



Notice of Privacy Practices

Effective Date: April 14, 2003

This notice describes how medical information about you may be used and disclosed by Oroville Hospital and how you can get access to this information. Please review it carefully.

What is this Notice and Why is it Important?

This notice is required by law to inform you of how your medical information will be protected, how Oroville Hospital may use or disclose your medical information, and about your rights regarding your medical information. If you have any questions about this notice, please contact Oroville Hospital's Privacy Officer at 530.532.8582.

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 in our facilities. We need this record to provide you with quality care and to comply with certain legal requirements. Physicians involved in your care may have different policies or notices regarding the doctor's use and disclosure of your medical information created and/or maintained 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, in any medium (written, oral, or electronic). 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 this 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.

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 psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to: Privacy Officer, Oroville Hospital, 2767 Olive Highway, Oroville CA 95966. If you request a copy of medical 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.

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 kept by our facility. To request an amendment, your request must be made in writing and submitted to: Privacy Officer, Oroville Hospital, 2767 Olive Highway, Oroville CA 95966. In addition,

you must supply 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 our facility;
- ❖ 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 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 in this notice.

To request this list of accounting of disclosures, you must submit your request in writing to: Privacy Officer, Oroville Hospital, 2767 Olive Highway, Oroville CA 95966. 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, 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 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 that 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, or if the disclosure is required by law.

To request restrictions, you must make your request in writing to: Privacy Officer, Oroville Hospital, 2767 Olive Highway, Oroville CA 95966. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

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. We will make reasonable efforts to respect your instructions as long as this does not compromise our ability to provide quality care, carry out necessary healthcare operations, or obtain payment for services rendered. 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: Privacy Officer, Oroville Hospital, 2767 Olive Highway, Oroville CA 95966. 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 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.

You may view and print this notice on our website: www.OrovilleHospital.com. To obtain a paper copy of this notice, please call 530.532.8582.

Examples of 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 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.

To Facilitate your Medical Treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students or other 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 dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as medications, laboratory tests 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 caregivers, clergy or others we use to provide services that are part of your care.

To Collect Payment for Medical Care Services that We Provide: We may use and disclose medical information about you so that the treatment and services you receive may be billed and collected from you, the party responsible for your bill, an insurance company or a third party. For example, we may need to give your health plan information about a 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.

For Routine Healthcare Operations: We may use and disclose medical information about you 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 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 our patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health care agencies 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 medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Individuals Involved in Your Care or Payment for Your Care: Unless there is a written request from you to the contrary, we may release medical information about you to family members and friends. If you do not give us specific instructions about disclosures to family and friends, we will only communicate information which we feel is relevant to that person's involvement in your care. We may also give information to someone who helps pay for your care.

Disaster Relief: We may disclose medical information about you to an entity assisting in a disaster relief effort (for example, the Red Cross) so that your family can be notified about your condition, status and location.

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.

Alternative Treatments: We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be important to you.

Hospital Directory: We may include certain limited information about you in the hospital directory. This is a daily list of patients in our facility. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, 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 don't 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.

Health Related Benefits and Services: We may use your medical information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities: We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. 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. Please write to us if you wish to have your name removed from the list to receive fund-raising requests supporting Oroville Hospital in the future. If you request that we remove your name from our list, all reasonable efforts will be taken to ensure that you will not receive any fund-raising communications from us in the future.

Research: Under certain circumstances, we may use and disclose medical information about you for research purposes when approved by the Institutional Review Board or Privacy Board.

To Avert a Serious Threat to Health or Safety: We may use and disclose your medical information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be made to someone able to help prevent the threat. For example, if you were involved in a violent crime, disclosure may be made to law enforcement.

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

Special Situations

Workers Compensation: We may release medical information about you to your workers' compensation program, for work-related injuries or illness.

Organ Procurement Organizations: We may disclose your donor status and medical information to organizations engaged in the procurement, banking, or transplantation of organs, consistent with applicable laws.

Public Health: We may disclose medical 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 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 only make this disclosure if you agree or when required or authorized by law.
- ❖ to report diseases or conditions as required by law.

Health Oversight Activities: We may disclose 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.

Correctional Institution: 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 your correctional institution or law enforcement official. This release would be necessary 1) for the institution to provide you with medical 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.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose medical information about you 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 to obtain an order protecting the information requested.

Law Enforcement: We may release medical 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 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.

Food and Drug Administration (FDA): We may disclose to the FDA your medical information relating to adverse events with respect to food, nutritional supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

Device Manufacturers: If you receive a medical device that is implanted or which is used for life support functions, we may disclose your name, address and other information as required by law to the device manufacturer for tracking purposes.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include transcribing your medical record, coding for billing purposes, surveying for patient satisfaction, a copy service we use when making copies of your medical record, a billing service to submit billing information and inquiries and hospital attorneys. When these services are provided by contracted business associates, we may disclose the appropriate portions of your medical information to our business associates so they can perform the job we have asked them to do. To protect your medical information, however, we require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.

Military and Veterans: If you are a member of the armed forces or a veteran, we may disclose your medical information as required by military command authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities: We may disclose your medical information 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 your medical information to authorized officials so they may provide protection to the President, other authorized persons or federal heads of state and other governmental leaders, or conduct special investigations.

Other Uses of Medical Information

Other uses and disclosures of medical 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 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.

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 facility. The notice will contain on the first page, in the top right-hand corner, the effective date. If the notice is changed we will offer you a copy of the notice.

Who Will Follow This Notice

This notice describes Oroville Hospital health care systems' practices and that of:

- ❖ any healthcare professional authorized to enter information into your medical record;
- ❖ all departments and units of the health care system;
- ❖ any volunteers in our organization;
- ❖ all employees, staff and other designated personnel (e.g. students, contracted agency staff); and
- ❖ physicians on our staff, while they are practicing in our facilities.

All Oroville Hospital entities, sites and locations observe the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes as described in this notice.

For More Information or to Report a Problem

Your privacy is extremely important to us. We do our best to provide high-quality, compassionate care while respecting the privacy and confidentiality of your medical information. However, we are always looking for ways to improve. If we don't know about problems, we can't fix them.

If you have concerns about the way we handle protected healthcare information or believe your privacy rights have been violated, please let us know right away. We take patient complaints very seriously and will do our best to resolve problems as quickly as possible. Should you elect to file a complaint, we will not treat you any differently and you will not be penalized in any way.

To discuss privacy issues, please call our Privacy Officer at 530.532.8582. Or, write to: Privacy Officer, 2767 Olive Highway, Oroville CA 95966. You may also contact our administrative offices for help at 530.532.8550.

We like to think that we can respond to privacy concerns by working directly with our patients. You may also file a complaint with the Secretary of the Department of Health and Human Services.