



NOTICE OF PRIVACY PRACTICES

San Benito Health Care District

911 Sunset Drive
Hollister, CA 95023-5695

For further information contact
San Benito Health Care District
Privacy Officer at (831) 637-5711

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

SUMMARY

1. In the course of services from San Benito Health Care District (SBHCD) (referred to as “we”, “us”, and “our”), you will provide us with information about your health, with the expectation that this information will be kept confidential. We may also get information about your health from examinations, tests, or from others who have provided you care.
2. This notice of our privacy practices is to inform of the ways we may use and disclose your Medical Information. We describe your rights and certain obligations we have regarding the use and disclosure of Medical Information. This notice applies to any information in our possession that would allow someone to identify you and learn something about your health. It does not apply to information that contains nothing that could reasonably be used to identify you.
3. All SBHCD workforce members, temporary staff trainees, volunteers and other professionals whose work is under the control of SBHCD have agreed to abide by its terms.

WHO MUST FOLLOW THIS NOTICE

This notice applies to services you receive in SBHCD’s facilities. This includes services from physicians who are not employed by SBHCD. If you also receive services

from any of these physicians in their own offices, they may give you a different notice of privacy practices that applies to their offices.

OUR LEGAL DUTIES

1. We are required by law to maintain the privacy of your health information
2. We are required by law to provide this notice of our practices and legal duties regarding health information to anyone who asks for it.
3. We are required to abide by the terms of this notice until we officially adopt a new notice.
4. Federal privacy regulations are dominant over California State Laws, except when a California State Law is more stringent or restrictive than the Federal Law. In that event, the more stringent California State Law is the primary rule to be followed, unless the California Department of Health and Human Services preempts, or overrules, the state law in favor of the Federal Law.

HOW SBHCD MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION.

The following categories describe ways that SBHCD is authorized by law to use and disclose Medical Information without your written authorization. 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.

1. **Treatment.** We may use Medical Information to provide you with medical treatment or services. We may disclose Medical Information about you to doctors, nurses, technicians, or other SBHCD workforce members who are involved in taking care of you at the hospital. Hospital departments may share Medical Information to coordinate your care, such as prescriptions, lab work and x-rays. We also may disclose your Medical Information to people outside the hospital who may provide your

medical care after you leave the hospital, such as skilled nursing facilities or home health agencies.

2. **Payment.** We may use and disclose your Medical Information to an insurance company or a third party payer, so that the treatment and services you receive at the hospital may be billed to and payment may be collected. For example, we need to give your health plan information about surgery you received at hospital so your health plan will pay us, or reimburse you for the surgery. We will disclose only the minimal amount of Medical Information necessary to obtain payment.
3. **Health Care Operations.** We may use and disclose your Medical Information for necessary health care operations to run the hospital and make sure that all of our patients receive quality care. We may use Medical Information to review our services and evaluate the performance of our staff in caring for you. We may also combine the Medical Information we have with Medical Information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer.
4. **Legal Requirement to Disclose Information.** We will disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the health care system. For instance, we may be required to disclose your health information, and the information of others, if we are audited by Medicare or Medicaid. We will also disclose health information when we are required to do so by a court order or other judicial or administrative process.
5. **Appointment Reminders.** We may use and disclose your Medical Information to remind you of an appointment for treatment or medical care at the hospital. Patient has the right to request exclusion from this process.
6. **Treatment Alternatives.** We may use or disclose your Medical Information to recommend possible

treatment options or alternatives that may be of interest to you.

7. **Fundraising Activities.** We may disclose your Medical Information to a SBHCD entity so that the entity may contact you for fundraising purposes. Patient has the right to request exclusion from this process.
8. **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.). Unless there is a specific written request from you to the contrary, this directory information may also be released to people who ask for you by name. Patient has the right to request exclusion from this process.
9. **Individuals Involved in Your Care or Payment for Your Care.** We may release your Medical Information to a friend or family member who is directly involved in, or helps pay for your medical care. We may disclose your Medical Information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
10. **As Required By Law.** We will disclose Medical Information about you when required to do so by federal, state, or local law. (See #4 above.)
11. **To Avert a Serious Threat to Health or Safety.** We may use and disclose Medical Information to prevent a serious threat to your health, or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.
12. **Organ and Tissue Donation.** We may release your Medical Information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

13. **Military and National Security.** We may release Medical Information of members of the armed forces, as required by military command authorities. We may also release Medical Information about foreign military personnel to the appropriate foreign military authority. We may also disclose your Medical Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. In addition, we may disclose your Medical Information to authorized federal officials so they may provide protection to the President, or foreign heads of state or conduct special investigations.

14. **Workers' Compensation.** We may release your Medical Information for workers' compensation or similar programs for work-related injuries or illness.

15. **Public Health Risks.** We may disclose your Medical Information for public health activities, as required by law. These activities include the following:

- to prevent/control communicable disease, injury or disability;
- to report births and deaths;
- to report the possible abuse/neglect of children, elders and dependent adults;
- to notify people of recalls of products they may be using .

16. **Health Oversight Activities.** We may disclose your Medical Information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure.

17. **Law Enforcement.** We may release your Medical Information if asked to do so by a law enforcement official;

- 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 hospital; 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.

18. **Coroners, Medical Examiners and Funeral Directors.** We release Medical Information to a coroner to identify a deceased person or determine the cause of death. We may also release Medical Information about patients of the hospital to funeral directors as necessary to carry out their duties.

19. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your Medical Information to the correctional institution or law enforcement official. This release would be necessary:

- for the institution to provide you with health care;
- to protect your health and safety or the health and safety of others; or
- for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

1. **Right to Inspect and Copy.** You have the right to inspect and request a copy of your Medical Information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and request a copy of your Medical Information that may be used to make decisions about you, you must submit your request in writing to [SBHCD Health Information Services Department](#). 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.

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 by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request.

We will comply with the outcome of the review.

2. **Right to Amend.** If you feel that Medical Information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to San Benito Health Care District, Human Information Services Department. In addition, you must provide a reason that supports your request.

In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the Medical Information kept by or for the hospital;
- Is not part of the information which you would be permitted 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,

nor to exceed 250 words, with respect to any item or statement in your record you believe to be 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 records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect .

3. **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 other than our own uses for treatment, payment and health care operations, and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to San Benito Health Care District, Health Information Services Department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. 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.

4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the Medical Information we use or disclose, unless the information is needed to provide you emergency treatment, 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.). ***We are not required to agree to your request.***

To request restrictions, you must make your request in writing to the San Benito Health Care District Health Information Services Department. In your request, you must tell us (1) what

information want 10 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.

5. **Right to Request Alternative 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 alternative communications, you must make your request in writing to San Benito Health Care District, Health Information Department. We will not ask you the reason for your request. We will accommodate all reasonable requests, provided:

- your request specifies how or where you wish to be contacted, and
- the additional cost of complying with the request for alternative communication is reasonable, or the patient agrees to pay the additional cost.

The reasonableness of the request will be based **solely** on the difficulty of SBHCD to comply with the request.

6. **Right to Revoke.** Your right to know that other uses and disclosures of Medical Information not covered in this policy require your written authorization. You can revoke your authorization at any time, except to the extent of previously used or disclosed Medical Information. The revocation must be in writing and must be specific enough to positively identify the original authority that is being revoked.

7. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a 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 of this notice. You may obtain a summary

copy of this notice at the District web site: www.hazelhawkins.com.

To obtain a paper copy of this policy, send your request to: [San Benito Health Care District, Health Information Services Department, 911 Sunset Drive, Hollister, CA 95013-5695](#).

For further information, contact the San Benito Health Care District Privacy Officer at (831) 637-5711.

OUR RIGHT TO CHANGE THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for Medical 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 hospital. Each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the District or with the Secretary of Health and Human Services. Individuals who file a complaint will not be retaliated against. To file a complaint with the District, contact: **Privacy Officer, San Benito Health Care District, Health Information Services Department, 911 Sunset Drive, Hollister, CA 95023-5695, (831) 637-5711, or by calling the complaint hotline at (888) 826-8433.**