

For More Information

If you have questions or would like additional information, you may contact our privacy officer:

Chief Privacy Officer
Cooper Health System
One Cooper Plaza
Camden, NJ 08103-1489

A more detailed version of this Notice is available. Please ask the Chief Privacy Officer for our full Notice of Privacy Practices.

If you believe your privacy rights have been violated, you can file a complaint with the Secretary of the U.S. Department of Health and Human Services, or directly with Cooper by contacting the privacy officer at the above address and phone number.

Effective Date; Revisions

The effective date of this Notice is April 14, 2003.

We reserve the right to change our privacy practices and the terms of our Notice at any time, as permitted by law. We reserve the right to make those changes effective for all health information that we maintain, even if we created or received it before we made the changes.

Our privacy practices, as described in this Notice, will remain in effect until we change this Notice. If significant changes are made to our privacy practices, we will change this Notice and make the new Notice available upon request.

COOPER UNIVERSITY HOSPITAL

NOTICE OF PRIVACY PRACTICES

Your Personal Medical Information: How it can be used and shared

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

PLEASE REVIEW CAREFULLY

The Cooper Health System is committed to protecting the privacy of patients. As required by law, we treat all health information confidentially. Cooper has developed a Privacy Compliance Program to ensure the privacy and confidentiality of your health information. This Notice describes the privacy practices of The Cooper Health System, which includes Cooper Hospital/University Medical Center, its employees, medical staff and the doctors' offices that are affiliated with The Cooper Health System, along with the employees at those doctors' offices.

Understanding Your Health Record Information

Each time you visit Cooper, we create a record of your visit. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This medical record is a valuable tool that serves a number of purposes, such as:

- Planning your care and treatment
- Communicating with those who provide you with care or services;
- Allowing your insurer to verify that services billed were actually provided;
- Educating healthcare professionals;
- Providing information for our planning and marketing activities;
- Assessing our own performance so that we can continue to improve our care and services.

Although the physical record that we create is the property of Cooper, the information in it is about you, and it belongs to you. We want to help you make informed decisions about who has access to your health information.

Our Legal Duty

We are required by law protect your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We will follow the privacy practices that are in this Notice while it is in effect.

Reasons Why Your Health Information is Shared

Highly Confidential Health Information

Some health information is “highly confidential” because it is specially protected under New Jersey law. “Highly confidential” information includes treatment information about mental health or drug or alcohol abuse or dependence; HIV-related information; tuberculosis information; and genetic information. We are generally not permitted to disclose your highly confidential health information unless you authorize us to do so. You may learn more about when we are permitted to disclose your highly confidential health information without your permission by using the contact information that appears on the back of this pamphlet.

Treatment, Payment and Health Care Operations Activities (“TPO”)

We may use or disclose your health information for TPO purposes without your written authorization. This means that those who are involved in your care and treatment will have access to your health information. In order for us to receive payment for the care we provide to you, we will tell your insurance company about that care. We may also use your health information for our own purposes, such as monitoring, planning and developing our care and services, and educating our staff.

We may also provide health information from your medical records for the TPO activities of another healthcare provider or agency that is not affiliated with us. We would release information about you only if it were needed in connection with care or services that have been or will be delivered to you (including payment for such care or services).

Other Uses and Disclosures Not Requiring Your Authorization

We may also use or disclose your health information for the following:

- To inform you about **treatment options or alternatives**, or **health-related benefits or services** that we think may be of interest to you;
- To provide you with **appointment reminders**, such as voicemail messages, postcards or letters;
- To **business associates** that perform certain key functions or processes for us. Business

Associates must provide written assurances that they will safeguard and protect the privacy of your health information;

- To inform you about Cooper-sponsored activities, including **fundraising** programs and events. Only limited information will be used for this purpose. You have no obligation to respond to these communications and you may choose to discontinue them;
- To communicate with authorities when we are **required to do so by law**, for **health oversight** activities conducted for or by governmental agencies, and for **public health** activities, such as to **report suspected child abuse**, communicable diseases or certain types of injuries;
- To communicate with organizations that handle transplants if you are an **organ donor**;
- For **workers’ compensation** or similar programs as permitted or required by law;
- For **research** purposes, but only if we are sure that your privacy will be protected;
- To **military** command authorities as required by law if you are or were a member of the armed forces;
- To **prevent or lessen a serious threat to your health and safety** or the health and safety of someone else;
- For **law enforcement** purposes, if we are permitted to do so by law, and to authorized federal officials for purposes of **national security**;
- If we are directed to do so by **court order**;
- To a **coroner or medical examiner**, or to a funeral director;
- To correctional institutions if required to do so by law, if you are a prisoner.

When You Can Restrict the Use of Information

You may restrict or limit our use or disclosure of your health information for following purposes:

- For our patient directory (including informing a member of the clergy of your religious affiliation);
- For the involvement of your family or others in your care or payment for your care;
- For disaster relief efforts

Other uses and disclosures of your health information not covered by this Notice will be made only with your written permission. You can revoke that permission, in writing; but if you do, we are unable to take back

any disclosures we already made with your permission.

Your Rights Regarding Your Health Information

- **You have the right to review and copy your health information, with limited exceptions.** You must submit your request in writing to the Chief Privacy Officer. We may charge a fee to provide you with copies.

We may deny your request to look at or get a copy of your health information. If we do, we will explain the reasons to you, and in most cases you may have the denial reviewed.

- **You have the right to request corrections to your health information.** Your request must be in writing, and it must explain the corrections to be made. We may deny your request under certain circumstances; and if we do, we will explain the reasons to you.
- **With certain exceptions, you have the right to know when (after April 14, 2003) we have shared your health information without your authorization.** We will provide you with a listing of those disclosures if you request it. If you request this listing more than once in a 12-month period, we may charge you a fee for the additional requests.
- **You have the right to request that we restrict or limit some of our uses or disclosures of your health information.** We are not required to agree to those restrictions.
- **You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.** For example, you can ask that we contact you only at work or by mail. Your request must be in writing, and you must tell us where or how to contact you. We may require you to explain how payments will be handled under the alternative means or location you request.
- If you received this Notice on our website or by electronic mail (e-mail), **you have the right to receive this Notice in written form.** To obtain a paper copy of this Notice, use the contact information on the back cover of this pamphlet.