

## **ADVENTIST HEALTH NOTICE OF PRIVACY PRACTICES**

THIS NOTICE OF PRIVACY PRACTICES (THE “NOTICE”) DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you is personal and we are committed to protecting the privacy of your medical information. In the course of providing health care, we create a record of the care and services you receive in our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. Your personal doctor or other health care providers involved in your care may have different policies or notices regarding their use and disclosure of your medical information created and/or maintained by them.

This Notice will tell you about the ways in which we may use and disclose your medical information, via any medium (written, oral, or electronic). We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

By law, we must:

- Maintain the privacy of your health information;
- Give you this Notice of our legal duties and privacy practices with respect to your medical information;
- Notify you if you are affected by a breach of unsecured health information; and
- Follow the terms of the Notice that is currently in effect.

### **WHO WILL FOLLOW THIS NOTICE**

Adventist Health companies are subject to this Notice, which includes:

- Any health care professional authorized to enter information into your Adventist Health record at any of our locations.
- All Adventist Health employees, volunteers, and other designated personnel (e.g., students, contracted agency staff).
- Any health care facility or physician practice now or in the future controlled by or under common control with Adventist Health and any of its affiliates or subsidiaries (collectively referred to as “Adventist Health”).

### **OVERVIEW OUR USES AND DISCLOSURES**

We may use and share your medical information for certain purposes, including to:

- Treat you
- Run our organization
- Bill for our services
- Perform research
- Comply with applicable laws
- Respond to organ and tissue donation requests
- Assist with public health and safety issues
- Respond to lawsuits and legal actions
- Work with a medical examiner or funeral director
- Address government requests
- Participate in a health information exchange (“HIE”)

## **YOUR RIGHTS**

You have the right to:

- Receive a copy of your paper or electronic medical record
- Request that we send your medical information to another person or entity
- Correct your paper or electronic medical record
- Receive a list of those with whom we have shared your medical information
- Request that we limit the information we share
- Request confidential communications
- Choose how we communicate with your family and friends about your condition
- Choose whether you would like to be included in our hospital directory
- Receive a copy of this Notice
- Be notified if you are affected by a breach of unsecured health information
- File a complaint if you believe your privacy rights have been violated

*Please see below for additional information on our uses and disclosures of your medical information and your rights.*

## **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

Sometimes we are allowed by law to use and disclose certain medical information without your written permission. How much medical information is used or disclosed without your written permission will vary on the intended purpose of the use or disclosure, etc. Sometimes we may only need to use or disclose a limited amount of information, such as to send you an appointment reminder. At other times, we may need to use or disclose more information such

as when we are providing medical treatment. We briefly describe these uses and disclosures below and provide you with some examples.

**Disclosure at Your Request.** We may disclose information when requested by you.

**For Treatment.** This is the most important use and disclosure of your medical information. For example, physicians, nurses, and other health care personnel, including trainees, involved in your care use and disclose your PHI to diagnose your condition and evaluate your health care need. We will use and disclose your medical information in order to provide and coordinate the care and services you need. If you need care from health care providers not part of Adventist Health, such as community resources to assist with your health care needs at home, we may disclose your medical information to them.

**For Payment.** We may use and disclose your medical information to obtain payment for our services. For example, your medical information may be released to an insurance company to get pre-approval of, or payment for, our services.

**For Health Care Operations.** We may use and disclose your medical information for health care operations, such as to conduct quality assessment activities, train or arrange for legal services. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

**To Business Associates.** We may share your medical information with “Business Associates,” as defined by the Health Insurance Portability and Accountability Act (“HIPAA”), who provide services to or on behalf of Adventist Health.

**For Appointment Reminders, Test Results, Treatment Alternatives, etc.** We may use your medical information to contact you to remind you about appointments, to inform you about test results or to advise you of treatment alternatives.

**For Health-Related Benefits and Services.** We may use your medical information to advise you of health-related benefits and services provided by us that may be of interest to you, including educational lectures, special events and support groups. For example, we may sponsor annual health care events that may be of interest to our patients, such as health fairs.

**For Fundraising Activities.** We may use your health information to contact you about our fundraising efforts. You have the right to opt-out of receiving fundraising communications. If we contact you for fundraising purposes, we will provide you with a clear opportunity to elect not to receive any further fundraising communications.

**Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at an Adventist Health hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, etc.) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. This information is released so your family, friends, and clergy can visit you while you are a patient at an Adventist Health hospital and generally know how you are doing.

**Marketing and Sale.** Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information, require your authorization.

**Individuals Involved in Your Care.** Sometimes a family member or other person involved in your care will be present when we are discussing your medical information with you. If you object, please tell us and we won't discuss your medical information or we will politely ask the individual to leave.

Unless you tell us in writing that you object, we may use or disclose your medical information to notify a friend, family member or legal guardian who is involved in your care or who helps pay for your care. In addition, we may disclose your medical information to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

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 health care power of attorney). There may be times when it is necessary to disclose your medical information to a family member or other person involved in your care because there is an emergency, you are not present, or you lack the decision making capacity to agree or object. In those instances, we will use professional judgement to determine if it's in your best interest to disclose your medical information. If so, we will limit the disclosure to the medical information that is directly relevant to the person's involvement with your medical care.

**Research.** Under certain circumstances, we may use and disclose your medical information for research purposes, which may include preparing for research or informing you of research studies that might be of interest to you. Such research projects must be approved by an institutional review board (IRB) that has reviewed the research proposal and established protocols to ensure the privacy of your health information. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition.

**As Required By Law.** We will disclose your medical information when required to do so by federal, state, or local law. *[Hawaii: For example, physicians, hospitals, skilled nursing homes, intermediate care homes, and free-standing radiation oncology facilities and other treatment or pathology facilities must report any individual admitted with or diagnosed as having cancer to the Hawaii Tumor Registry]. [Oregon: For example, Oregon statutes require facilities to report cases of cancer to the Health Division]. [Washington: For example, health care facilities, independent clinical laboratories, physicians and others providing health care who diagnose or treat a patient with cancer must report this information to the Washington State Cancer Registry].*

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, if you were involved in a violent crime, disclosure may be made to law enforcement.

**Health Information Exchange.** We may share your medical information electronically with other organizations through one or more Health Information Exchanges (each, an “HIE”). Such organizations may include hospitals, laboratories, health care providers, public health departments, health plans, and other participants. The goal of the HIE is to enable participating providers to provide you with more coordinated and efficient care by sharing your medical information through secure, electronic means. For example, if you go to a hospital emergency room that participates in the same HIE network as Adventist Health, the emergency room physicians would be able to access your medical information to help make treatment decisions for you.

HIE participants, like Adventist Health, are required to meet rules that protect the privacy and security of your medical information. To obtain a list of the HIE(s) we participate in or to choose not to have your information shared through our HIE(s) (*i.e.*, “opt out”) please contact the Facility Privacy Official or the Health Information Management department at the Adventist Health facility where your medical information is maintained.

If you opt out, the health care providers treating you could call Adventist Health to ask that your medical information be provided in another way, such as by fax, instead of accessing the information through the HIE network.

## **SPECIAL SITUATIONS**

**Organ and Tissue Donation.** If you are an organ or tissue donor, 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.

**Military Veterans.** If you are a member of the armed forces or reserve member, we may disclose your medical information to military authorities when they believe it is necessary to properly carry out military missions.

**Public Health and Safety.** We may use and disclose your medical information to prevent or control a serious threat to the health and safety of you, others or the public and for public health activities, such as to prevent injury. For example, California law requires us to report birth defects and cases of communicable disease.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

**Lawsuits and Disputes.** We may share your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will attempt to ensure that you have been made aware of the use or disclosure of your medical information prior to providing it to another person.

**Law Enforcement.** We may share your medical information with a law enforcement official to identify or locate a suspect, fugitive, material witness or missing person; comply with a court order or grand jury subpoena; and as authorized or required by law or other law enforcement purposes. For example, we may be required by law to report certain types of wounds or other physical injuries.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner, medical examiner or funeral director to enable them to carry out their duties.

**National Security and Intelligence Activities.** We may release your medical information to authorized local or national security or other law enforcement agencies for the protection of certain persons or to conduct a special investigation.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your medical information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

**Multidisciplinary Personnel Teams.** We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents or elder abuse and neglect. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may use and disclose your medical information to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.

**Special Categories of Information.** In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this Notice. For example, there are special restrictions on the use or disclosure of certain categories of information (e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse). Government health benefit programs, such as Medicaid, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

## **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following rights regarding medical information that we maintain about you. You must submit your request in writing to the Facility Privacy Official at the applicable Adventist Health facility to exercise any of these rights.

**Right to Request Information About You.** You have the right to inspect and receive a paper or electronic copy of your medical information maintained by us and used in decisions about your care by submitting your request in writing to our Health Information Management department. You may also request that we send copies directly to another person or entity chosen by you. These rights do not apply to psychotherapy notes and certain other information. We may charge a reasonable cost-based fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request in certain circumstances. You may request a licensed health care professional chosen by us to review a denial based on medical reasons; we will comply with this decision.

**Right to Amend.** If you believe that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Adventist Health. We cannot delete or destroy any information already included in your medical record. You must provide a reason for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is not available to make the amendment;

- Is not part of the medical information kept by or for Adventist Health;
- Is not part of the information which you would be permitted by law to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your medical record and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your medical information. We are not required to list all disclosures, such as those you authorized or disclosures made for treatment, payment, health care operations or certain other purposes. *You must state a time period, which may not be longer than 6 years or include dates before April 14, 2003.* You may obtain one accounting in a 12-month period for free; we may charge you a reasonable fee for additional accountings of disclosures.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on how we use or disclose your medical information. You must be specific in your request for restriction. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

***We are not required to agree to your request,*** except when the disclosure is to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full and the disclosure is for the purpose of carrying out payment or health care operations and not otherwise required by law. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you. If we do agree to another special restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Facility Privacy Official at the Adventist Health facility where your medical information is maintained. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Facility Privacy Official at the Adventist Health facility where your medical information is maintained. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Copy of this Notice.** You have the right to a paper or electronic copy of this Notice, which is posted and available at each location where medical services are provided and is on our Website at <https://www.adventisthealth.org>. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

### **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 Adventist Health facilities and on our Internet site. You may also obtain a copy of the current Notice, by contacting the Facility or Chief Privacy Official. In addition, each time you register at or are admitted to Adventist Health for treatment or health care services as an inpatient or outpatient, a copy of the current Notice will be available upon request.

### **QUESTIONS OR COMPLAINTS**

If you have questions or believe your privacy rights have been violated, you may contact the Facility Privacy Official at the Adventist Health facility where your medical information is maintained. To contact your local Facility Privacy Official, Bobbie Meckfessel 707-995-5712. You may also contact the Adventist Health Compliance Hotline at (888) 366-3833 or by email at [corpcomp@ah.org](mailto:corpcomp@ah.org). In addition, you may file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services by emailing [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov), visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints), or sending a letter to:

Centralized Case Management Operations U.S. Department  
of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201.

We will not take any action against you for filing a complaint.

### **LOCAL PRIVACY OFFICIAL CONTACT INFORMATION**

Bobbie Meckfessel  
707-995-5712  
Adventist Health Clear Lake

**OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not described in this Notice will be made only with your written permission. We will obtain your written permission for: (1) most uses and disclosures of psychotherapy notes; (2) most uses and disclosures of health information for marketing purposes, as defined by HIPAA; and (3) disclosures that constitute a sale of protected health information, as defined by HIPAA. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. *If you revoke your permission, your revocation will be effective upon receipt, but will not be effective to the extent that we or others have acted in reliance upon such permission.*

**EFFECTIVE DATE OF THIS NOTICE**

This Notice is effective July 2, 2018.