Uses and disclosures are permitted or required to
make health care operations. We may use or disclose the types of the uses and disclosures of your PHI that we are permitted or required to make. Not every Use or Disclosure possible is listed, but all of the ways that we are permitted to Use or Disclose your PHI will fall within one of these general categories.

We will Use and Disclose your PHI to provide your health care and any related services. This includes Disclosure of your PHI to doctors, hospitals, or other health care providers to whom we refer you for treatment or to whom you are referred for treatment by your doctor or other provider.

We will use and Disclose your PHI as necessary for health care operations. For instance, we serve the region by participating in government programs, operating our health plan, and conducting fundraising for Geisinger Health System Foundation. The money raised will enhance the quality and availability of care provided by Geisinger. Allowing this information to be disclosed will enable us to promote and improve the quality of the medical care we provide. It will also enable us to conduct other activities, such as quality assessment, planning and evaluation of our health care services, and research.

We will use and Disclose your PHI in certain health care systems and participation in government programs.

We may use or disclose your PHI with a limited set of circumstances. You have the right to request a copy of such limited set of circumstances.

Appointments
We may use and Disclose your PHI to remind you of your upcoming appointment. We may leave you a message that includes the dates and times of your appointment and the name of the person giving you the message. We may also leave you a message that includes the name of a person who will call you to remind you of your appointment.

Records
We may use and Disclose your PHI to contact you to provide you with your appointment status or to notify you of a change in your appointment. We may use and Disclose your PHI to contact you to provide you with your appointment status or to notify you of a change in your appointment.

Hospital Directory
We may use and Disclose your PHI to include certain information about you in the hospital directory. The information may include your name, location in the hospital, your general condition and your religion if you would wish to have this information included in the directory. We will not Disclose your PHI to the directory if you request that your information not be included in the directory.

Individuals Involved in Your Care
We may use and Disclose your PHI to the individuals involved in your care, such as family members and friends. The name of these individuals will not be limited to your immediate family. For example, we may use and Disclose your PHI to your physician to whom you have been referred. We may also use and Disclose your PHI to any other person who is involved in your care or the payment for your care. We may use and Disclose your PHI to the designated representative of your choice.

As Required By Law or Legal Process
We will use and Disclose your PHI when we are required to do so by local, state or federal law or process of law. We will provide you with a written notice of the law or legal process to the extent permitted by law.

To Avert a Serious Threat to Health or Safety
We may use or Disclose your PHI to prevent a serious threat to health or safety. We may reveal this information to a person or entity who is needed to prevent such a threat.

Organ and Tissue Donation
We may use or Disclose your PHI for the purpose of organ or tissue donation if you have previously authorized that use or disclosure or if you are not retrievable.

Mental Health and Substance Abuse
We may use and Disclose your PHI for the purpose of evaluating the effectiveness of our mental health or substance abuse treatment programs. We may use and Disclose your PHI for the purpose of treatment programs that are the same or similar to your treatment programs. We may also use and Disclose your PHI for the purpose of mental health or substance abuse treatment programs that are not the same or similar to your treatment programs, but that are provided by other facilities.

Health Oversight Activities
We may use or Disclose your PHI for the purpose of oversight of health oversight activities authorized by law. These activities include monitoring health care systems and participation in government programs.

Lawsuits and Legal Proceedings
If you are involved in a lawsuit or other dispute, we may Disclose your PHI to respond to such lawsuit or dispute. We may also Disclose your PHI to a person who is involved in such lawsuit or dispute to the extent permitted by law. We may also Disclose your PHI to a person who is involved in such lawsuit or dispute to the extent permitted by law.

Law Enforcement
We may use or Disclose your PHI if asked to do so by a law enforcement official if we have reasonable belief that such Disclosure is necessary to: (a) identify or locate a suspect, victim or missing person; or (b) prevent or stop a criminal activity.

Coroners, Medical Examiners and Funeral Directors
We may Disclose certain PHI to a coroner or a medical examiner. We may also Disclose certain PHI about deceased patients to funeral directors so that they may carry out their duties.

Inmates
If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may Disclose your PHI to the correctional institution or law enforcement official in accordance with applicable law, the correctional institution’s policies and our policies.

Business Associates
Some of the services we provide are performed through contractual relationships with outside parties. These parties and business associates may include, for example, certain health care providers, natural persons, an insurance company, and a company about such service or item for purposes other than to bill you or collect payment for any related services. This includes Disclosure of your PHI to doctors, hospitals, or other health care providers to whom we refer you for treatment or to whom you are referred for treatment by your doctor or other provider.

Research
We may use or Disclose your PHI for certain research purposes when such research is approved by an Institutional Review Board or its designee. We may use and Disclose your PHI for research purposes if you have provided written Authorization for such use or disclosure.

Receiving Payment for PHI
Unlawfully allowed, we may not receive payment directly or indirectly for any refusal to provide services.

You have rights regarding your PHI.
Your Right to Inspect and Copy
You have the right to inspect and receive a copy of your PHI that may be used to make decisions about you. To do so, you must complete the appropriate Authorization form and present it to Health Information Management Department. We have provided the address for the Health Information Management Department on the last page of this Notice. You will be charged a fee for photostating. You may also request a copy of your PHI in electronic format or to direct your request in writing to the Privacy Officer.

Your Right to Request Restrictions
If you feel that PHI that we have about you is incorrect or incomplete, you may ask us to amend or change such incorrect or incomplete PHI. We will comply with the outcome of such request in some circumstances. You may request that such denial be reviewed. We will comply with the outcome of such review.

Your Right to Amend
If you are so denied, in some cases, you may request that such restriction be removed. We will comply with the outcome of such review.

You may also request a copy of your PHI in electronic format or to direct your request in writing to the Privacy Officer.

Your Right to a Copy of This Notice
You have the right to obtain a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. You may obtain a paper copy of this Notice at the registration desk at your next appointment.

Complaints
If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or the United States Secretary of Health and Human Services. We have provided both addresses on the last page of this Notice. If you file a complaint with our Privacy Officer, please call (707) 271-7560.

The COVERED ENTITIES OF THE GEISINGER HEALTH SYSTEM VALUE YOUR RIGHT TO PRIVACY. YOU WILL NOT BE RETALIATED AGAINST FOR FILING A COMPLAINT.

Other uses for your PHI
We may use and Disclose your PHI for purposes such as providing you with health care, financial obligations, payment for services, payment for services, billing, and making other business decisions about our services. We may also use and Disclose your PHI for purposes such as providing you with health care, financial obligations, payment for services, payment for services, billing, and making other business decisions about our services.

We may use and Disclose your PHI for purposes such as providing you with health care, financial obligations, payment for services, payment for services, billing, and making other business decisions about our services.