



# Mee Memorial Healthcare System

*Effective date: 01/01/2021*

## ***NOTICE OF PRIVACY PRACTICES***

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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

This Notice of Privacy Practices (“Notice”) describes the health information privacy practices of Mee Memorial Healthcare System and members of its workforce, the physician members of the medical staff, allied health professionals, volunteers, and business associates (collectively, “MMHS”). The words “we” or “our” used in this Notice refers to MMHS and applies to services provided to you at Mee Memorial Hospital, King City Clinic, Adult Medicine Clinic, Specialty Clinic, Albert and Donna Oliveira Clinic, Mee Memorial Dialysis, and Mee Memorial Rehabilitation.

### **OUR PLEDGE REGARDING YOUR HEALTH INFORMATION**

At MMHS, we respect your privacy and are committed to maintaining the privacy of the health information we receive or create about you (health information”). This Notice applies to all records of your care generated by MMHS. Your personal physician, if not affiliated with MMHS, may have different policies or notices regarding the physician’s use and disclosure of your health information created in the physician’s office.

We are required by law to:

- Make sure that health information that identifies you is kept private (with certain exceptions);
- Give you this Notice of our legal duties and privacy practices with respect to health information about you; and

- Follow the terms of the Notice that is currently in effect.

MMHS will not require patients to waive their privacy rights as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

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

The following categories describe different ways that we may use and disclose your health information. Not every use and disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within 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 health information about you to physicians, nurses, technicians, health care students, or other health system personnel who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.

**PAYMENT:** We may use and disclose health information about you so that the treatment and services you receive at MMHS may be billed to, and payment may be collected from, you, an insurance company, or a third party. For example, we may need to give information about a surgery you received at the hospital to your health plan so it will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**HEALTH CARE OPERATIONS:** We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run the health system and ensure that all our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

**YOUR REQUEST:** We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

**FUNDRAISING ACTIVITIES:** Consistent with applicable law, we may use information about you or disclose such information to our foundation, to contact you about fundraising opportunities for the health system and its operations. You have the right to opt-out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt-out.

**HOSPITAL DIRECTORY:** MMHS may include your name, location in the facility, and religious affiliation in a patient directory while you are receiving care in our facility. We make this information available to people who ask to contact or visit you, unless you specifically object to inclusion in the directory. If you do not wish to be included in the facility directory, you will be given an opportunity to object at the time of admission.

**INDIVIDUALS INVOLVED IN YOUR CARE:** We may disclose health information to a family member, other relative, a close personal friend, or any other person identified by you who is involved in your health care or to someone who helps pay for your care. Unless there is a specific written request made to and agreed to by the MMHS Privacy Officer, we may also tell your family or friends your general condition and that you are in the hospital, or if a disclosure is deemed necessary during a medical emergency. In addition, we may disclose health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**RESEARCH:** If you are participating in a research protocol, please notify MMHS. Your health information will not be released for research purposes 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 MMHS. At this time, MMHS is not using or disclosing protected health information for research purposes.

**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 health, or the health and safety of others.

**BUSINESS ASSOCIATES:** In certain circumstances, your health information may be disclosed to business associates or third parties that MMHS contracted with to perform agreed-upon services, such as billing companies, quality assurance reviewers, housekeeping services, etc. We will have a written contract in place with the business associate requiring protection of the privacy and security of your health information.

**APPOINTMENT REMINDERS:** We may use and disclose your health information to contact you as a reminder to remind you about appointments for treatment or medical care.

**TREATMENT ALTERNATIVES:** Unless you request that we do not, we may use and disclose health 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.

### **SPECIAL SITUATIONS THAT DO NOT REQUIRE YOUR AUTHORIZATION**

**OTHERWISE REQUIRED BY LAW:** Your health information may be used and disclosed when required to do so by any other law not already referred to in this Notice. For example, we may disclose health information about you as part of a lawful response to a government investigation.

**PUBLIC HEALTH ACTIVITIES:** We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report regarding the abuse or neglect of children, elders, and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**LAWSUITS AND DISPUTES:** We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, after ensuring certain procedural requirements have been met.

### **LAW ENFORCEMENT:**

We may release your health 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 health care system; 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.

**CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS:** We may release health 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 health information about patients of the health system to funeral directors as necessary to carry out their duties.

**ORGAN AND TISSUE PROCUREMENT:** We may release your health information to organizations that facilitate organ, eye, or tissue procurement, banking, or transplantation. The procurement or transplantation organization needs your authorization for any actual donations.

**GOVERNMENT FUNCTIONS:** We may release your health information for certain specialized government functions. For example, if you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information for national security and intelligence activities, protective services for government officials, or reporting to the National Instant Criminal Background Check System.

**WORKERS' COMPENSATION:** We are permitted to disclose your health information to comply with the laws related to workers' compensation or other similar programs.

**INMATES:** We may disclose health information about you if you are an inmate in a correctional institution and if the correctional institution or law enforcement authority indicates that such disclosure is necessary: (i) for the institution to provide you with health care; (ii) to protect your health and safety of the health and safety of others; or (iii) 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.

## **SITUATIONS THAT REQUIRE YOUR AUTHORIZATION**

For uses and disclosures not generally described above, we must obtain your authorization. For example, the following uses and disclosures of your health information will be made only with your authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of health information;
- Most uses and disclosures of psychotherapy notes; and
- Other uses and disclosures not described in this Notice

If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the activities covered by the authorization, except if we have already acted in reliance on your permission. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain records of health information.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION WE MAINTAIN ABOUT YOU**

**RIGHT TO INSPECT AND COPY:** You have the right to inspect and obtain a copy of health information that may be used to make decisions about your care. We may deny your request to inspect and obtain a copy in certain very limited circumstances. We reserve the right to charge a reasonable fee to cover the costs of providing your health information records to you. Requests should be made to the Privacy Officer (see contact info below).

**REQUEST TO AMEND:** If you believe your health information is incorrect or incomplete, you may ask us to amend the information. This request must be made in writing to our Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request if you ask us to amend information that: (i) was not created by us, unless the person or entity that created the information is no longer available to make amendments; (ii) is not part of the health information kept by or for the facility; (iii) is not part of the information which you would be permitted to inspect and copy; or (iv) is accurate and complete. If we deny your request for amendment, you have the right to submit an addendum outlining the reasons you disagree to the Privacy Officer (see contact info below) to include in your medical record. This addendum may not exceed 250 words with respect to any item or statement in your record you believe is incomplete or incorrect.

**RECEIVE AN ACCOUNTING OF DISCLOSURES:** You have the right to request an “accounting of disclosures,” which is a list describing how we have disclosed your health information with outside parties. This accounting does not include disclosures made for treatment, payment, and health care operations (as those functions are described above), and with other exceptions pursuant to the law. To request this list or accounting of disclosures, you must submit a written request to the Privacy Officer (see contact info below). Please include a time frame for your request; you may request an accounting of disclosures for up to six years before the date of your request. If you request an accounting more than once during a 12-month period, we will charge you a reasonable fee.

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request restrictions on the use or disclosure of your health information for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or payment for your care, like a family member or friend.

We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes, provided 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. Even if you request this special restriction, we can disclose the information to a health plan or insurer for treatment purposes. If we agree to a 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 our Privacy Officer (see contact info below).

**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 a written request to our Privacy Officer. 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 copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at

our website: Meememorialhospital.com, or by contacting the registration desk at either the Hospital or any of the Clinics.

### **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 health 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 at all MMHS locations and online. The Notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you register at or are admitted to MMHS for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the MMHS Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Privacy Officer, 831-385-7206. All complaints must be submitted in writing to MMHS, Attn: Privacy Officer, 300 Canal Street, King City, California, 93930. The Privacy Officer can also provide you with contact information for the Dept. of Health and Human Services.

***You will not be penalized or retaliated against for filing a complaint with us or the Dept. of Health and Human Services.***

### **PRIVACY OFFICER**

Any questions, concerns or requests regarding your privacy rights or the information in this Notice must be made to the MMHS Privacy Officer at:

***Memorial Health System  
Healthcare Privacy Officer  
300 Canal Street, King City, CA 93930  
Telephone Number: (831)-385-7206  
Meememorialhospital.com***