FAMILY HEALTH WEST

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.**

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a healthcare facility, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care of treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating health professionals.
- Source of data for medical research.
- Source of information for public health officials who oversee the delivery of health care in the United States.
- Source of data for facility planning and marketing.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

WHO WILL FOLLOW THIS NOTICE

This notice describes our facility's practices and that of:

- Any health care professional authorized to enter information into your health record.
- All departments and units of the facility.
- Any member of a volunteer group we allow to help you while you are in the facility.
- All employees, staff and other facility personnel.
- Physicians who act as the treating physicians in the emergency room.
- Memory Care assisted living facility. This entity follows the terms of this notice. In addition, this entity may share medical information as permissible by law, for treatment, payment or facility operations purposes described in this notice.

OUR RESPONSIBILITIES REGARDING HEALTH 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 facility. 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 facility, whether made by facility 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 regarding the use and disclosure of medical information.

We are required by law to:

- Maintain the privacy of your health information;
- Give you notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of the notice that is currently in effect; and
- Notify you if we become aware of a breach of your unsecured protected health information.

HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we may use and disclose health 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.

For Treatment. We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility. 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 facility also may share medical information about you in order to coordinate your treatment and other things you may need, such as prescriptions, lab work and x-rays. We may also disclose medical information about you to people outside the facility who may be involved in your medical care after you leave the facility, such as subsequent healthcare providers, family members, clergy or others who may provide services that are part of your care.

For Payment. We may use and disclose health information about you so that the treatment and services you receive at the facility may be billed to and payment may be collected from you, an insurance company, or a third-party including Medicare or Medicaid. For example, we may need to give your health plan information about treatment you received at the facility so the health plan will pay us or reimburse you for the treatment. 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. The information on or accompanying a bill or request for prior approval may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

For Health Care Operations. We may use and disclose health information about you for facility operations. These uses and disclosures are necessary to run the facility and make sure that all of our patients/residents receive quality care. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. We may also disclose information to doctors, nurses, technicians, medical students, and other facility personnel for review and learning purposes.

Business Associates. There are some services provided in our organization through contacts with business associates. Examples include our accountants, consultants and attorneys. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. Our business associates are responsible for safeguarding your information.

Appointment Reminders. We may contact you to remind you about your appointment(s) for medical care at our facilities.

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 Benefits and Services. We may use and disclose 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 as part of a fund-raising effort. If you do not wish to be contacted regarding our fundraising efforts contact the FHW Privacy Officer.

Facility Directory. We may include certain limited information about you in the facility while you are a patient/resident at the facility. This information may include your name, location in the facility, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This information, except for your religious affiliation, may 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 is so your family, friends and clergy can visit you in the facility and generally know how you are doing.

If you would like to opt-out of being in the Directory, you will be given the opportunity to notify us in writing by checking the appropriate box on the Consent for Treatment and Admission Agreement.

Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.

Communication with Family. We may release medical information about you to a family member, other relative, friend or any other person you identify who is involved in your medical care. We may also give information to someone who helps pay for your care.

Research. FHW does not operate as a research hospital, but, under certain circumstances, we may use and disclose medical information about you for research purposes.

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. If you are an organ donor, we may release medical information to organ procurement and/or transplant organizations.

Military and Veterans. If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health 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 illness.

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 child abuse or neglect.
- 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.
- To report immunization status to a school for enrollment purposes if the patient or their personal representative consents to the disclosure. The consent may be verbal.

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. We may disclose medical information about you in response to a court or administrative order, or in response to a subpoena.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official, but such disclosures will be limited and in accordance with the HIPAA Privacy Rule.

- 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 facility; 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, medical examiner and funeral directors as necessary to carry out their duties consistent with applicable law.

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 the institution or official as necessary for your health and safety and for the health and safety of others.

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.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the facility, you have the following rights regarding the 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 does not include psychotherapy notes.

To inspect and copy this medical information, contact the Health Information Management Services (HIMS) department at 970-858-2120 or recordsrequest@fhw.org. 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. If you request a copy in an electronic format, we may charge you for our labor costs.

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 from our facility will review your request and 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 have the right to request an amendment.

- To request an amendment, contact the Privacy Officer at privacy@fhw.org or 970-858-2122. You will be asked to provide a reason that supports your request. If your request is denied, we will provide you with an explanation.

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. Please note that an accounting will not apply to any of the following types of disclosures:

- Disclosures made for reasons of treatment, payment or health care operations;
- Disclosures made as a result of a signed authorization;
- Disclosures made for directory or other notification purposes;
- Disclosures made to you or your legal representative or any other individual involved with your care;
- Disclosures to correctional institutions and other law enforcement custodial situations;
- Disclosures made for national security purposes.

To request this list or accounting, contact the Privacy Officer privacy@fhw.org or 970-858-2122. 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 the format in which 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. In addition, you have the right to request that we restrict disclosure of your medical information if the disclosure is to a health plan for the purpose of carrying out payment or health care operations and the medical information pertains solely to a health care item or service for which you have paid out of pocket in full.

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. We ask that you use the form provided by our facility which can be obtained from the Health Information Management Services Department. Your request must be in writing to the Privacy Officer. 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. You can set your communication preferences from the settings menu in MyChart.

Right to a Paper Copy of This Notice. You have the right to request a paper 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.

- You may obtain a copy of this notice at our website: www.fhw.org.
- You may obtain a paper copy of this notice by contacting the Privacy Officer.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. The following is a description of some situations where our use and disclosure of your medical information will require your written permission:

- **Psychotherapy Notes** – Most uses and disclosures of these notes will require your written permission. Psychotherapy notes are made by a mental health professional documenting or analyzing the contents of his/her conversations with you during a counseling session and that are kept separate from the rest of your medical record.
- **Marketing Purposes** – Subject to limited exceptions, uses and disclosures of your medical information for marketing purposes will require your written permission.
- **Sale of Medical Information** – Disclosures that would constitute the sale of your medical information will require your written permission.

If you provide us permission to use or disclose health 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 health 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.

PARTICIPATION IN HEALTH INFORMATION NETWORKS

We participate in multiple Health Information Exchange (HIE) networks. These are secure computer networks which provide safe and efficient ways to share medical information with other health care providers. For example, if you require emergency care while you are traveling, providers at other facilities could have access to your medical information to assist them in treating you. By participating in these HIE networks, our intention is to provide accurate and timely information to your health care providers involved in your care and treatment. If you do not want your information shared through HIE networks you may "opt out" by contacting the Privacy Officer at the number listed below. This is an "all-or-nothing" choice due to the fact that we cannot block access to some types of medical information while at the same time permit access to other types of information.

Please understand that "opting-out" may severely limit your health care providers' ability to access current medical information about you.

SPECIAL NOTICE FOR RECORDS RELATED TO SUBSTANCE USE DISORDERS

During the course of care, FHW may come into possession of records related to substance use disorders (SUD). Subject to 42 CFR Part 2, these SUD records will not be shared for civil, criminal, administrative or legislative investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena. Additionally, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for health 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 last page, at the bottom left-hand corner, the effective date. In addition, each time you register at or are admitted to the facility for treatment or health care services as an inpatient, outpatient or resident, we will offer you a copy of the current notice in effect.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact our facility's Privacy Officer at **970-858-2122 or privacy@fhw.org**.

If you believe your privacy rights have been violated, you may file a complaint with our facility. A complaint must be made in writing on a form provided by the Privacy Officer. You may also file a complaint with the Secretary of the Department of Health and Human Services, via forms found at https://www.hhs.gov/sites/default/files/ocr-hip-security-complaint-form-package.pdf. You will not be penalized for filing a complaint.

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