



**Effective Date: April 14, 2003**

**Revised Date: September 23, 2013**

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

If you have any questions about this notice, please contact HIPAA Privacy Officer, at 562. 698.0811., Ext. 12894.

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

This notice describes **PIH Health's** practices and that of: Any health care professional, members of the Medical Staff, or other individuals authorized to collect, access, use, and/or disclose your medical information at PIH Health or on behalf of PIH Health. *Your physician may have different policies or notices regarding the use and disclosure of your medical information created in the doctor's office or clinic.*) This notice applies to:

- **PIH Health Whittier Hospital**
- **PIH Health Downey Hospital**
- **PIH Health Good Samaritan Hospital**
- **PIH Health Physicians**
- **PIH Health Home Health**
- **PIH Health Hospice**

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

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive. 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 or its entities, whether made by hospital/entity personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Give you notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect

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

The following categories describe different ways that we use and disclose medical information. For each category of use or disclosure we will explain what we mean and will 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.

#### **For Treatment**

We may use your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, pharmacists, technicians, medical students and residents, or any other PIH Health personnel who are involved in taking care of you. 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 dietician if you have diabetes so that we can arrange for appropriate meals or diet plan. Different departments of PIH Health may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care, such as your primary care physician, family members, skilled nursing facilities, home health agencies, clergy, social service personnel or others that are part of your continued care. When required by law, PIH Health will provide language assistance services to patients with language or communication barriers. If you are a limited-English speaking or non-English speaking individual, we may share information about you to individuals who can speak English and your native language so that we can coordinate your care and/or obtain your permission for treatment. This person could be a designated staff member, a member of your family, a friend, or an interpreter that the hospital contracts with for these services.

### **For Payment**

We may use and disclose medical information about you 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 a service you received at PIH Health 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. Your health information may also be disclosed to affiliated healthcare providers who participated in your care such as ambulance companies, durable medical equipment suppliers, and contracted physicians such as radiologists, pathologists, anesthesiologists, and emergency department physicians.

### **For Health Care Operations**

We may use and disclose your medical information for PIH Health operations. These uses and disclosures are necessary to run the hospital/entity and make sure that all of our patients receive quality care. 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. We may also combine medical information about many hospital/entity patients to decide what additional services we 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 personnel for review and learning purposes. We may also combine the medical information we have with medical information from other PIH Health patients to compare how we are doing and see where we can make improvements in the care and services we offer. In these instances, we may limit the medical information provided so that they cannot identify you when they use it to study health care and health care delivery.

### **Appointment Reminders**

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

### **Treatment Alternatives**

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.

### **Patient Information Communication Boards**

Patient Information communication boards may be used at certain facilities within PIH Health such as in the Emergency Department, Operating Room, and Special Care Units or in your patient room while you are receiving care. These boards are used to make your treatment more efficient. Every effort will be made to keep them out of the public's view, but convenient for the staff coordinating your care. The boards may contain your name, age, physician's name, room number, and diagnosis. The information posted will be limited to the minimum necessary to provide your care.

## Health-Related Products and Services

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

## Fundraising Activities

We may contact you or disclose your limited medical information to the PIH Health Foundation to provide information about PIH Health sponsored activities, including fundraising programs and events for PIH Health and its operations and community. This contact may include visits by designated PIH Health staff while admitted as an inpatient at PIH Health to provide you such information and other assistance. Consistent with the Health Information Portability and Accountability (HIPAA) regulations as amended, we would only release contact information, such as your name, address, phone number, age, gender, health insurance status, the dates you received treatment or services at PIH Health, department of service, treating physician, and general treatment outcome information.

**In all fundraising communications you will be provided a clear and conspicuous opportunity to “opt out” from receiving any such future communications or contact. To opt out you may notify the PIH Health Foundation at 562.698.0811 Extension 81520 or submit your preference in writing to: PIH Health Foundation, 12401 Washington Blvd., Whittier, CA. 90602.**

## Marketing Activities

We may use your medical information for PIH Health "Marketing" communications or activities that: (1) encourage the purchase or use of a PIH Health product or service at PIH Health; (2) are made for treatment of the individual (e.g. mailing prescription refill reminders to patients or referring a patient to a specialist for a follow-up test or providing free samples of a prescription drug to a patient); (3) are made for care coordination purposes, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care (e.g. a PIH Health social worker sharing medical record information with various nursing homes in the course of recommending that the patient be transferred from a hospital bed to a nursing home); (4) describes a drug or biological that is currently being prescribed to you; (5) are face-to-face encounters/communications; or (6) involve a promotional gift of nominal value (e.g. providing a free package of formula and other baby products to new mothers as they leave labor and delivery). PIH Health will seek your authorization first before sending you any other marketing communication and if PIH Health will receive financial remuneration from a third party whose product or service is to be described or promoted in the communication.

## Hospital Patient Directory

We may include certain limited information about you in the PIH Health Hospital directory while you are a patient in the hospital. This information may include your name, location in the hospital, 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 pastor, priest, or rabbi, even if they don't ask for you by name. This information is released so that your family, friends, and clergy can visit you in the hospital. You may opt out of the directory by notifying registration or admitting staff.

## Individuals Involved in Your Care

We may release medical information about you to a friend or family member who is involved in your medical 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 medical 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.

## Research and Clinical Trials/Registries

We may use or disclose your medical information under certain circumstances. 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 medical information, trying to balance the research needs with the patients' need for privacy of their medical information. Before we use or disclose medical information for research, clinical trial/registries the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the hospital.

### **As Required by Law**

We will disclose medical information about you when required to do so by federal, state, or local law.

### **California's Cancer Reporting System**

Cancer became a reportable disease in 1985 with the enactment of Health and Safety Code, Section 103885. If you are diagnosed and/or receive treatment for cancer your information will be reported to Region 9 of the California Cancer Registry. All information collected by the California Cancer Reporting system is subject to strict confidentiality provisions.

### **To Avert a Serious Threat to Health or Safety**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any use or disclosure, however, would only be to someone able to help prevent the threat.

### **Organ and Tissue Donation**

If you are an organ 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 and Veterans**

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

### **Workers' Compensation**

We may release medical information about you to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Public Health Risks**

We may disclose your medical information for public health activities, including the following:

- Prevention or control disease, injury, or disability
- Reporting of births and deaths
- Reporting the abuse or neglect of children, elders, and dependent adults
- Reporting reactions to medications or problem with products
- Notification of a person for recalls of products they may be using
- Notification of a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Notification of 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

### **Emergency/disaster relief**

We may disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, to notify, or assist in the notification of (including identifying or locating), a family member, your personal

representative, or another person responsible for your care, of your location, general condition or death. Prior to doing so unless the following interfere with the ability to respond to the emergency, if you are present and have the capacity to make health care decisions, we will attempt to get your agreement to the disclosure and provide you with the opportunity to object to the disclosure (if you object, no disclosure may be made). If you are not present or are unable to agree or object, then we may determine whether the disclosure is in your best interest and, if so, disclose only the information that is directly relevant to the disaster relief organization's involvement with your health care.

### **Health Oversight Activities**

We may disclose your medical information 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. Your medical information may be disclosed to the Department of Health and Human Services, the Office for Civil Rights and/or other government agencies for investigations or program review purposes.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose medical information about you 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 obtain an order protecting the information requested.

### **Law Enforcement**

We may release your medical information to a law enforcement official as follows:

- 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 hospital; 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 medical 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 medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### **Protective Services for the President and Others**

We may disclose medical 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.

### **Security Clearances**

We may use your medical information to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the Department of State who need access to that information for these purposes.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you 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.

### **Sale of Medical Information**

PIH Health will not seek or obtain remuneration in exchange for PHI unless you have provided prior written authorization or one of the following exceptions for certain disclosures: (1) to you in response your request; (2) for treatment and payment; (3) for public health; (4) as part of the sale, transfer, merger of a practice; and (4) as required by law.

### **For those purposes consistent with your written/signed Authorization**

### **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 copy medical 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. Requests to inspect and copy hospital medical information that may be used to make decisions about you, must be submitted in writing to the Health Information Management Department of PIH Health Hospital for hospital records, directly to the PIH Health Physicians office for office records, or the PIH Health facility where you care/services were rendered. If you request a copy of the 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 medical 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. If your request to inspect and copy is approved we shall provide access to information in the format requested, including electronic format for any record maintained electronically, or we will give you a readable hardcopy or other mutually agreed upon format.

#### **Right to Amend**

If you feel that 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 retained.

To request an amendment, your request must be made in writing and submitted to the Health Information Management Department of the hospital or to the entity where the document was created. 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 the hospital/entity
- Was created by the hospital/entity, but 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/entity
- 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, 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 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 listing of the disclosures of your medical information that the hospital/entity made other than our own uses for treatment, payment and health care operations, as those functions are described above or other legal exceptions.

To request this listing or accounting of disclosures, you must submit your request in writing to the Health Information Management Department of the hospital/entity. Your request must state a time period, which may not be longer than six

years, and may not include dates before April 14, 2003. The first listing 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 Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. 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.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. All requests to restrict disclosure of PHI to a health plan for payment or healthcare operations where the patient has paid fully out of pocket for the services shall be granted.

To request restrictions, you must make your request in writing to the Privacy Officer. 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. Forms to request restricted use of your information can be obtained from the Health Information Management Department or your physician's office.

**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 HIPAA Privacy Officer. We will not ask you the reason for your request. We will accommodate reasonable requests to receive communications of medical information by alternative means or at alternate locations. Your request must specify how or where you wish to be contacted.

### **Right to a Paper 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.

### **Right to be Notified of Breach of Unsecured Medical Information**

You have a right to be notified of an unauthorized acquisition, access, use, or disclosure of your unsecured medical information in violation of the HIPAA Privacy and Security Rules as amended. For additional information regarding breach notification please contact the PIH Health Privacy Officer.

You may obtain a copy of this notice at our website, [www.PIHHealth.org](http://www.PIHHealth.org) to obtain a paper copy of this notice, you may request it from:

**PIH Health**  
Privacy Officer  
12401 Washington Blvd.  
Whittier, CA 90602

### **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 hospital registration areas. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or healthcare services as an inpatient, outpatient or at an entity, 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 hospital/entity or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint. To file a complaint, contact HIPAA Privacy Officer 562. 698.0811 Ext. 12894.

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written permission. 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, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.