

# NOTICE OF PRIVACY PRACTICES



*Effective January 29, 2014*

**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.**

## **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that your health information is personal. Plumas District Hospital ("Hospital" for purposes of this Notice) is committed to protecting the privacy of your health information. We create a record of the care and services you receive at the Hospital. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all of the records of your care generated by the Hospital, whether made by Hospital personnel or your personal doctor. This Notice will tell you about the ways in which we may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Make sure that your health information is kept private (with certain exceptions);
- Give you this Notice of our legal duties and privacy practices with respect to your health information; and
- Follow the terms of the Notice that is currently in effect.

## **WHO WILL FOLLOW THIS NOTICE**

The following parties share the Hospital's commitment to protect your privacy and will comply with this Notice:

- Any health care professional authorized to update or create health information about you.
- All departments and units of the Hospital.
- All employees, volunteers, trainees, students and medical staff members of the Hospital.
- All affiliated entities, sites, and locations.

These entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations purposes described in this notice.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following sections describe different ways that we use and disclose your health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### **DISCLOSURE AT YOUR REQUEST**

We may disclose information when requested by you.

### **FOR TREATMENT**

We may use your health information to provide you with medical treatment or services. We may disclose your health information to doctors, nurses, technicians, health care students, or other Hospital personnel who are involved in taking care of you at the Hospital. 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. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the Hospital also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work, and X-rays.

We also may disclose your health information to people outside the Hospital who may be involved in your medical care after you leave the Hospital, such as skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, we may give your physician access to your health information to assist your physician in treating you.

Electronic exchange of health information helps ensure better care and coordination of care. The Hospital participates in health information exchange(s) that allow outside providers who need information to treat you to access your health information through a secure health information exchange.

### **FOR PAYMENT**

We may use and disclose your health information so that the treatment and services you receive at the Hospital 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 your health plan information about surgery you received at the Hospital so your health plan 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. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the Hospital who are involved in your care, to assist them in obtaining payment for services they provide to you.

### **FOR HEALTHCARE OPERATIONS**

We may use and disclose your health information for health care operations. These uses and disclosures are necessary to run the Hospital and make sure that all of 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. We may also combine health information about many Hospital patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Hospital personnel for review and learning purposes. We may also combine the health information we have with health information from other hospitals to compare how we are

doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.

#### **APPOINTMENT REMINDERS**

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at the Hospital.

#### **TREATMENT ALTERNATIVES**

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 PRODUCTS AND SERVICES**

We may use and disclose your health information to tell you about our health-related products or services that may be of interest to you.

#### **FUNDRAISING ACTIVITIES**

We may use your health information, or disclose such information to a foundation related to the Hospital, to contact you in an effort to raise money for the Hospital and its operations. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the Hospital.

#### **HOSPITAL DIRECTORY**

We may include certain limited information about you in the Hospital directory while you are a patient at the 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. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This information is released so your family friends and clergy can visit you in the Hospital and generally know how you are doing.

#### **BUSINESS ASSOCIATES**

The Hospital contracts with outside entities that perform business services for us, such as billing companies, management consultants, quality assurance reviewer, accountants, or attorneys. In certain circumstances, we may need to share your health information with a business associate so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring protection of the privacy and security of your health information

#### **TO INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE**

We may release your health information to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you, to the contrary, we may also tell your family or friends your condition and that you are in the Hospital.

In addition, we may disclose your health information to an entity assisting in a disaster relief effort (such as the Red Cross) 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).

#### **FOR RESEARCH**

Under certain circumstances, we may use and disclose your health information for research purposes. 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. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. However, we may disclose your health information to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave the Hospital.

#### **AS REQUIRED BY LAW**

We will disclose your health information when required to do so by federal, state, or local law.

#### **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY**

We may use and disclose your health 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.

#### **SPECIAL SITUATIONS**

##### **WORKERS' COMPENSATION**

We may release your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

##### **PUBLIC HEALTH ACTIVITIES**

We may disclose your health information for public health activities. These activities include, but are not limited to 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 you of the recall of a product you 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 you have been the victim of abuse, neglect, or domestic violence.
- To report all inpatient admissions, emergency department visits and same-day surgeries to California's Office of Statewide Health Planning and Development;
- To notify appropriate state registries, such as the California Immunization Registry when you seek treatment at the Hospital for certain diseases or conditions; and

- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

### **ORGAN AND TISSUE DONATION**

We may release health information to organizations that handle organ procurement of organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### **MILITARY AND VETERANS**

If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

### **HEALTH OVERSIGHT ACTIVITIES**

We may disclose health information to a health oversight agency, such as the California Department of Public Health or the Center for Medicare and Medicaid Services, for activities authorized by law. These oversight activities include 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**

If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

### **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 victim's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identify 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 medical information about patients of the Hospital to funeral directors as necessary to carry out their duties.

## **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES**

We may release your health information to authorized federal officials for intelligence, counter intelligence, and other national security activities authorized by law. We will only provide this information after the Privacy Official has validated the request and reviewed and approved our response.

## **PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS**

We may disclose your health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

## **INMATES**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official. This disclosure 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.

## **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 Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

## **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 will be made only with your written authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of personal 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 MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you.

### **RIGHT TO INSPECT AND COPY**

You have the right to inspect and obtain a paper or electronic copy of health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### **RIGHT TO AMEND**

If you feel that health 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 the Hospital. To request an amendment, you must file an appropriate written request with the Health Information Management Department. In addition, you must provide a reason that supports 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 no longer available to make the amendment;
- Is not part of the medical information kept by or for the Hospital;
- Is not part of the information which you would be permitted 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 to the Health Information Management Department. Addendums may not 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 health record, we will attach it to your records 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 medical information about you other than our own uses 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 your request in writing to the Health Information Management Department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-

month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

#### **RIGHT TO BE NOTIFIED OF BREACH**

The Hospital is committed to safeguarding your health information and proactively works to prevent health information breaches from occurring. If a breach of unsecured health information occurs, we will notify you in accordance with applicable state and federal laws.

#### **RIGHT TO REQUEST RESTRICTIONS**

You have the right to request restrictions on certain uses or disclosures of your health information. 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 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. Requests for restrictions must be in writing. 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). We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

We are legally required to accept certain requests not to disclose health information to your health plan for payment or health care operations purposes as long as you have paid out-of-pocket and in full in advance of the particular service included in your request. If the service or item is part of a set of related services, and you wish to restrict disclosures for the set of services, then you must pay in full for the related services. It is important to make the request and pay before receiving the care so that we can work to fully accommodate your request. We will comply with your request unless otherwise required by law.

#### **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. 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 OPT-OUT OF FUNDRAISING COMMUNICATIONS**

As part of fundraising activities, Plumas District Hospital or Plumas Health Care Foundation may contact you to make you aware of giving opportunities for the Hospital. You have the right to opt-out of receiving fundraising communications. Fundraising communication will include information about how you can opt-out from receiving future fundraising communications if you wish.

#### **RIGHT TO A COPY OF THIS NOTICE**

You have the right to a copy of this Notice. It is available in the registration areas and by clicking the link "Patient Privacy" on our internet home page at [www.pdh.org](http://www.pdh.org).



## **REQUEST FOR COPY OF HEALTH INFORMATION**

To obtain more information about how to request a copy of your health information, receive an accounting of disclosures, amend or add an addendum to your health information, please contact:

### **Plumas District Hospital**

#### In Person Location and Mailing Address:

Health Information Management  
1065 Bucks Lake Road  
Quincy, CA 95971  
Phone: (530)283-7122

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Hospital or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Hospital, contact:

Plumas District Hospital  
ATTN: Compliance Officer  
1065 Bucks Lake Road  
Quincy, CA 95971

All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at:

Office for Civil Rights  
Department of Health and Human Services  
Attn: Patient Safety Act  
200 Independence Ave., SW, Room 509F  
Washington, DC 20201

## **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 in the Hospital. 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 the Hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

## **QUESTIONS ABOUT OUR PRIVACY PRACTICES**

The Hospital values the privacy of your health information as an important part of the care we provide to you. If you have questions about this Notice or the Hospital's privacy practices, please contact the Hospital Compliance Office by phone at (530)283-7196 or mail at Plumas District Hospital, ATTN: Compliance Officer, 1065 Bucks Lake Road, Quincy, CA 95971.

# RECEIPT OF NOTICE OF PRIVACY PRACTICES



## ACKNOWLEDGMENT OF RECEIPT

By signing this form, you acknowledge receipt of the "Notice of Privacy Practices" of Plumas District Hospital. Our "Notice of Privacy Practices" provides information about how we may use and disclose your protected health information. We encourage you to read in full.

Our "Notice of Privacy Practices" is subject to change. If we change our notice, you may obtain a copy of the revised notice in the Hospital registration areas or by clicking the link "Patient Privacy" on our internet home page at [www.pdh.org](http://www.pdh.org).

If you have any question about our "Notice of Privacy Practices," please contact our Privacy Official at (530)283-7196.

I acknowledge receipt of the "Notice of Privacy Practices" of Plumas District Hospital.

## SIGNATURE

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
*(patient / legal representative)*

If signed by someone other than patient, indicate relationship: \_\_\_\_\_

Print Name: \_\_\_\_\_  
*(legal representative)*

(over)

**INABILITY TO OBTAIN ACKNOWLEDGMENT**

Complete only if no signature is obtained. If it is not possible to obtain the individual’s acknowledgement of receipt of Plumas District Hospital’s Notice of Privacy Practices, describe the good faith efforts made to obtain the individual’s Acknowledgement, and the reasons why the Acknowledgment was not obtained.

Patient Name: \_\_\_\_\_

Reasons why the acknowledgment was not obtained:

Patient refused to sign this Acknowledgement even though the patient was asked to do so and the patient was given the Notice of Privacy Practices.

Other: \_\_\_\_\_

**SIGNATURE**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
*(provider representative)*

Print Name: \_\_\_\_\_  
*(provider representative)*