

**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.**

**EFFECTIVE MARCH 2017**

Each facility required by law to maintain the privacy of each patient's health information (also known as "protected health information" and referred to herein as "PHI"). We are required to provide you with notice of our legal duties and privacy practices with respect to your PHI ("Notice"), notify you upon a breach of unsecured PHI, and follow the terms of this Notice.

**YOUR PROTECTED HEALTH INFORMATION (PHI)**

We collect PHI from you through treatment, payment, related health care operations, the application and enrollment process, health care providers, health plans, or our other activities in connection with the general management of the Facility. Your PHI includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, as well as health insurance companies or health plans. The law specifically protects information that relates to the past, present, or future treatment or payment for your health care, or your enrollment in a health plan, that contains your name, address, social security number, insurance number, or other information or data that could be used to identify you as the individual patient who is associated with that health information.

**HOW WE MAY USE OR DISCLOSE YOUR PHI**

Generally, we may not use or disclose your PHI without your permission. Further, once your permission has been obtained, we must use or disclose your PHI in accordance with the specific terms of that permission. The following sections describe different ways that we may use or disclose your PHI.

## **Use or Disclosure Not Requiring Your Permission**

- **Treatment.** We may use your PHI to provide you with health care services and treatment that you request.
- **Payment.** We may use your PHI to collect payment for the services and treatment that you receive.
- **Health Care Operations.** We may use your PHI for our health care operations.
- **Disclosures to Our Employees and Business Associates.** We may disclose your PHI to our employees and to our business associates when necessary to perform, or to assist us in performing, treatment, payment and health care operations. We require our employees and business associates to comply with our policies and procedures and to take steps to reasonably and appropriately safeguard your PHI.
- **Disclosures for Management and Administration.** We may disclose your PHI when necessary for the proper internal management and administration of our business, including disclosure to certain advisors and consultants when necessary, subject to legally mandated confidentiality and business associate requirements.

## **Use or Disclosure Required By Law**

- **Public Health Disclosures.** We may disclose your PHI for public health purposes.
- **Health Oversight Activities.** We may disclose your PHI to governmental, licensing, auditing and accrediting agencies for health oversight activities.
- **To Avert a Serious Threat to Health or Safety.** We may use or disclose your PHI when necessary to prevent a serious threat to health or safety of a person.
- **Specialized Government Functions.** We may disclose your PHI to certain specialized government functions.

- Law Enforcement. We may release your PHI for law enforcement purposes.
- Legal Proceedings. We may disclose your PHI to courts, attorneys and court employees when we get a court order, warrant, subpoena, discovery request, or other lawful process in the course of lawful, judicial or administrative proceedings.
- Coroners, Medical Examiners and Funeral Directors. We may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining the cause of death or other duties. We may also disclose you PHI to funeral directors as necessary to carry out their duties.
- Organ, Eye and Tissue Donation. If you are a donor, we may release your PHI to procurement organization or banks for purposes of cadaveric donation of organs, eyes, or tissue.
- Workers' Compensation. We may disclose your PHI to covered entities that are government programs providing public benefits and for workers' compensation.

### **Use or Disclosure Requiring Your Authorization**

- Marketing. We are not permitted to provide your PHI to any other person or company for marketing to you of any products or services. We are also not permitted to receive payment in exchange for making such marketing communication to you. However, if the communication describes your prescription drug or biologic, and the payment received is reasonable: (a) we are permitted to send such communication to you with your authorization; and (b) our business associate may also send such communication to you on our behalf, provided that the communication is consistent with the written contract between us and our business associate.
- Sale of PHI. We are not permitted to receive payments for the sale of your PHI. There are exceptions when the purpose of the exchange is for: (a) public health activities; (b) research purposes (if the price charged reflects the cost of preparation and transmittal of the information); (c) your

treatment; (d) health care operations related to the sale, merger or consolidation of our business; (e) performance of services by a business associate on our behalf; (f) providing you with a copy of your PHI; or (g) other reasons determined necessary and appropriate by the Secretary of the U.S. Department of Health and Human Services (the “Secretary”).

- All Other Uses. Except as otherwise permitted or required, as described in this Notice, we may not use or disclose your PHI without a written authorization from you. Further, we are required to use or disclose your PHI consistent with the terms of your authorization. You may revoke your authorization at any time, except to the extent that we have taken action in reliance on your authorization, or if you provided the authorization as a condition of obtaining insurance coverage (the insurer, by law, is provided the right to contest a claim under the policy).

### **Appointment Reminders and Treatment Alternatives; Fund-Raising Activities; Right to Opt Out**

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be available to you. We may contact you regarding our fund-raising programs and events but you may opt out from further fund-raising communications.

## **YOUR RIGHTS WITH RESPECT TO YOUR PHI**

### **Right To Receive Confidential Communications**

You have the right to receive confidential communications of your PHI. You may request to receive such communications by alternative means or at alternative locations. We may require written requests. We must accommodate your request if it is reasonable and you clearly state that disclosure of all or part of the information to which the request pertains, if not restricted, would endanger you. We will not require you to provide an explanation of the basis for your request as a condition of providing such communications to you.

### **Right To Inspect And Copy Your PHI**

We maintain your designated record, which includes medical records and billing records, enrollment, payment, claims adjudication, and case and medical management records. You have the right of access to inspect and obtain a copy your PHI contained in your records, except for (a) psychotherapy notes, (b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (c) certain health information maintained by us to the extent to which the provision of access to you would be prohibited by law. We may require you to submit your request for access in writing. We must provide you with access to your PHI in the form or format requested by you, if it is readily available, or, if not, in a readable hard copy form. Alternatively, with your prior approval and for a fee, we may prepare a summary of your PHI for you. We will provide you with timely access, including arranging a convenient time and place for you to inspect and/or obtain copies of your PHI, or mailing a copy to you at your request. We will discuss the scope, format, and other aspects of your request for access as necessary to facilitate timely access. You have the right to receive a copy of your PHI contained in an electronic health record, if maintained by us, and to direct us to send a copy of the EHR to a designated third party. We may charge a cost-based fee for preparation, copying and postage or transmittal of your PHI, as applicable.

We reserve the right to deny you access to and copies of certain PHI as permitted or required by law. We will reasonably attempt to accommodate your request and, to the extent possible, provide you access to your PHI after excluding the information for which access has been denied. Upon denial, we will provide you with a written denial specifying the basis for denial, a statement of your rights, and a description of how you may file a complaint with us. In certain cases, you have the right to request a review of a denial of your request by a licensed health care professional designated by us, who did not participate in the decision to deny your request. If we do not have the information but know where it is maintained, we will inform you of where to direct your request for access.

### **Right To Amend Your PHI**

If you feel that the information in the designated record set maintained by us is incorrect or incomplete, you have the right to request changes or

amendment of your PHI in the designated record set. We have the right to deny your request for amendment if: (a) the information was not created by us, unless you can demonstrate to us that the originator of the information is no longer available to make the amendment; (b) the information is not part of your designated record set; (c) the information is prohibited from inspection by law; or (d) the information is accurate and complete.

We may require that you submit written requests and provide a reason to support the requested amendment. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary. If you do not submit a statement of disagreement, you may ask that we include your request for amendment and the denial with any future disclosures of your PHI that you wanted changed. Copies of all requests, denials, and statements of disagreement will be included in your designated record set. If we accept your request for amendment, we will inform and provide the amendment within a reasonable time to persons identified by you as having received your PHI prior to the amendment and persons that we know have the PHI that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to your detriment. All requests for amendment shall be sent to the Privacy Officer, at the address listed at the beginning of this Notice.

### **Right To Receive An Accounting Of Disclosures Of Your PHI**

You have the right to receive an accounting of the disclosures of your PHI that we have made, including the disclosures made by our business associates. However, we will not provide an accounting for disclosures made before April 14, 2003, or those made more than 6 years prior to the date of your request. Your request for an accounting of disclosures must be in writing and include the time period of the disclosures. We will provide you an accounting which will include the date of each disclosure, the name of the receiving person or organization and address if known, a brief description of the information disclosed, and a brief statement of the purpose of the disclosure or a copy of your written request for the information.

We are not required to provide accountings of disclosures for the following purposes: (a) treatment, payment and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) for a facility directory or to persons involved in your care, (e) for national security or intelligence purposes, (f) to correctional institutions, and (g) with respect to disclosures occurring prior to April 14, 2003. We reserve the right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will give you the first accounting within any 12-month period for free, but will charge a reasonable cost-based fee for all subsequent requests for accounting within that same 12-month period. All requests for an accounting shall be sent to the Privacy Officer at the address provided at the beginning of this Notice. If we use or maintain electronic health records for your PHI, you have the right to receive an accounting of disclosures, including all disclosures for purposes of treatment, payment, or health care operations, for the 3 years prior to the date of your request.

### **Right To Receive Notification of Unauthorized Disclosure of Your PHI (Breach Notification)**

We are required to notify you upon a breach of any unsecured PHI. The notice must be made without unreasonable delay, but no later than 60 days from when we discover the breach. The notice will include, to the extent reasonably possible: (a) a brief description of the breach, including the date of breach and discovery; (b) a description of the types of unsecured PHI disclosed or misappropriated during the breach; (c) the steps you can take to protect your identity; (d) a brief description of our actions to investigate the breach, mitigate harmful effects and prevent future breaches; and (e) contact procedures for affected individuals to obtain additional information.

We must notify you in writing by first class mail (unless you have opted for electronic communications with us). However, if we have insufficient contact with you, a reasonable alternative notice method (posting on website, broadcast media, etc.) may be used.

### **Right To Request Restrictions On Use Or Disclosure**

You have the right to request restrictions on certain uses and disclosures of your PHI. We may require written requests. You may request restrictions relating to the following uses or disclosures: (a) to carry out treatment, payment or healthcare operations; (b) disclosures to your family members, relatives, or close personal friends of PHI directly relevant to your care or payment related to your health care, location, general condition, or death; (c) instances in which you are not present or when your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (d) permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of PHI; or (e) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. We are not required to agree to any requested restriction, except for the health plan restriction request described below. However, if we agree to a restriction, we are bound not to use or disclose your PHI in violation of such restriction, except in certain emergency situations.

We are required to honor your request for restriction if the disclosure is to a health plan for purposes of carrying out treatment, payment or health care operations and the PHI relates solely to treatment or services for which the health care provider has been paid out-of-pocket and in full. You cannot request to restrict uses or disclosures that are otherwise required by law.