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St. Lawrence Notice of Privacy Practices

I. THE 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.

II. **St. Lawrence / Morris Hall will Safeguard Your Protected Health Information.**

We are required to extend certain protections to your PHI, and give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use of disclosure.

III. **Use and Disclosure of Your Protected Health Information.**

We have a limited right to use and/or disclosure your PHI for purposes of treatment, payment or our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization.

IV. **Your Rights Regarding Your Protected Health Information.**

Your rights include, but are not limited to, the right to request access to, copy, and to request amendment to your PHI. You have the right to request restrictions to the use of your PHI.

Uses and Disclosures Requiring You to have an Opportunity to Object.

In the following situations, we may disclose limited PHI if we inform you in advance and you do not object, as long as it is not prohibited by law. If there is an emergency and you cannot be given opportunity to object, disclosure may be made if it is determined to be in your best interests. You must be given an opportunity to object to further disclosure as soon as you are able to do so.

Patient Directories: Your name, location, and general condition may be put into our patient directory for disclosure to callers or visitors who ask for you by name. Additionally, your religious affiliation may be shared with clergy.

To families, friends or others involved in your care: We may share with these people information directly related to their involvement in your care or related to payment. We may also notify them about your location, general condition, or death.

V. **Complaints related to our Privacy Practices.**

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint.

VI. **The Contact Person for Information, or to Submit a Complaint.**

You may submit a complaint to the Privacy Officer, Frank MacLeod. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints.

VII. **This notice was effective on April 14, 2003**

VIII. **Acknowledgment: I have received a copy of tis Notice.**

Printed Name

Signature, Date