

## Notice of Privacy Practices

**THIS 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.**

**Mee Memorial Hospital** understands that medical information about you and your health is personal. We are committed to maintaining the privacy of your health information. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your physician. Your personal physician, if not affiliated with MEE Memorial Hospital may have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician's office or Hospital.

We are required by law to give you this Notice of Privacy Practices and your rights regarding the use and disclosure of your Protected Health Information. If you have any questions about this Notice, please contact our Privacy Officer at the address listed at the end of this Notice.

**Who will Follow this Notice:** This Privacy Practice Notice describes the health information privacy practices of MEE Memorial Hospitals and its contracted physicians related to the services provided. The words "we" or "our" used in this Notice refers to MEE Memorial Hospital, its employees, physician's providing services at the Hospital, volunteers, and business associates.

All these entities follow the terms of this notice. In addition, these entities may share medical information with each other for treatment, payment or health care operation purposes described in this notice.

**How We May Use or Disclose Medical Information About you:** We use and disclosure medical information in many ways. The following categories will explain what we mean and try to provide examples. Not every use of disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

- **Treatment:** We may use and disclose your health information to provide you with medical treatment or services. We are permitted to disclose medical information about you to physicians, technicians, healthcare students, or other hospital personnel who are involved in your care at the Hospital. We also disclose medical information about you to people outside of the hospital who may be involved in your medical care such as family members, clergy, physician offices, or others we use to provide services that are part of your care and treatment. For example, we may give your physician access to your health information to assist your physician in treating you.
- **Payment:** We may use and disclose medical information about you in order to bill and receive payment for the services you receive at the Hospital and/or for pre-authorization of services or to



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determine whether your plan covers the treatment or service. For example, in order to receive payment from your insurance company, we might need to provide specific health information to your health insurance plan about your diagnosis or health services you received at the Hospital. We are permitted to provide basic information about you and your health plan, insurance company or other source of payment to physicians outside of the hospital who are involved in your care, to assist them in obtaining payment for services they provide you.

- **Health Care Operations:** We may use and disclose your health information for Hospital operations. These uses and disclosures are necessary to run the Hospital and help to assure that we provide quality services to all of our patients. For example, we are permitted to use medical information to evaluate the performance of the staff in caring for you and to assist us in making improvements in the care and services we offer. We are permitted to disclose information to physicians, nurses, technicians, medical students, and other hospital personnel for review and learning purposes.

We are permitted to disclose your medical information to organizations that survey facilities as a part of our accreditation surveys. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

- **Appointment Reminder:** Unless you request that we do not, we may use and disclose your health information to provide you with appointment reminders.
- **Treatment Alternatives:** Unless you request that we do not, we may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services:** Unless you request that we do not, we may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities:** We may use health information about you to contact you in an effort to raise money for the hospital district and its operations. We may disclose health information to a foundation related to the Hospital so that the foundation may contact you raising money for the Hospital. We would only release contact information, such as your name, address, and phone number. If you do not want the Hospital to contact you for fundraising efforts, you must notify the Privacy Officer at the below address and telephone number.
- **Individuals Involved in Your care or Payment for your Care:** We may use and disclose health information about you to a family member or friend who is involved in your medical care. We may also provide information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the Hospital.

If you arrive at the emergency department either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a healthcare power of attorney). In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

- **Hospital Directory:** Unless you request that we do not, we are permitted to include certain limited information about you in the hospital directory while you are a patient at the hospital including your name, location in the hospital, your general condition (e.g., good, fair, etc.) and your religious affiliation to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.
- **Organ and Tissue Donation:** We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **As required or permitted by law.** Under certain circumstances, we are required to report specific health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we are permitted to disclose your health information in relation to cases of abuse, neglect, domestic violence or certain physical injuries, or to respond to a subpoena or court order.
- **For public health activities.** We are, at times, required to report your health information to authorities to help prevent or control disease, injury, or disability. This might include disclosing information in your medical record to report certain diseases, immunizations, injuries, birth or death information to the Health Department, information of concern to the Food and Drug Administration, or information related to child or vulnerable adult abuse or neglect.
- **For health oversight activities.** We are permitted to disclose your health information to a health oversight agency for monitoring and oversight activities authorized by law. This might include release of information to the State agency that licenses the Hospital for the purpose of monitoring or inspecting the Hospital related to that license. This will also include the release of information to organizations responsible for government benefit programs such as Medicare or Medi-Cal, and/or California Immunization Registry (CAIR).
- **For research.** If you are participating in a research protocol, please notify the Hospital. Your medical information will not be released for a research project unless you consent in writing or, in the case of pre-study evaluations; an authorized Institutional Review Board has issued a waiver of authorization for review of records at the Hospital.



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- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the hospital; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
  
- **Coroner, Medical Examiners, and Funeral Directors:** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
  
- **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
  
- **Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
  
- **To avoid a serious threat to health or safety.** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your, the public's, or another individual's health or safety
  
- **For military, national security, or incarceration/law enforcement custody.** If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we are permitted to release your health information to the proper authorities so they may carry out their duties under the law. We are permitted to release medical information about you to authorized federal officials so that they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
  
- **For workers' compensation.** We are permitted to disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs.

## YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION WE MAINTAIN ABOUT YOU:

Any questions or request regarding your rights, please contact please contact our Privacy Officer at the address listed at the end of this Notice.

- **Inspect and copy your health information.** With a few exceptions, you have the right to inspect and obtain a copy of your medical record. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings. In addition, we are permitted to charge you a reasonable fee to copy of your health information.

If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Request to amend your health information.** If you believe the health information within your medical record is incorrect, you may ask us to amend the information. You will be asked to make such requests in writing to the Privacy Officer at the address at the bottom of this Notice and to include the requested amendment along with a reason as to why your health information should be amended. We are not required, however, to honor your request if we did not create the information you are requesting be amended or if it is our professional opinion that the information in your record is accurate and complete. We will respond to your request in writing within 60 days of the date of receipt of your written request for amendment of your information.
- **Request restrictions on certain uses and disclosures.** You have the right to ask for restrictions on how your health information is used or to whom your information is disclosed, even if the restriction affects your treatment or our payment or health care operation activities. However, we are not required to agree to your requested restriction.
- **Right to Restrict Release of Information for Services Provided:** You have the right to restrict the disclosure of information regarding services for which you have paid in full or on an out of pocket basis. This information can be released only upon your written authorization.
- **Right to Request confidential communication of health information.** You have the right to ask that we communicate your health information to you by different means or places. For example, you may ask to receive information about your health status in a special, private room or through correspondence sent to a private address.

➤ **Receive an accounting of disclosures of your health information.** You have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This listing will include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and the reason for the disclosure. This listing will not include the following disclosures:

- Disclosures made for the purpose of treatment, payment or healthcare operations or disclosures
- Made to family or responsible caregivers as described above or directly to you
- Disclosures made based on a valid authorization from you or from your legally authorized representative
- Oral or incidental disclosures
- Disclosures made for purposes of national security or to correctional institutions or law enforcement officers as described above

You must request this listing of disclosures in writing to the Hospital at the address at the top of this Notice. We will generally provide you with the list within 60 days of receipt of your request, unless you are notified that we require a 30-day extension. There is no charge to you for the list, unless you request such a list more than once per year.

➤ **Obtain a paper copy of this Notice.** Upon your request, you may at any time receive a paper copy of this Notice. Copies of our Notice are available at the Registration desk at the Hospital.

➤ **Right to Breach Notification:** You have the right to be notified of any breach of your protected health information.

➤ **Complaint.** If you believe your privacy rights related to services received at the Hospital have been violated by the Hospital, you may file a complaint with our Privacy Compliance Officer at the address and telephone number listed below and/or you may file a complaint directly with the Secretary of the California Department of Health and Human Services.

- To File a complaint with CDPH, contact the Office of Civil Rights, U. S. Department of Health and Human Services, 50 United Nations Plaza, Room 322, San Francisco, CA 94102. Phone: 415-437-8310; fax 415-437-8329; TDD 415-437-8311. You will not be penalized for filing a complaint.

➤ **Other uses of Health Information:** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that

we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Changes to this Notice:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Hospital. Changes to our privacy practices would apply to all health information we maintain.

If you have any questions, request, or concerns regarding your privacy rights or the information in this Privacy Notice, please contact the Hospital's Privacy Officer at ***George L. Mee Memorial Hospital, Healthcare Privacy Officer, 300 Canal Street, King City, CA 93930, 831-385-6000.***