

Notice of Privacy Practices

JOINT NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

WHO DOES THIS NOTICE APPLY TO?

As an affiliated member of St. Joseph Health System and Covenant Health System we, along with other affiliated members of St. Joseph Health System and Covenant Health System, participate in the St. Joseph Health and Covenant Health Organized Health Care Arrangement (OHCA) in order to share medical information to manage joint operational activities. A list of the OHCA's affiliated members, also known as care partners ("Care Partners"), is available at <http://www.stjhs.org/OurNetwork>. A paper copy is also available upon request. The privacy practices in this notice will be followed by:

- Care Partners of the OHCA (i.e., hospitals, skilled nursing facilities, community clinics and physician groups).
- Physicians and allied health professionals having staff privileges participating in the OHCA, in connection with hospital-based episodes of care (i.e. medical staff at hospitals).
- All departments and units of a Care Partner participating in the OHCA.
- Any member of a volunteer group that is authorized by a Care Partner participating in the OHCA.
- All employees, staff and other personnel of a Care Partner participating in the OHCA.
- Any business associate of a Care Partner with whom members of the OHCA share medical information.

OTHER USES OR DISCLOSURES OF MEDICAL INFORMATION

In any other situation not covered by this notice, we will ask you for your written authorization before using or disclosing medical information about you. Specific examples of uses and disclosures requiring your authorization include: (i) most uses and disclosures of psychotherapy notes (private notes of a mental health professional kept separately from a medical record); (ii) subject to limited exceptions, uses and disclosures of your medical information for marketing purposes; and (iii) disclosures that constitute the sale of your medical information. If you authorize us to use or disclose your medical information, you can later revoke that authorization by notifying us in writing of your decision, except to the extent that we have taken action in reliance on your authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- To request in writing* a restriction on certain uses or disclosures of your medical information for treatment, payment or health care operations (e.g., a restriction on who may access your medical information). Although we will consider your request, we are not legally required to agree to a requested restriction, except we must agree to your written request that we restrict a disclosure of information to a health plan if the information relates solely to an item or service for which you have paid out of pocket in full. We are required to abide by such a request, unless we are required by law to make the disclosure. It is your responsibility to notify any other providers about this restriction.
- To obtain a paper copy of this notice upon request, even if you have agreed to receive this notice electronically, by contacting the Admitting or Registration Department.
- To inspect and obtain a copy of your medical information, in most cases. If you request a copy (paper or electronic), we may charge you a reasonable, cost-based fee.
- To request in writing* an amendment to your records if you believe the information in your record is incorrect or important information is missing. We could deny your request to amend a record if the information was not created by us, is not maintained by us, or if we determine the record is accurate. If you receive services in the State of California, you may appeal, in writing, a decision by us not to amend your record. Even if we deny your request for amendment, you have the right to submit a

written addendum with respect to any item or statement in your record you believe is incomplete or incorrect.

- To obtain an accounting of disclosures stating who and where your medical information has been disclosed for purposes other than treatment, payment, health care operations or where you specifically authorized a use or disclosure in the past six (6) years. The request must be in writing* and state the time period desired for the accounting. After the first request, there may be a charge for additional requests made within a twelve (12) month period.
- To request that medical information about you be communicated to you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

*All written requests or appeals should be submitted to the applicable Privacy Officer listed below.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We have the right to make the revised notice effective for any medical information we already have as well as any information we receive in the future. If we make a material change to this notice, we will post the revised notice at our location where you receive services and on our website and make the revised notice available upon request.

COMPLAINTS

If you have any questions or would like additional information, or if you believe your privacy rights have been violated, you can contact the Privacy Officer:

Privacy Officer
St. Joseph Heritage Healthcare
200 W. Center Street Promenade, #800
Anaheim, CA 92805
Phone: 714-937-7018

You may also file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, S. W., Washington, DC 20201. Filing a complaint will not negatively affect the treatment or coverage that you receive.

Effective Date: June 2014

St. Joseph Health 
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- **Organ and Tissue Donation:** Consistent with applicable law, we may disclose medical information to organ procurement organizations or other entities for the purpose of tissue donation and transplant.
- **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:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Multidisciplinary Personnel Teams:** We may disclose medical information to a multidisciplinary personnel team relevant to the protection, identification, management or treatment of (i) an abused child and the child's parents, or (ii) elder abuse and neglect.
- **Food and Drug Administration (FDA):** We may disclose certain medical information to the FDA relative to reporting adverse events.
- **Workers' Compensation:** We may disclose medical information necessary to comply with laws relating to workers' compensation or other similar programs established by law.
- **Correctional Institutions:** Should you be an inmate of a correctional institution, we may disclose medical information necessary for your health and the health and safety of other individuals to the institution or its agents.
- **Organized Health Care Arrangement:** We participate in an Organized Health Care Arrangement (OHCA), as described in the beginning of this notice, with certain other health care providers and may share medical information with such other providers as necessary to carry out treatment, payment and health care operations. For example, your medical information may be shared across the OHCA in order to assess quality, effectiveness and cost of care.
- **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 this notice. For example, there are special restrictions on the use or disclosure of certain types of medical information (e.g., HIV test results, mental health records, and alcohol and substance abuse treatment records). Government health benefit programs, may also limit the disclosure of beneficiary information for purposes unrelated to the program and the care provided to the beneficiary.