

## ADVENTIST HEALTH NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES (THE “NOTICE”) DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you is personal and we are committed to protecting the privacy of your medical information. In the course of providing health care, 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. Your personal doctor or other health care providers involved in your care may have different policies or notices regarding their use and disclosure of your medical information created and/or maintained by them.

This Notice will tell you about the ways in which we may use and disclose your medical information, via any medium (written, oral, or electronic). We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

By law, we must:

- Maintain the privacy of your health information;
- Give you this Notice of our legal duties and privacy practices with respect to your medical information;
- Notify you if you are affected by a breach of unsecured health information; and
- Follow the terms of the Notice that is currently in effect.

### WHO WILL FOLLOW THIS NOTICE

Adventist Health companies are subject to this Notice, which includes:

- Any health care professional authorized to enter information into your Adventist Health record at any of our locations.
- All Adventist Health employees, volunteers, and other designated personnel (e.g., students, contracted agency staff).
- Any health care facility or physician practice now or in the future controlled by or under common control with Adventist Health and any of its affiliates or subsidiaries (collectively referred to as “Adventist Health”).

### OVERVIEW OUR USES AND DISCLOSURES

We may use and share your medical information for certain purposes, including to:

- Treat you
- Run our organization
- Bill for our services
- Perform research
- Comply with applicable laws
- Respond to organ and tissue donation requests
- Assist with public health and safety issues
- Respond to lawsuits and legal actions
- Work with a medical examiner or funeral director
- Address government requests
- Participate in a health information exchange (“HIE”)

## YOUR RIGHTS

You have the right to:

- Receive a copy of your paper or electronic medical record
- Request that we send your medical information to another person or entity
- Correct your paper or electronic medical record
- Receive a list of those with whom we have shared your medical information
- Request that we limit the information we share
- Request confidential communications
- Choose how we communicate with your family and friends about your condition
- Choose whether you would like to be included in our hospital directory
- Receive a copy of this Notice
- Be notified if you are affected by a breach of unsecured health information
- File a complaint if you believe your privacy rights have been violated

*Please see below for additional information on our uses and disclosures of your medical information and your rights.*

## HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

Sometimes we are allowed by law to use and disclose certain medical information without your written permission. How much medical information is used or disclosed ~~with~~ your written permission will vary on the intended purpose of the use or disclosure, etc. Sometimes we may only need to use or disclose a limited amount of information, such as to send you an appointment reminder. At other times, we may need to use or disclose more information such

as when we are providing medical treatment. We briefly describe these uses and disclosures below and provide you with some examples.

**Disclosure at Your Request.** We may disclose information when requested by you.

**For Treatment.** This is the most important use and disclosure of your medical information. For example, physicians, nurses, and other health care personnel, including trainees, involved in your care use and disclose your PHI to diagnose your condition and to provide your health care need. We will use and disclose your medical information in order to provide and coordinate the care and services you need. If you need care from health care providers not part of Adventist Health, such as community resources to assist with your health care needs at home, we may disclose your medical information to them.

**For Payment.** We may use and disclose your medical information to obtain payment for our services. For example, your medical information may be released to a insurance company to get preapproval of, or payment for, our services.

**For Health Care Operations.** We may use and disclose your medical information for health care operations, such as to conduct quality assessment activities, train or arrange for legal services. 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.

**To Business Associates.**

Hospital Directory. We may include certain limited information about you in the hospital directory while you are a patient at an Adventist Health hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, 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. This information is released so your family, friends, and clergy can visit you while you are a patient at an Adventist Health hospital and generally know how to find you.

**As Required By Law**We will disclose your medical information when required to do so by federal, state, or local law.*[Hawaii: For example, physicians, hospitals, skilled nursing homes, intermediate care homes, and free-standing radiation oncology facilities and other treatment or pathology facilities must report any individual admitted with or diagnosed as having cancer to the Hawaii Tumor Registry]. [Oregon: For example, Oregon statutes require facilities to report cases of cancer to the Health Division]. [Washington: For example, health care facilities, independent clinical laboratories, physicians and others providing health care who diagnose or treat a patient with cancer must report this information to the Washington State Cancer Registry].*

**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 the health and safety of the public or another person. Any disclosure, however, would only be 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.

**Health Information Exchange**We may share your medical information electronically with other organizations through one or more Health Information Exchanges (each, an "HIE"). Such organizations may include hospitals, laboratories, health care providers, public health departments, health plans, and other participants. The goal of the HIE is to enable participating providers to provide you with more coordinated and efficient care by sharing your medical

transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military Veterans.** If you are a member of the armed forces or reserve member, we may disclose your medical information to military authorities when they believe it is necessary to properly carry out military missions.

**Public Health and Safety.** We may use and disclose your medical information to prevent or control a serious threat to the health and safety of you, others or the public and for public health activities, such as to prevent injury. For example, California law requires us to report birth defects and cases of communicable disease.

**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.

**Lawsuits and Disputes.** We may share your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will attempt to ensure that you have been made aware of the use or disclosure of your medical information prior to providing it to another person.

**Law Enforcement.** We may share your medical information with a law enforcement official to identify or locate a suspect, fugitive, material witness or missing person; comply with a court order or grand jury subpoena; and as authorized or required by law or other law enforcement purposes. For example, we may be required by law to report certain types of wounds or other physical injuries.

Multidisciplinary Personnel Teams We may disclose health 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. If we reasonably believe you are a victim of abuse, neglect or domestic violence, we may use and disclose your medical information to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.

Special Categories of Information In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this Notice. For example, there are special restrictions on the use or disclosure of certain categories of information (e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse). Government health benefit programs, such as Medicaid, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

#### YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information that we maintain about you. You must submit your request in writing to the Facility Privacy Officer at the applicable Adventist Health facility to exercise any of the rights.

Right to Request Information About You You have the right to inspect and receive a paper or electronic copy of your medical information maintained by us and used in decisions about your care by submitting your request in writing to our Health Information Management department. You may also request that we send copies directly to another person or entity chosen by you. These rights do not apply to psychotherapy notes and certain other information. We may charge a reasonable cost-based fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request in certain circumstances. You may

- Is not part of the medical information kept by or for Adventist Health;
- Is not part of the information which you would be permitted by law 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 medical record 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 your medical information. We are not required to list all disclosures, such as those you authorized or disclosures for treatment, payment, health care operations or certain other purposes. *You must state a time period, which may not be longer than 6 years or include dates before April 14, 2003.* You may obtain one accounting in a 12-month period for free; we may charge you a reasonable fee for additional accountings of disclosures.

**Right to Request Restriction** You have the right to request a restriction or limitation on how we use or disclose your medical information. You must be specific in your request for restriction. 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,* except when the disclosure is to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full and the disclosure is for the purpose of carrying out payment or health care operations and not otherwise required by law. Even if you request this special restriction, we ~~cannot~~ disclose the information to a health plan or insurer for purposes of treating you. If we do agree to another special restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Facility Privacy Official at the Adventist Health facility where your medical information is maintained. 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. For example, you can ask that we only contact you at work or by mail. To request confidential

Bobbie Meckfessel  
707-995-5712  
Adventist Health Bar Lake

#### OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not described in this Notice will be made only with your written permission. We will obtain your written permission for: (1) most uses and disclosures of psychotherapy notes; (2) most uses and disclosures of health information for marketing purposes, as defined by HIPAA; and (3) disclosures that constitute a sale of protected health information, as defined by HIPAA. 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, your revocation will be effective upon receipt, but will not be effective to the extent that we or others have acted in reliance upon such permission.*

#### EFFECTIVE DATE OF THIS NOTICE

This Notice is effective July 2, 2018.