



NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

If you have any questions about this Notice, please contact the Privacy Officer at 818-904-3541.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the Mission Community (MCH or "the hospital") privacy practices and that of:

- Any individuals authorized to enter information into your hospital record.
- All departments, units, and programs of the hospital are included,
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other hospital personnel, including non-employees who have a need to use your medical information to perform their job, and including physicians and allied health professionals while they are caring for you in the hospital.

This Notice does not cover physician offices.

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 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. 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.

We are required by law to:

- maintain the privacy of medical information that identifies you (with certain exceptions);
- give you this Notice of our legal duties and privacy practices with respect to medical information we collect and maintain about you; and
- follow the terms of this Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose medical information. For each category we will explain what we mean. 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 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, nursing and allied health 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. Additionally, the doctor may need to tell the dietician if you have diabetes so 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, 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 after you leave the hospital, such as family members, clergy, skilled nursing facilities or home health agencies.

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 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 health plan will cover the treatment.

For Health Care Operations: We may use and disclose medical information about you for our health care operations activities. 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 and analyze medical 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, nursing and allied health students and other hospital personnel for review and learning purposes. Additionally, we may combine the medical information we have with medical information from other hospitals to compare how we are doing and to 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.

Additional uses and disclosures of medical information include:

- **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 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.

- **Business Associates:** Some of our functions are accomplished through contracted services provided by business associates. Examples include the copy services we use when making copies of your health record, auditors, and organizations that accredit us. When these services are contracted, we may disclose your medical information to our business associates so that they can perform the job we have asked them to do. To protect your medical information, however, we require the business associate to appropriately safeguard your information.
- **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, general condition (e.g., fair, stable, etc.), and 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.
- **Fundraising:** We may use information about 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. If you do not want the hospital to contact you for fundraising efforts, you must notify Director of Public Relations at 818-904-3545 and in writing at 14850 Roscoe Boulevard, Panorama City, CA 991402
- **Health-Related Products and Services:** We may use and disclose medical information to tell you about our health-related products or services that may be of interest to you.
- **Individuals Involved in your Care or Payment for Your Care:** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps arrange payment 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 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:** Under certain circumstances, we may use and disclose medical information about you 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 medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. However, we may also 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.
- **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 disclosure, however, would only be to someone able to help prevent the threat.
- **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.

SPECIAL SITUATIONS

- **Funeral Directors, Coroners and Medical Examiners:** We may disclose medical information to funeral directors as necessary to carry out their duties. We may also disclose 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.
- **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.

- ***Inmates:*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the institution or law enforcement official, if the disclosure is 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.
- ***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 situations to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- ***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.
- ***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.
- ***National Security and Intelligence Activities:*** We may release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

- ***Organ Procurement Organizations:*** We may disclose 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.
- ***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 to conduct special investigations.
- ***Public Health/Reporting of Abuse:*** 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; and
 - 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.
- ***Workers' Compensation:*** We may disclose medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Your Medical Information Rights

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.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Department at 14850 Roscoe Boulevard, Panorama City, CA 91402, 818-904-3541. 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 specific 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 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 can also request a restriction or limitation 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 reserve the right to accept or reject your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We will notify you if we do not agree to a requested restriction.

To request restrictions, you must submit a written request to the Health Information Department at the above address. 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.

- **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 to your medical information for as long as the information is kept by or for the hospital. You must make your request to amend your medical information in writing and submit it to the Health Information Department at the above address. You must include a reason that supports your 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.

The law permits us to deny your request for an amendment if it is not in writing or does not include a reason to support the request.

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 made 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.” Such an accounting 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 expectations pursuant to law.

To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Department at the above address. Your request must state a time period that 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 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.

You must make your request for confidential communications in writing to the Health Information Department at 818-904-3541. 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 obtain 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.

You may obtain a copy of this Notice at our website, www.MCHonline.org

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 all medical information we 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 on the first page, in the top right-hand corner, the effective date. If we amend this Notice, we will offer you a copy of the current Notice in effect.

For More Information or to Report a Problem

If you believe your privacy rights have been violated, you may file a complaint with the hospital and/or with the Secretary of the federal Department of Health and Human Services. All complaints must be submitted in writing. To file a complaint with the hospital, send a written complaint to: Privacy Officer, Mission Community Hospital, 14850 Roscoe Boulevard, Panorama City CA 91402. If you would like to discuss a problem without submitting a formal complaint, you may contact the Privacy Officer at 818-904-3541. A complaint may be filed with the Secretary of the federal Department of Health and Human Services at:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, D.C. 20201

You will not be penalized for filing a complaint.

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 stop the uses and disclosures allowed by that permission, except to the extent that we have already acted in reliance on your permission. For example, we are unable to take back any disclosures we have already made with your permission.

THIS IS A NOTICE THAT APPLIES TO YOUR PSYCHIATRIC OR MENTAL HEALTH INFORMATION. THIS IS PART OF THE NOTICE OF PRIVACY PRACTICES THAT APPLIES TO YOUR OTHER HEALTH INFORMATION.

If you have any questions about this notice, please contact the ***Privacy Officer at (818) 904-3541.***

CONFIDENTIALITY OF PSYCHIATRIC PATIENT RECORDS

The confidentiality of your psychiatric records maintained by this facility gets special protection under federal and state laws. We may, however, disclose psychiatric health information that identifies you without your authorization in the following circumstances:

1. ***For Treatment.*** We may use your psychiatric health information to provide you with medical treatment or services. We may disclose your psychiatric information to health care professionals outside this facility only if they are responsible for your physical or mental health.
2. ***For Payment.*** We may use or disclose your psychiatric health information so that you can make a claim or so that a claim may be made of your behalf.
3. ***For Health Care Operations.*** We may use or disclose your psychiatric health information to assure quality patient care.
4. ***For Legal Proceedings*** (for example, to determine conservatorship).

5. **For Research.** We may disclose your psychiatric health information to researchers who request it for approved medical research projects; however, such disclosures must be cleared through a special approval process before any information is disclosed to the researchers who will be required to safeguard the information they receive.
6. **To the courts** pursuant to a court order.
7. **To law enforcement** in limited and specific circumstances. For example, we may disclose psychiatric information to law enforcement if a psychotherapist believes that it is likely that a patient presents a serious danger of violence to another person, or if a crime has been committed by a patient at the facility.
8. To prevent, investigate or treat cases of abuse and neglect.
9. To notify emergency response personnel about a possible exposure to AIDS or HIV.
10. To health care oversight agencies to ensure that we are meeting the standards of care and services and that we are complying with the applicable laws.

Generally, we will not tell anyone outside the facility that you are being treated by the facility.

Other uses and disclosures of your psychiatric medical information not covered by this Notice Addendum or the laws that apply to us will be made only with your written authorization. Please see the Notice of Privacy Practices for information on revoking an authorization. Your rights regarding your health information outlined in the attached Notice also apply to your psychiatric medical information.



Mission Community Hospital[®]

Compassionate Healthcare. Quality Healthcare.

I acknowledge I have received the **Notice of Privacy Practices** of Mission Community Hospital.

Patient / Patient Representative Name:

(Please Print)

Signature / Initials: _____ Date: _____

(Patient / Patient Representative)

If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained.

Signature of provider representative

Date: _____

Title of provider representative