



Community Memorial Health System

Where Excellence Begins with Caring

Notice of Privacy Practices



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Effective date: April 1, 2003

Revision date: September 1, 2013

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

If you have any questions about this Notice, please contact Emilie Rayman, Privacy Officer, in writing at 147 North Brent Street, Ventura, CA 93003, or by phone at (805) 585-3073.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the Community Memorial Health System's privacy practices and that of:

- Any individuals authorized to enter information into your medical record.
- All departments, units, and programs of the health care system are included as amended from time to time.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other health care system 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.
- This notice does not cover the use and disclosure of your medical information outside our health care system, including the use and disclosure of medical information by your physician's office.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at the hospital or clinic. 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 clinic, whether made by hospital/clinic 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 concerning the use and disclosure of medical information.

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;
- Notify you if there is a breach of your unsecured protected health information/medical information; 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. 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 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 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 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 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 medical information we have with medical 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 medical 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 medical 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 medical 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 medical information to tell you about our health-related products and services that may be of interest to you. If you do not want the hospital to contact you regarding these services, you may opt out by notifying Michael Ellingson, Vice President, Marketing at 147 North Brent Street, Ventura, CA 93003, in writing or by phone at (805) 652-5002.
- ***Fundraising Activities:*** Defined by the Department of Health and Human Services through the Accountability Act (HIPPA) Privacy Rules, we may use certain information (name, address, telephone number, dates of service, age and gender) to contact you for the purpose of raising money for Community Memorial Health System, which includes Community Memorial Hospital, Ojai Valley Community Hospital and the Centers for Family Health. For the same purpose, we may provide your name to our institutionally related foundations. The money raised will be used to expand and improve services, programs, equipment and facilities we provide the community.

Opt Out Option:

If you do not want to receive future fundraising requests supporting Community Memorial Health System, please contact Michelle Mc Ghee, Manager, Annual Giving, in one of the following ways:

- 1) Email: mmcghee@cmhshealth.org
- 2) Mail: 2674 E. Main Street, Suite E #210, Ventura, CA 93003
- 3) Phone: (805) 652-4224

- ***Hospital Directory:*** We may include certain limited information about you in the hospital directory while you are a patient in the hospital. 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. You may request no information be released and or block certain individuals from accessing your information at time of registration or admission, by verbal request to the person performing your registration and at anytime during your admission by calling Admitting at extension 6075.
- ***Individuals Involved in Your Care of Payment for Your Care:*** We may release medical information about you to a friend or family member who is involved in your medical care and or to someone who helps pay for your care, unless there is a specific written request from you to the contrary. 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 patient's 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, but 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 always ask 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.
- ***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.

SPECIAL SITUATIONS

- ***Organ and Tissue Donation:*** 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 for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- ***Public Health Risks:*** 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 will only make this disclosure if you agree or when required or authorized 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.
 - ***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.
- ***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.
- ***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 healthy and safety of others; or (3) for the safety and security of the correctional institution.
- ***Multidisciplinary Personnel Teams:*** We may disclose medical 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 medical information may be subject to restrictions that may limit or preclude some uses or disclosures described in the Notice. For example, there are special restrictions on the use or disclosure of certain categories of information, including HIV/AIDS test results, mental health information and alcohol/drug treatment records. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

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. You have the right to a paper copy or to be provided a copy in an electronic format. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and copy medical information, you must submit your request in writing to Director of Health Information/Medical Records, Community Memorial Hospital, 147 North Brent Street, Ventura, CA 93003. 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.

- ***Right to Amend:*** If you feel that the 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 or for the hospital.

To request an amendment, your request must be made in writing and submitted to Director of Health Information/Medical Records, Community Memorial Hospital, 147 North Brent Street, Ventura, CA 93003. 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, 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 above) and with other expectations pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to Director of Health Information/Medical Records, Community Memorial Hospital, 147 North Brent Street, Ventura, CA 93003. 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, 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 have the right to request that we not disclose to a health plan, Personal Health Information that is related to services for which you paid out of pocket, in full.** 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 of your care, like a family member or friend. For example, you could ask that we not use or disclose any 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. However, we must agree if you request that we restrict disclosure of your medical information to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (b) the medical information pertains solely to a health care item or service for which you or a person on your behalf (other than the health plan) has paid us in full.

To request restrictions, you must make your request in writing to Privacy Officer, Community Memorial Hospital, 147 North Brent Street, Ventura, CA 93003. 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 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 Privacy Officer, Community Memorial Hospital, 147 North Brent Street, Ventura, CA 93003. 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 or to be provided copies in a electronic format, upon request. 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 obtain a copy of this notice at our website: www.cmhhospital.org. To obtain a paper copy of this Notice send written request to: Privacy Officer, Community Memorial Hospital, 147 North Brent Street, Ventura, CA 93003.

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 and a copy will be available upon request. 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 health care services as an inpatient or outpatient, 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 or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, send a written complaint to Emilie Rayman, Privacy Officer, Community Memorial Health System, 147 North Brent Street, Ventura, CA 93003. If you would like to discuss a problem without submitting a formal complaint, you may contact the Privacy Officer at 805-585-3073 or call our toll free “Hotline” at (888) 261-1773 to place a complaint anonymously. A complaint may be filed in writing 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 retaliated against 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 authorization. For example, subject to certain exceptions, we must obtain your authorization before we: (a) use or disclose your psychotherapy notes; (b) use or disclose your medical information for marketing purposes; or (c) disclose your medical information which is a sale of such medical information. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

FEDERAL TRADE COMMISSION, RED FLAG RULES

- Community Memorial Health System fully complies with the FTC Red Flag Rules.
- We have implemented an Identity Theft Prevention Program for combating identity theft in connection with new and existing patient accounts.
- Additionally if identity theft occurs we proactively notify affected individuals and provide identity monitoring to those individuals.

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