We will not engage in disclosures that constitute a sale of protected health information. We may disclose if we believe that the disclosure is necessary to prevent or lessen a serious threat to the public's health or safety. We will engage in specific disclosures for certain government functions. We may disclose to comply with workers' compensation laws or similar programs. We may disclose to comply with specific, written request by you or your representative. We may disclose to carry out your health care instructions. We may disclose to carry out fundraising activities. We may disclose to carry out treatment, payment, or health care operations. We may disclose for certain government functions.
This Notice serves as a joint notice for Barnes-Jewish Hospital, St. Louis Children’s Hospital and Washington University School of Medicine (collectively referred to herein as “we” or “our”). Because we are affiliated health care providers, we have designated ourselves as an organized health care arrangement under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. We will follow the terms of this Notice and may share health information with each other for purposes of treatment, payment and health care operations as described in this Notice. Specifically, our Notice also describes the Privacy Practices of Clinical Associates, L.L.C. and its wholly owned subsidiaries, subsidiaries and affiliated facilities described in the attached list and personnel (“BJC affiliated sites”), the Privacy Practices of these Privacy Practice as of the effective dates listed below.

We may use and disclose your health information for the purpose of carrying out the health care operations of which our service sites are a part. These and other activities are necessary to run our businesses and to support our treatment and payment activities. We may use and disclose your health information to carry out our treatment activities. For example, we may use and disclose your health information to provide you with medical treatment or services. We may use your health information, when necessary, to arrange for home health services or other services. We will provide you with a written notice that describes our legal duties and to notify you following a breach of unsecured protected health information. This Notice explains how, when and why we use and disclose your health information, and provides you with certain legal rights you may have concerning your health information.

This Notice applies to any member of a volunteer group we allow to help us provide health care. Specifically, our Notice also describes the Privacy Practices of our businesses and of the persons who are involved in your care and who will provide you with medical treatment or services. For example, if you have had surgery or just had a baby, we may contact a home health care agency to arrange for home services or information separately, we will respond separately to your questions, requests and complaints concerning your health information.

Please read this Notice carefully. We have attempted to explain all the ways we may use or disclose your health information. In addition, if you have questions about this Notice, or if you have questions about this Notice or if your privacy rights, you may contact the Privacy Officer at the address or phone number listed below.

WHO WILL FOLLOW THIS NOTICE

Our Notice serves as a Joint Notice and we will follow the terms of this Notice. This Notice, however, also describes the Privacy Practices of BJC HealthCare and its wholly owned subsidiaries and affiliated facilities described in the attached list and personnel (“BJC affiliated sites”), the Privacy Practices of Washington University School of Medicine and its wholly owned subsidiaries and affiliated facilities described in the attached list and their respective personnel, including Washington University Clinical Associates, L.L.C. and its wholly owned subsidiaries, affiliated practices and their respective personnel (“WUCA”). Specifically, our Notice also describes the Privacy Practices of:

- Any BJC HealthCare affiliated hospital or service, all departments, divisions, and branches of BJC HealthCare affiliated hospitals, and the health care professionals and other BJC HealthCare affiliated hospital personnel, including those employees or personnel who are not BJC HealthCare affiliated sites.
- All Washington University School of Medicine health care providers, their staff and affiliated practices.
- Any member of a volunteer group who allows us to help you while you are receiving care from us.

CHANGES TO THIS NOTICE

We reserve the right to change our Privacy Practices and the terms of this Notice. We will provide you with any revised Notice by making it available to you upon request and by posting it at our service sites. We will also post the revised Notice on our websites. Any changes that we make in our Privacy Practices will affect any protected health information that we maintain.

HOW YOU MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION

For Treatment, Payment and Health Care Operations

1. For Your Treatment We may use and/or disclose your health information to health care providers and other personnel who are involved in your care and who will provide you with medical treatment or services. For example, if you have had surgery or just had a baby, we may contact a home health care agency to arrange for home services or to check on your recovery after you are discharged from the hospital.

2. For Payment of Health Services We may use and/or disclose your health information to bill and receive payment for the services that you receive from us. For example, we may provide your health information to our billing or claims department to prepare a bill or statement to send to you, your insurance company, including Medicare or Medicaid, or another group or individual that may be responsible to pay for your health services.

3. For Our Health Care Operations We may use or disclose your health information to carry out certain administrative, financial, legal and other health care operations activities that are necessary to run our businesses and to support our treatment and payment activities. For example, we may use and/or disclose your health information to help assess the quality and performance of our physicians and staff and improve the services that we provide. Specifically, we may disclose your health information to physicians, medical or other health or business professionals for review, consultation, comparison and planning. We may use and disclose your health information in the course of our training programs and for accreditation, certification, licensing or credentialing activities. Additionally, we may disclose your health information to auditors, accountants, attorneys, government regulators or other consultants to assess and/or ensure compliance with laws or to represent us before regulatory or other governing authorities or judicial bodies.

4. Special Circumstances When We May Disclose Your Health Information on a Limited Basis After removing direct identifying information (such as your name, address and Social Security number), we may use your health information for research, public health activities and other types of research. Most human subject research projects, including many of those involving the use of health information, are subject to a special approval process which evaluates the proposed research project and its use of health information. In certain circumstances, however, we may disclose health information to researchers preparing to conduct a research project to help them determine whether a research project can be carried out or will be useful, so long as the health information they review does not leave our premises. Our clinicians may offer you the opportunity to participate in a clinical research trial (interventional trials) and other researchers may contact you regarding your interest in participating in research projects. Your enrollment in a research project will

For Activities Permitted or Required by Law

There are situations where we may use and/or disclose your health information without first obtaining your written authorization for purposes other than for treatment, payment or health care operations. Except for the specific situations where the law requires us to use and disclose information (such as reports of births to the health department or reports of abuse or neglect to social services), we have listed all these permitted uses and disclosures in this section.

1. Public Health Activities We may disclose your health information to a public health authority that is authorized by law to collect or receive information in order to report, among other things, communicable diseases and child abuse, or to the U.S. Food and Drug Administration (FDA) to report medical device or product-related events. In certain limited situations, we may also disclose your health information to notify a person exposed to a communicable disease.

2. Health Oversight Activities We may disclose your health information to a health oversight agency that includes, among others, an agency of the federal or state government that is authorized by law to monitor the health care system.

3. Law Enforcement Activities We may disclose your health information in response to a law enforcement officer’s request for information to identify or locate a victim, a suspect, a fugitive, a material witness or a missing person (including individuals who have died) or for reporting a crime that has occurred on our premises or that may have caused a need for emergency services.

4. Judicial and Administrative Proceedings We may disclose your health information in response to a subpoena or order of a court or administrative tribunal.

5. Coroners, Medical Examiners and Funeral Directors We may disclose your health information to coroners, medical examiners and funeral directors to identify a deceased person or to determine the cause of death.

6. Organ Donation We may disclose your health information to an organ procurement organization or other facility that participates in or makes a determination for the procurement, banking and/or transplantation of organs or tissues.

7. Research Purposes We conduct and participate in medical, social, psychological and other types of research. Most human subject research projects, including many of those involving the use of health information, are subject to a special approval process which evaluates the proposed research project and its use of health information. In certain circumstances, however, we may disclose health information to researchers preparing to conduct a research project to help them determine whether a research project can be carried out or will be useful, so long as the health information they review does not leave our premises. Our clinicians may offer you the opportunity to participate in a clinical research trial (interventional trials) and other researchers may contact you regarding your interest in participating in research projects. Your enrollment in a research project will