Communication with You. We will use your PHI to communicate with you about a number of important topics, including information about appointments, your care, treatment options and other health-related services, payment for your care, and opportunities to participate in research, provided this research is approved by the University of Pennsylvania Institutional Review Board (IRB) and/or the IRB of Record, see Research section below.

We urge you to sign up for our patient portal to send and receive communications conveniently and securely and to share your preferences for how we contact you. The patient portal is www.MyPennMedicine.org, or for LGH, www.MyLGHealth.org.

We may also contact you at the email, phone number or address that you provide, including via text messages, for these communications. If your contact information changes, it is important that you let us know. Testing and treatment are not HIPAA covered. Regarding text messages, please note that the message and data sent may apply and you have an opportunity to opt out.

Research. We may use and disclose your PHI as permitted by applicable law for research. This is subject to your authorization and/or oversight by the University of Pennsylvania IRB, committees charged with protecting the privacy rights and safety of human subject research.

As an academic medical center, Penn Medicine supports research and may contact you to invite you to participate in certain research activities. If you do not wish to be contacted for research purposes, please tell your patient/customer service associate, or for LGH, please contact the LG Health Research Institute. In such case, we will use reasonable efforts to prevent research-related outreach. Note that Penn Medicine may continue to use your PHI for research purposes as described above and your care providers may discuss research with you.

Business Associates. At times, we need to disclose your PHI to persons or organizations outside Penn Medicine who assist us with our payment/billing activities and health care operations. We require these businesses and their subcontractors to appropriately safeguard your PHI.

Other Uses and Disclosures. We may be permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. Subject to applicable law, we may release your PHI:

• for any purpose required by law
• for public health activities, including reporting of disease, injury, birth and death, for required public health investigations, and to report births if we suspect child/elder abuse or neglect.
• to government agencies if we suspect child/elder abuse or neglect.
• to an employer when you have provided your employer's name and work health and care at their request for occupational health and safety
• to a government oversight agency conducting audits, investigations, inspections and related oversight functions
• in emergencies, such as to prevent a serious and imminent threat to a person or the public
• if required by a court or administrative order, subpoena or discovery request
• for law enforcement purposes, including to law enforcement officials to identify or locate suspects, fugitives or witnesses, or victims of crime
• to coroners, medical examiners and funeral directors
• if necessary to arrange organ or tissue donation or transplant
• for national security, intelligence, or protective services activities
• for purposes related to your works' compensation benefits

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE AN AUTHORIZATION

Treatment. For example, doctors, nurses, and other staff members involved in your care or the billing or administrative functions of your insurance company to arrange for payment for the services provided to you.

Payment. For example, we may disclose your PHI for payment purposes. We use your PHI to conduct an evaluation of the treatment and services provided to or reviewed to arrange for payment from your insurer.

Health Care Operations. For example, we may disclose your PHI for Penn Medicine's operations. We may use your PHI to conduct a quality assessment of the care we provide you or our insurance company to arrange for payment for the services provided to you.

Confidential Communications. You can request that we communicate with you through alternative means or at alternative locations, and we will accommodate reasonable requests when appropriate.

Reach Notification. We are required to notify you in writing of any breach of your unsecured PHI without unreasonable delay and no later than 60 days after we discover the breach.

Paper Copy of Notice. You can obtain a paper copy of this Notice, even if you agreed to receive an electronic copy. This Notice is available on our website in several different languages at https://www.pennmedicine.org/en/bringing-quality-care-to-life/protecting-privacy/index.html#practice-privacy

ADDITIONAL INFORMATION

Complaints. If you believe your privacy rights have been violated, you can file a complaint with the Penn Medicine Chief Privacy Officer, Office of Audit, Compliance & Privacy, St. Leonard's Court, 3819 Chestnut Street, Suite 214, Philadelphia, PA 19104.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C.

A compliant must be made in writing and will not in any way affect the quality of care we provide you.

For further information, if you have questions about this Notice, or about our privacy practices, please contact the Penn Medicine Privacy Office at 215-573-5492 or privacy@pennmedicine.org

Effective Date. This Notice of Privacy Practices is effective July 1, 2021.