Lifespan’s Summary Notice of Privacy Practices

This Notice describes the privacy practices of Lifespan Corporation of this document.

1. Who We Are

Of the Lifespan family include the following:

- Rhode Island Hospital
- The Miriam Hospital
- Newport Hospital
- The Women’s Hospital of Rhode Island
- Women & Infants Hospital
- Eye Physicians & Surgeons of Rhode Island
- Rhode Island Eye Institute
- Lifespan’s divisions and business units
- The Autism Project
- NHCC Medical Associates, Inc.
- Emma Pendleton Bradley Hospital
- TheRI Ventures
- Providence Cardiology Group
- Davis Medical Group
- Urologists of Rhode Island
- Gestational Diabetes Services of Rhode Island
- Lifespan’s hospital affiliates

We understand that protected health information, commonly referred to as protected health information, is personal and needs to be kept confidential. We are committed to protecting this information.

2. Our Pledge Regarding Protected Health Information

We are committed to protecting your protected health information. We understand that protected health information is confidential. The Notice describes use and disclosures we are permitted to make, your rights and certain obligations we have regarding the use and disclosure of your protected health information (also referred to as "protected health information" or "your health information").

3. How We May Use and Disclose Protected Health Information

Use and Disclosures:

We use and disclose your protected health information for the purposes described in this Notice. In general, we may use or disclose your protected health information only if you have been notified of the specific use or disclosure. Additionally, we may use your protected health information to provide you with services, such as prescriptions, lab work and x-rays. We also may disclose information to doctors, nurses, technicians, or other healthcare professionals who may be involved in your care.

4. You Have Rights Regarding Your Protected Health Information

Your rights are not limited to the examples listed. These examples are merely illustrative. For further details, please read the attached Privacy Notice for greater detail.

Lifespan’s Summary Notice of Privacy Practices

This Notice describes the privacy practices of Lifespan Corporation of this document.

1. Who We Are

Of the Lifespan family include the following:

- Rhode Island Hospital
- The Miriam Hospital
- Newport Hospital
- The Women’s Hospital of Rhode Island
- Women & Infants Hospital
- Eye Physicians & Surgeons of Rhode Island
- Rhode Island Eye Institute
- Lifespan’s divisions and business units
- The Autism Project
- NHCC Medical Associates, Inc.
- Emma Pendleton Bradley Hospital
- TheRI Ventures
- Providence Cardiology Group
- Davis Medical Group
- Urologists of Rhode Island
- Gestational Diabetes Services of Rhode Island
- Lifespan’s hospital affiliates

We understand that protected health information, commonly referred to as protected health information, is personal and needs to be kept confidential. We are committed to protecting this information.

2. Our Pledge Regarding Protected Health Information

We are committed to protecting your protected health information. We understand that protected health information is confidential. The Notice describes use and disclosures we are permitted to make, your rights and certain obligations we have regarding the use and disclosure of your protected health information (also referred to as "protected health information" or "your health information").

3. How We May Use and Disclose Protected Health Information

Use and Disclosures:

We use and disclose your protected health information for the purposes described in this Notice. In general, we may use or disclose your protected health information only if you have been notified of the specific use or disclosure. Additionally, we may use your protected health information to provide you with services, such as prescriptions, lab work and x-rays. We also may disclose information to doctors, nurses, technicians, or other healthcare professionals who may be involved in your care.

4. You Have Rights Regarding Your Protected Health Information

Your rights are not limited to the examples listed. These examples are merely illustrative. For further details, please read the attached Privacy Notice for greater detail.

Lifespan’s Summary Notice of Privacy Practices

This Notice describes the privacy practices of Lifespan Corporation of this document.

1. Who We Are

Of the Lifespan family include the following:

- Rhode Island Hospital
- The Miriam Hospital
- Newport Hospital
- The Women’s Hospital of Rhode Island
- Women & Infants Hospital
- Eye Physicians & Surgeons of Rhode Island
- Rhode Island Eye Institute
- Lifespan’s divisions and business units
- The Autism Project
- NHCC Medical Associates, Inc.
- Emma Pendleton Bradley Hospital
- TheRI Ventures
- Providence Cardiology Group
- Davis Medical Group
- Urologists of Rhode Island
- Gestational Diabetes Services of Rhode Island
- Lifespan’s hospital affiliates

We understand that protected health information, commonly referred to as protected health information, is personal and needs to be kept confidential. We are committed to protecting this information.

2. Our Pledge Regarding Protected Health Information

We are committed to protecting your protected health information. We understand that protected health information is confidential. The Notice describes use and disclosures we are permitted to make, your rights and certain obligations we have regarding the use and disclosure of your protected health information (also referred to as "protected health information" or "your health information").

3. How We May Use and Disclose Protected Health Information

Use and Disclosures:

We use and disclose your protected health information for the purposes described in this Notice. In general, we may use or disclose your protected health information only if you have been notified of the specific use or disclosure. Additionally, we may use your protected health information to provide you with services, such as prescriptions, lab work and x-rays. We also may disclose information to doctors, nurses, technicians, or other healthcare professionals who may be involved in your care.

4. You Have Rights Regarding Your Protected Health Information

Your rights are not limited to the examples listed. These examples are merely illustrative. For further details, please read the attached Privacy Notice for greater detail.
B. The Right to Request to Receive Confidential Communication – You have the right to receive all communications about your protected health information in a format you request. We will accommodate reasonable requests, unless it is not feasible for us to do so. Your request must be submitted in writing to Lifespan Privacy Officer, 235 Academy Ave, Suite 300, Providence, RI 02906.

C. Research – Except as described in Section 1 of this Notice, we may use or disclose your protected health information for research purposes only if you agree to the use or disclosure in writing. The approval of an institutional review board or other governing board precedent for the research project is required. Please be aware that we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

D. Right to Request Restrictions – You have the right to request a restriction on disclosures to a health plan. If you request restrictions, we are not required to agree to your request. However, if we agree to a restriction, we are required to abide by the restriction for as long as the restriction is in effect. You have the right to request restrictions on disclosures to a health plan for purposes of treatment, payment, or health care operations. Your request must be submitted in writing to Lifespan Privacy Officer, 235 Academy Ave, Suite 300, Providence, RI 02906.

E. Right to Request a Copy of Your Health Information – If you request a copy of your health information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request. We will inform you of the fee before we provide a copy of your health information.

F. The Right to Request to Receive Confidential Communication – You have the right to request to receive all communications about your protected health information in a format you request. We will accommodate reasonable requests, unless it is not feasible for us to do so. Your request must be submitted in writing to Lifespan Privacy Officer, 235 Academy Ave, Suite 300, Providence, RI 02906.

G. The Right to Notification – If we determine that an unauthorized disclosure of your protected health information has occurred, we will notify you of the breach in writing within 60 days after discovery of the breach. Your notice will contain the name and address of the person or entity to whom the information was disclosed, the date of the breach, a description of the kinds of protected health information involved in the breach, and a description of the steps that we have taken or plan to take to prevent such an unauthorized disclosure from occurring in the future. If you request a copy of the notice, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. If we maintain the protected health information in electronic format, we will provide the information to you in electronic format, and we will provide the information to you in a readable format. If the information is not readily producible in electronic format, we will provide the information in another readable format. You have the right to use an alternate readable electronic format. We will not charge a fee for an electronic copy of your protected health information. You may request that your release to a health plan be limited to the health information relevant to a treatment for which the patient is responsible for remuneration in exchange for the disclosure of your protected health information.

H. Your Rights Regarding Your Medical Information – You have the right to request a change to your protected health information. If you request changes, we may deny your request if it is unreasonable. Your request must be submitted in writing to Lifespan Privacy Officer, 235 Academy Ave, Suite 300, Providence, RI 02906.

I. G. Right to Request a Copy of Your Health Information – You have the right to request a copy of your health information. If you request a copy of your health information, we will not charge a fee for the costs of copying, mailing or other supplies associated with your request. We will inform you of the fee before we provide a copy of your health information.

K. Right to Request an Accounting of Disclosures – You have the right to request an accounting of disclosures we made of your protected health information. The accounting period will be free. For additional lists, we may charge you the cost of supplies associated with your request.

L. Right to Request a Change in Your Privacy Practices – You may request a change in your privacy practices. Your request must be submitted in writing to Lifespan Privacy Officer, 235 Academy Ave, Suite 300, Providence, RI 02906.

M. Right to Request Restrictions and Limitations – You have the right to request restrictions and limitations on certain disclosures of your protected health information. Your request must be submitted in writing to Lifespan Privacy Officer, 235 Academy Ave, Suite 300, Providence, RI 02906.

N. Right to Request the Waiver of Protections or Restrictions – You have the right to request the waiver of protections or restrictions. Your request must be submitted in writing to Lifespan Privacy Officer, 235 Academy Ave, Suite 300, Providence, RI 02906.

O. Right to Request a Review of the Denial of Your Request – You have the right to request a review of the denial of your request. Your request must be submitted in writing to Lifespan Privacy Officer, 235 Academy Ave, Suite 300, Providence, RI 02906.