



## NOTICE OF PRIVACY PRACTICES

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**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU OMAy BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

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### **OUR HEALTH INFORMATION DUTIES**

- We have a legal duty to protect the privacy of your health information and to give you this Notice.
- We have a legal duty to abide by the Notice of Privacy Practices that is current.
- We may change the terms of the Notice and to make the new terms effective for all health information we have. This includes health information we created or received before we made the changes.
- We will make any revised Notice available in hard copy, and by displaying it in our facilities and on our Web site. Also, you can request the revised Notice in-person or by mail.

“Health Information” means, generally, information about your past or present health status condition, diagnosis, treatment, prognosis, payment for health care.

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

This notice describes our facility’s practices and that of:

- Any health care worker authorized to enter information into medical and billing records.
- All departments and programs of the facility.
- All students, volunteers, and trainees affiliated with this facility.

### **YOUR HEALTH INFORMATION RIGHTS**

**Restrictions on Use or Disclosure.** This Notice describes some restrictions on how we can use and give out health information. You may ask us for extra limits on how we use or to whom we give the information. You need to make your request in writing. We are not required to agree to your request. If we do agree, we will follow our agreement, except:

- In an emergency where the information is needed for your treatment
- If you give us written permission to use or give out your information
- If you or we end the restriction, or
- As otherwise required by law

**Alternative Communication.** Normally, we communicate with you at the address and phone you give us. You may ask us to communicate with you by other ways or at another location. Your request needs to explain how you want the information communicated and where. We will agree to your request if it is reasonable. If you restrict us from providing information to your insurer, you also need to explain how you will pay for your treatments.

**Patient Access.** You may look at or get copies of your health information. (There are some exceptions.) You need to make your request in writing. If you ask for copies in a format other than paper copies, we will give you that other format if practical. If you ask for copies, we may charge fees as allowed for by law. If you ask for

your records in a format we can provide, we will charge a reasonable fee based on our costs. You may choose not have us give out some or all of this information. (There are some exceptions, such as medical emergencies, if you cannot talk to us until the emergency is over.) For example, if you do not want us to tell people you are in the facility or give out your general condition or location, we will agree to your instructions.

**People Involved in Your Care.** We may give limited health information to people involved in your care or to help plan your care (such as a family member or emergency contact). If you do not want this information given out, it will not be given. If appropriate, we may allow another person to pick up your prescriptions, medical supplies or X-Rays.

**Foundations/Fundraising.** We may contact you or have our foundations contact you about health system activities, including fundraising programs and events. We will use or give only your name, how to contact you other demographic information, and the dates we served you. We may give this information to a business associate to help us with our programs.

**Research.** We may use or share your health information for research purposes as allowed by law or if you have given permission.

**Death; Organ Donation.** We may give certain health information about a deceased person to the next kin. We may also give this information to a funeral director, coroner, medical examiner, law enforcement official, or organ donations groups.

**Health Care Workplace Medical Surveillance/Injury/Illness.** If your employer is a health care provider, we may share health information required by state or federal law:

- About work-related illness or injury, or
- For workplace medical surveillance activities.

**Law Enforcement.** We may give certain health information to law enforcement. This could be:

- About missing child, or
- When there may have been crime at the facility, or
- When there is a serious threat to the health or safety of another person or people.

**Correctional Facility.** We may give the health information of an inmate or other person in custody to law enforcement or a correctional institution.

**Abuse or Neglect.** We may give health information to the proper authorities about possible abuse or neglect of a child or a vulnerable adult.

**Food and Drug Administration (FDA) Regulation.** We may give health information to people regulated by the FDA to measure the quality, safety and effectiveness of their products.

**Military Authorities/ National Security.** We may give health information to people from the U.S. Military, Foreign Military, and U.S. national security or protective services.

**Public Health Risks.** We may give health information about you for public health purposes. These purposes include the following:

- Reporting and controlling disease (such as cancer or tuberculosis), injury or disability
- Reporting vital events such as births and deaths
- Reporting adverse events or surveillance related to food medications, or problems with health products
- Notifying persons of recalls, repairs or replacements of products they may be using.