



EISENHOWER MEDICAL CENTER

NOTICE OF PRIVACY PRACTICES

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.

OUR OBLIGATION TO YOU

We are committed to protecting the privacy of your medical information. We are required by law to maintain the confidentiality of information that identifies you and the care you receive. We are required to give you this Notice of our legal duties, our privacy practices and your rights, and we must follow the terms of this Notice. This Notice also applies to your personal doctor and others who provide care to you, but only for the care you receive at Eisenhower Medical Center. When we disclose information to other persons and companies to perform services for us, we require them to protect your privacy too. *There are other laws that provide additional protections for medical information related to treatment for mental health, alcohol and other substance abuse and HIV/AIDS. We will follow the requirements of these laws.*

WE USE AND DISCLOSE INFORMATION

For Treatment – For example, we give information to doctors, nurses, lab technicians, students and others, such as your test results, and record that information for others to use. We may give information to your health plan or other provider to arrange a referral or consultation.

For Payment – For example, we may contact your insurer to verify what benefits you are eligible for, obtain prior authorization and tell them about your treatment to make sure they will pay for your care. We will also use or disclose information to obtain payment from third parties that may be responsible for payment, such as family members, or to bill you. When disclosing information, primarily appointment reminders and billing/ collections efforts, we may leave messages on your answering machine/voice mail.

For Health Care Operations – For example, we give information to hospital and medical staff to review the quality of care, for performance improvement and education and to grant medical staff privileges. We also use information for business planning and disclose information to defend claims.

To Other Health Care Providers – For their treatment, payment and operations as to your care by them.

To Business Associates – There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. 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 and bill you or your third-party payer for services rendered. To protect your health information, however, business associates are required by federal law to appropriately safeguard your information.

For Directory Information – We keep your name, location and general condition in a directory to give to anyone who asks for you by name. We give your religious affiliation to clergy only, even if they don't ask for you by name. You may ask us to keep your information out of the directory, but you should know that if you do, florists and other visitors may not be able to find your room.

To Individuals Involved in Your Care or Payment for Your Care – Such as friends or family, unless you ask us not to. We may disclose information to disaster relief organizations, such as the Red Cross, so they can contact your family.

For Appointments and Services – To remind you of an appointment, or tell you about treatment alternatives or health related benefits or services.

For Fundraising – We may use and disclose to our Foundation or others, contact information such as your name, address and telephone number, the dates you received treatment or services from the hospital, your physician's name and the department where you received treatment or services, to contact you about raising money. If we do, you have the right to opt out of fundraising communications at any time and your request must be honored.

With Your Written Authorization – You may revoke any authorization at any time, in writing, but only as to future uses or disclosures, and only if we have not already acted in reliance. *We may use or disclose medical information for purposes not described in this Notice only with your written authorization.*

OTHER USES AND DISCLOSURES WE MAY MAKE WITHOUT AUTHORIZATION

As Required by Law – To the extent and under the circumstances provided in such law.

To Public Health Authorities – To keep records of births, deaths, and new cases of cancer, prevent or control communicable disease, injury or disability, ensure the safety of drugs and medical devices, report child abuse, for workplace surveillance or work related illness and injury.

To Report Abuse, Domestic Violence or Neglect – If we believe you may be a victim. We will tell you in advance unless we think that would place you at risk of serious harm. We will not inform your personal representative if we believe that would put you at risk of serious harm.

For Health Oversight Activities – To health oversight agencies for activities authorized by law, including audits, civil, administrative or criminal investigations, licensure or disciplinary actions, and monitoring of compliance with law.

In Judicial Proceedings – In response to court or administrative orders; or subpoenas, discovery requests or other process after reasonable efforts to notify you or obtain a protective order.

To Law Enforcement – To identify or locate suspects, fugitives or witnesses, or victims of crime (with your consent in some circumstances), to report deaths from crime, crimes on the premises, or, in emergencies, the commission of a crime.

To Coroners, Medical Examiners, and Funeral Directors – To identify a deceased person, determine cause of death, or as reasonably necessary to permit them to carry out their duties.

To Organ Donation Organizations – For organ procurement, eye or tissue transplantation or an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

For Research Purposes – If our Institutional Review Board has reviewed the request for the information and approved a waiver of authorization under standards set by law and regulation to protect confidentiality and the rights of individuals.

To Prevent a Serious Threat to Health or Safety – To the target of the threat, someone in a position to prevent it, or to law enforcement officials if you admit to a violent crime or escape from jail.

To Military and Veterans – If you are in the armed forces, as required by command authorities.

For National Security, Intelligence Activities, Protective Services; For the President and Others, and State Department Purposes – To officials as authorized by law to perform their duties and conduct investigations or make medical suitability determinations for Foreign Service.

To Corrections Facilities – As to inmates, for the health and safety of inmates and others.

For Workers Compensation – Or similar programs, as required by the applicable laws.

Other Use Of Your Medical Information – Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with an authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical 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.

YOU HAVE THE FOLLOWING RIGHTS

To exercise these rights see the contact information below.

To Obtain a Copy of this Notice on Request – It is also available at our Web site: www.emc.org.

To Request a Restriction on Certain Uses and Disclosures – We are not required to agree with your request. If we do agree with the request, we will comply with your request except to the extent that disclosure has already occurred or if you are in need of emergency treatment and the information is needed to provide the emergency treatment. If you pay out of pocket for specific services, you may request that medical information about that service not be disclosed to your health plan. We will grant such requests; however, the restriction does not prevent us from

disclosing the subject medical information to the health plan when the health plan needs that information to treat you.

To Inspect and Request a Copy of Your Health Record – Except in limited circumstances defined by federal regulations, a fee will be charged to copy your record. If your records are maintained in electronic format, you may request a copy in electronic format, or designate that we send your records to a third party in electronic format. If you are denied access to your health record for a certain reason, we will tell you why and what your rights are to challenge the denial.

To Request an Amendment to Your Health Record – Your request must be in writing and give a reason. We may deny your request if the information was not created by us, is not part of the information which you would be permitted to inspect and copy or if the information is accurate and complete. We will tell you why your request was denied in writing within 60 days. Even if we accept your request, we do not delete any information already in your records.

To an Accounting of Disclosures of Your Health Information – For purposes other than treatment, payment or health care operations; disclosures to you or authorized by you; disclosures incidental to permitted disclosures; and certain other disclosures excluded by regulation.

To Request that We Contact You by Alternate Means – E.g., fax versus mail or at alternate locations (address or phone number). Your request must be in writing, and we must honor it if it is reasonable.

For Breach Notification – In certain instances, you have the right to be notified in the event that we, or one of our Business Associates, discover an unauthorized access, use or disclosure of your health information. Notice of any such access, use or disclosure will be made in accordance with state and federal requirements.

Contact – To exercise any of the above rights, or if you have any questions, contact the Privacy Officer at 760-340-3911. If you believe your privacy rights have been violated, you may file a complaint, in writing, addressed to the Privacy Officer, Eisenhower Medical Center, 39000 Bob Hope Drive, Rancho Mirage, CA 92270. There will be no retaliation for filing a complaint. You also have the right to complain to the Duty Officer, Office of Civil Rights, Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201.

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 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 our facilities and on our Web site at www.emc.org. A copy of the current Notice in effect will be available at our registration areas and it is available upon request.

Effective Date – September 23, 2013