who ask for you by name.
- We may contact you about Mercy-sponsored activities including fundraising programs and events. If you do not want your information to be used for fundraising purposes, please contact the Mercy Foundation office listed at the end of this notice. We will care for you regardless of your decision to participate in fundraising activities.
- We may share PHI about you with a friend, family member, personal representative, or any individual you identify who is involved in your care or is paying for some or all of your care.

Uses and Disclosures Requiring Your Written Permission

For any purpose other than the ones listed earlier in this notice, we may use or share your PHI only when you give us written permission.

Psychotherapy Notes. We must obtain your written permission for most uses and disclosures of psychotherapy notes.

Marketing. Before we receive financial payment for marketing activities using your PHI, we must obtain your written permission. We may, however, communicate with you about products or services related to your treatment, case management, care coordination, or alternative treatments, therapies, health care providers or care settings without your permission. Your permission is also not needed for small promotional items and face-to-face communications.

Sale of PHI. We may not sell your PHI without your written permission, except that we may be paid our cost to provide PHI for certain purposes such as public health purposes and other purposes permitted by HIPAA.

Revoking Your Authorization

If you give us written permission to use and share your PHI, you can take back your permission at any time, as long as you tell us in writing. If you take back your permission, we will stop using or sharing your information, but we will not be able to take back any information that we have already shared.

You have the following rights

Right to Request Restrictions: If you pay cash for your health care item or service in full and request that Mercy not to share the PHI about that service with your health plan, we will not disclose the PHI about that service to the health plan unless we are required to do so by law.

Right to Request Confidential Communication:

You have the right to request PHI in a certain form or at a specific location. Your request must be in writing. For example, you can request that we not contact you at work, and you can tell us how and/or where you want to receive PHI. We will agree to reasonable requests. If we agree to your request, we will honor your request until you tell us in writing that you have changed your mind and no longer want the confidential communication.

Right to Inspect and Receive a Copy Your PHI:

You have the right to review your PHI and to receive a paper or electronic copy of your PHI. Your request must be in writing. We may charge a fee for the cost of providing you with copies. We may deny your request to access and receive a copy of your PHI in rare situations when doing so is determined by a licensed health care professional to pose a serious risk of harm.

Right to Request a Change to Your PHI:

You have a right to request that your PHI be corrected if you believe that it contains a mistake or is missing information. You must tell us the reasons for the change in writing using the request form you can get from your provider or from the Health Information Management Office listed at the end of this notice. Mercy can deny your request if: (1) it is not in writing or does not include a reason for the change; (2) the information you want to change was not created by Mercy; (3) the information is not part of the medical record kept by Mercy; (4) the information is not part of the information that you are permitted to inspect or copy; or (5) the information contained in the record is accurate and complete.

Right to Notice of a Breach:

We are required by law to tell you if there is a breach of your PHI. A breach can occur when safeguards to protect your PHI fail.

Right to an Accounting of Disclosures:

You have the right to request an accounting of disclosures of your PHI that we have made, with some exceptions. Your request must be in writing and must state the time period for the requested information. Mercy will not provide this information for a time period greater than six (6) years from the date of your request. You have the right to receive one (1) free accounting every twelve (12) months. If you request more than one (1) accounting in any twelve (12) month period, we may charge you a reasonable fee for the costs of providing that list.

Right to Receive a Copy of this Notice:

You have the right to a copy of this Notice. You may view and print a copy of this notice from our website at mercy.net. If you want a paper copy of this notice mailed to you, or to exercise any of your rights outlined above, please send a written request to the Director of Health Information Management for the Mercy Location where you received your health care services, listed at the end of this notice.

Privacy Complaints

If you have any questions about this Notice, or any concern about the privacy of your PHI, please contact the Privacy Officer for the Mercy provider where you obtained health care services listed at the end of this notice.

We hope you will tell us if you have a concern so we can try to fix it, but you also have the right to file a complaint with the Office for Civil Rights (OCR). If you decide to report a complaint to Mercy or to the OCR this will not affect your ability to obtain care and treatment at Mercy.

Changes to This Notice

We have the right to change this notice at any time. If we change this notice, we may make the new terms effective for all PHI that we maintain. Any changes that we make will comply with federal, state and other laws. The most recent copy of this notice will be on our website. You can also call or write the Director of Health Information Management listed at the end of this notice to obtain the most recent version of this notice.