Date: Current
To: Sioux Falls Specialty Hospital (SFSH) Patients
From: JoAnn Hirsch, Privacy Officer
Topic: Directory Information and Disclosure of Health Information

The Health Insurance Portability and Accountability Act of 1996 allows us to disclose “directory information” and your “health information” to other persons, unless you inform us otherwise. *This memo is to provide you with some basic information about these two types of disclosures so that when you are admitted on the day of your surgery, you can inform us of your wishes.* Please read this information carefully and be sure to ask questions, if you have any. *If you have any questions about privacy and your health information that you would like answered before the day of your surgery, you can contact me directly at 605-444-8251.*

**DIRECTORY INFORMATION**

Friends, family or others (for example: the flower shop or your pastor) may call or stop at the front desk to ask if you are a patient here and/or to inquire as to how you are doing. Under release of directory information we are *only* able to disclose your presence in the facility and your general condition (good, stable, fair or poor).

*We will ask you on the day of surgery if it is okay for us to release information for directory purposes. If you do not agree to release of information for directory purposes, you will need to inform us of your wishes.* There will be a special “directory information- request for unlisted status” form for you to complete.

**DISCLOSURE OF HEALTH INFORMATION (to those involved in your care or payment for your care)**

In general, it is *not the practice of the SFSH to release any information to family members or friends who stop or call and request information about you.* It is our practice to refer such requests for information to the family members or friends who are here, in the facility, with you or, if none are available, to check with you on your wishes to release information to that person. If we are unable to do either of those things (find a family member/friend to talk with the person or ask you what your wishes are) we will take a message from the person and ask for a phone number where he/she can be reached. We will then give this message to the family member/friend when we locate them or to you, when you are able to return the call.

In addition, *it is our practice to share information about your condition (for example: the outcome of your surgery, the status of your recovery and discharge teaching in preparation for your discharge needs) with the family members or friends who are here, in the facility, with you.* Our health care and contracted service staff, and employees will use professional judgment to determine whether to make such a disclosure.

Finally, *it is our practice to release payment information to those whom we determine it would be reasonable to share such information (for example: it would seem reasonable to disclose to the spouse of the patient, to family members helping an adult elderly or incompetent patient or disabled (but competent) adult children, to parents of adult children (i.e. high school or college students) who are still covered on parents health insurance policy, to parents of adult patients in military service not able to follow-up on medical bills due to military service relocation, etc...).*

*On the day of surgery if you do not agree to release of health information in this manner, you will need to inform us of your wishes.* There will be a “request for special privacy protections” form for you to complete.