

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 is committed to maintaining the privacy of your health information. We are required by law to give you this Notice that describes our legal responsibilities and privacy practices concerning your health information. This notice applies to all records of your care created by the Clinic, whether it is made by the physician or the clinic staff. 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 Notice of Privacy Practices describes the health information privacy practices of MEE Memorial clinics and its contracted physicians related to the services provided. The words “we” or “our” used in this Notice refers to MEE Memorial clinics, its employees, physicians providing services at the clinic, volunteers, and business associates.

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 Clinic personnel who are involved in your care at the Clinic. We also disclose medical information about you to people outside of the clinic 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.
- **Payment.** We may use and disclose medical information about you in order to bill and receive payment for the services you receive at the Clinic. 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 Clinic. We are permitted to tell your health insurance plan about a treatment or service you are going to receive and your diagnosis in order to obtain pre-authorization or to determine whether your plan covers the treatment or service.
- **Health Care Operations.** We may use and disclose your health information for Clinic operations. These uses and disclosures are necessary to operate the Clinic 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 your medical information to organizations that survey facilities as a part of our accreditation surveys.
- **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 Clinic so that the foundation may contact you raising money for the Clinic. We would only release contact information, such as your name, address, and phone number. If you do not want the Clinic 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 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 Clinic. 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.
- **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, injuries, birth or death information to the Health Department, information of concern to the Food and Drug Administration, or information related to child or 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 Clinic for the purpose of monitoring or inspecting the Clinic related to that license. This will also include the release of information to organizations responsible for government benefit programs such as Medicare, Medi-Cal, and/or California Immunization Registry (CAIR).
- **For research.** If you are participating in a research protocol, please notify the Clinic. 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 Clinic.
- **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 wish to inspect and/or copy the health information in your medical record, please notify the Clinic staff.
- **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 Clinic 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 Clinic.
- **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 Clinic have been violated by the Clinic, 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 Clinic. Changes to our privacy practices would apply to all health information we maintain.

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