

KAWEAH HEALTH

NOTICE OF PRIVACY PRACTICES

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

Our goal is to take appropriate steps to attempt to safeguard any medical or other personally identifying information that is provided to us. Protection of patient privacy is of paramount importance to this organization. We are required to: (i) maintain the privacy of protected health information provided to us; (ii) provide notice of our legal duties and privacy practices with respect to protected health information; and (iii) abide by the terms of our Privacy Notice currently in effect.

This Privacy Notice describes the practices of all employees, staff and other Kaweah Health (“KH”) personnel, any health care professional authorized to enter information in your KH chart, all departments, units and facilities of KH, any member of a volunteer group we allow to help you while you are using KH services, and all physicians, residents, medical students, students, and allied health professionals who provide care at any KH facility.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU:

We may use and disclose personal and identifiable health information in different ways. All of the ways in which we may use and disclose information will fall within one of the following categories, but not every use or disclosure in a category will be listed.

For Treatment. We will use health information about you to furnish services and supplies to you, in accordance with our policies and procedures. For example, we will use your medical history, such as any presence or absence of heart disease, to assess your health and perform requested diagnostic or therapeutic services. Additionally, KH may share information we obtain or create about you through Health Information Exchanges (HIEs), as permitted by law, to provide a better coordination of care.

For Payment. We will use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to provide your current medical condition to an insurance company to get paid for the consultation, examination or other services that we have furnished to you. We may also need to inform your payor of the tests that you are going to receive in order to obtain prior approval, or to determine whether the service is covered.

For Health Care Operations. We may use and disclose information about you for the general operation of our business. For example, we sometimes arrange for accreditation organizations auditors or other consultants to review our practice, evaluate our operations, and tell us how to improve our services. We may use your health information to help us educate medical staff, residents, medical students and students. For example, KH has relationships with a variety of schools of healthcare professionals. In addition, through our affiliation with Kaweah Health Graduate Medical Education Program, residents often rotate through most services provided at KH. All staff, residents, and students must sign a confidentiality agreement before accessing any health information of KH.

Public Policy Uses and Disclosures. There are a number of public policy reasons why we may disclose information about you.

- We may disclose health information about you when we are required to do so by federal, state or local law.
- We may disclose protected health information about you in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority authorized to collect or receive protected health information for the purpose of preventing or controlling disease, injury or disability, or at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority. Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration and the Environmental Protection Agency, to name a few.
- We are also permitted to disclose protected health information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. Additionally, we may disclose a person’s protected health information subject to the Food and Drug Administration’s power for the following activities: to report adverse events, product defects or problems, or biological product deviations, to track products, to enable product recalls, repairs or replacements, or to conduct post marketing surveillance. We may disclose your protected health information in situations of domestic abuse or elder abuse.
- We may disclose protected health information in connection with certain health oversight activities of licensing and other agencies. Health oversight activities include audit, investigation, inspection, licensure or disciplinary actions, and civil, criminal, or administrative proceedings or actions, or any other activity necessary for the oversight of 1) the health care system, 2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, 3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or 4) entities subject to civil rights laws for which health information is necessary for determining compliance.
- We may disclose information in response to a warrant, subpoena, or other order of a court or administrative hearing body, and in connection with certain government investigations and law enforcement activities.
- We may release personal health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release personal health information to organ procurement organizations, transplant centers, and eye or tissue banks.
- We may release your personal health information to workers’ compensation or similar programs.
- Information about you also will be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others.
- **Special Situations.** We may use or disclose certain personal health information about your condition and treatment for research purposes where an Institutional Review Board or a similar body referred to as a Privacy Board determines that your privacy interests will be adequately protected in the study. We may also use and disclose your protected health information to prepare or analyze a research protocol and for other research purposes.
- If you are a member of the Armed Forces, we may release personal health information about you as required by military command authorities. We also may release personal health information about foreign military personnel to the appropriate foreign military authority.
- We may disclose your protected health information for legal or administrative proceedings that involve you. We may release such information upon order of a court or administrative tribunal. We may also release protected health information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

- If you are an inmate, we may release protected health information about you to a correctional institution where you are incarcerated or to law enforcement officials.
- Finally, we may disclose protected health information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.
- **Psychotherapy Notes.** Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. We may use or disclose your psychotherapy notes, as required by law, or; for use and/or oversight by the originator of the notes, in supervised mental health training programs for students, trainees, or practitioners, by the covered entity to defend legal action or other proceeding brought by the individual, to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, for use or disclosure to coroner or medical examiner to report a patient's death, for use or disclosure to the Secretary of DHHS in the course of an investigation.
- **Our Business Associates.** We contract with outside entities that perform business services for us, such as billing companies, management consultants, quality assurances reviewers, accountants or attorneys. In certain circumstances, we may disclose your health information to these business associates so they can perform services on our behalf. We will have a written contract in place with the business associate requiring the protection of the privacy and security of your health information.
- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose information to individuals involved in your care or in the payment for your care, but we will obtain your agreement before doing so. This includes people and organizations such as your spouse, your other doctors, their office staff, or an aide who may be providing services to you. Although we must be able to speak with your other physicians or health care providers, you can let us know if we should not speak with other individuals, such as your spouse or family. If you arrive at KH unconscious or otherwise unable to communicate, we may release personal health information to identify and contact a surrogate decision maker for your health care decisions (e.g., a family member or agent under a health care power of attorney).
- **Treatment Alternatives.** We may disclose medical information to recommend possible treatment options or alternatives to you.
- **Health-Related Benefits and Services.** We may disclose medical information in order to inform you about health-related benefits or services.
- **Fundraising Activities.** We may use or disclose medical information to contact you regarding fundraising activities for KH. This medical information may be disclosed to Kaweah Health Foundation for similar purposes. If we contact you, the communication will include instructions on how to opt-out of future fundraising activities.

OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION:

We are required to obtain written authorization from you for any other uses and disclosures of medical information other than those described above. Examples listed, but not limited to, psychotherapy notes, the use of protected health information for marketing purposes, and for the sale of protected health information. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal information about you for the reasons covered by your written authorization. We will be unable to take back any disclosures already made based upon your original permission.

INDIVIDUAL RIGHTS:

You have the right to ask for restrictions on the ways in which we use and disclose your medical information beyond those imposed by law. We will consider your request, but we are not required to accept your request. However, if you pay for a service or health care item out-of-pocket in full (meaning your insurance carrier will not be billed), you may ask us not to use or disclose your health information to your health insurance carrier for the purposes of seeking payment for our operations. We will accept your request unless a law requires us to share your information.

You have the right to request that you receive confidential communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

In the event of a confirmed breach of your unsecured medical information, we are obligated to notify you within 15 business days.

Except under certain circumstances, you have the right to inspect and receive copies of medical and billing records about you. Copies of such records may be provided in an electronic format, as requested, and where information is available in an electronic format. If you ask for copies of this information, we may charge you a fee for clerical services, copying, and mailing. Your request can be made by contacting the Health Information Management Department at 559-624-2218.

If you believe that information in your record is incorrect or incomplete, you have the right to ask us to correct the existing information or correct the missing information. Under certain circumstances, we may deny your request.

You have a right to ask for a list of instances when we have disclosed your medical information. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right to a copy of this Notice in paper form or may access the Notice on our website www.KaweahHealth.org. You may ask us for a copy at any time.

To exercise any of your rights or for more information, please contact us in writing at the following address: Kaweah Health, Attention: Compliance and Privacy Officer, 400 W. Mineral King Ave., Visalia, California 93291.

CHANGES TO THIS NOTICE:

We reserve the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this Notice, the revised Notice will be posted. In addition, you may request a copy of the revised Notice at any time.

COMPLAINT/COMMENTS:

If you have any complaints concerning our Privacy Policy, you may contact Kaweah Health, Attention: Compliance and Privacy Officer, 400 W. Mineral King Ave., Visalia, California 93291, and telephone number (559) 624-5006. You may also contact the Secretary of the Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 (email: ocrmail@hhs.gov), or by telephone: 1-877-696-6775. ***You will not be retaliated against for filing a complaint.***