

## ST JOSEPH HOSPITAL 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

#### WHO DOES THIS NOTICE APPLY TO?

St. Joseph Hospital provides health care to our patients and clients in partnership with other professionals and organizations. The privacy practices in this notice will be followed by:

- ?? Any health care professional authorized to enter information into your hospital chart.
- ?? All departments and units of this hospital.
- ?? Any member of a volunteer group that is authorized by this hospital to help you.
- ?? All employees, staff and other personnel of hospital.
- ?? Any business associate with whom we share health information.

#### OUR RESPONSIBILITY TO YOU REGARDING YOUR MEDICAL INFORMATION

We understand that medical information about you is personal. We are committed to protecting the privacy of medical information about you. In an effort to provide the highest quality medical care and to comply with certain legal requirements, we will and are required to:

- ?? Keep your medical information private.
- ?? Provide you with a copy of this notice.
- ?? Follow the terms of this notice.
- ?? Notify you if we are unable to agree to a restriction that you have requested.

?? Accommodate reasonable requests by you for us to communicate health information by alternative means or at alternative locations.

#### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

We may use and disclose medical information about you for your **treatment** (such as sending medical information about you to a specialist as part of a referral); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and **to support our health care operations** (such as comparing patient data to improved treatment methods).

#### EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS (TPO).

*We will use your health information for treatment.*

For example: Information received by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine your course of treatment. We will also provide your physician or a subsequent healthcare provider with copies of reports to assist him or her in treating you once you're discharged from the hospital.

*We will use your health information for payment.*

For example: A bill may be sent to you or an insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used in your treatment.

*We will use your health information for regular health care operations.*

For example: Members of the medical staff, the risk or quality management staff of the hospital 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 healthcare and services we provide.

#### HOW WILL MY INFORMATION BE USED

- ?? We may contact you for **appointment reminders**, or to tell you about or recommend **possible treatment options, alternatives, health-related benefits or services** that may be of interest to you.
- ?? We may contact you to solicit support for certain **fundraising activities**. **\*\*\*You will have an opportunity to refuse or opt-out of receiving this information upon the first contact by us\*\*\*.**
- ?? Hospital Directory. Unless you tell us otherwise, we will list your name, location in the hospital, general condition, and religious affiliation in the **hospital directory**. This information may be provided to members of the clergy, and except for religious affiliation, to other people who ask for you by name to include members of the media. **\*\*\*If you would like to opt-out of being in the directory, please notify the admission staff\*\*\*.**
- ?? Family and Friends. We may release medical information about you to a family member, friend, or any other person involved in your medical care. We may also give information to those you identified as responsible for payment of your care.

We may use or disclose medical information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give out medical

information about you without your prior authorization for the following purposes:

- ?? Research. We may use and disclose medical information about you for research purposes. All research projects are subject to a special approval process through the appropriate hospital committee.
- ?? Law. We may disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders.
- ?? Public health. We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, abuse or neglect, etc. as required by law.
- ?? Business associates. There are some services provided in our organization through contracts with business associates (ie. we may disclose medical information about you to a company who bills insurance companies on our behalf to enable that company to help us obtain payment for the health care services we provide). To protect your health information we require the business associate to appropriately safeguard your information.
- ?? 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.
- ?? Funeral directors. We may disclose health information to funeral directors consistent with applicable law for them to carry out their duties.
- ?? Organ donation. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities for the purpose of tissue donation and transplant.

- ?? Food and Drug Administration (FDA). We may disclose to the FDA health information relative to adverse events.
- ?? Workers' Compensation. We may disclose health information necessary to comply with laws relating to Workers' Compensation or other similar programs established by law.
- ?? Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of other individuals.
- ?? State Requirements. Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs.
- ?? Organized Health Care Arrangements. The hospital and its medical staff members have organized and are jointly presenting this notice to you. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment this time.

#### **OTHER USES 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. If you choose to authorize us to use or disclose your health information, you can later revoke that authorization by notifying us in writing of your decision, except to the extent that action has already been taken by us upon an authorization given to us.

Effective: 4-14-2003

#### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

Although your health record is the property of St. Joseph Hospital, you have the right to:

- ?? Request a restriction, in writing\*, on certain uses or disclosures of your medical information for treatment, payment or health care operations, with the exception of emergency situations. We will consider your request, **but we are not legally required to agree to a requested restriction.** We will inform you of our decision on your request.
- ?? Obtain a paper copy of this notice of our privacy practices upon request.
- ?? Inspect and obtain a copy of your medical information, in most cases.
- ?? 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, maintained by us, or if we determine the record is accurate. You may appeal, in writing, a decision by us not to amend a record.
- ?? Obtain an accounting of disclosures stating who and where your health 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, but not prior to April 14, 2003. The request must be in writing and state the time period desired for the accounting\*. After the first request, there may be a charge.
- ?? Request that medical information about you be communicated to you in a

confidential way or at an alternative location but you must specify how or where you wish to be contacted.

\*All written requests or appeals should be submitted to our Privacy Official listed at the bottom of this notice.

#### **CHANGES TO THIS NOTICE**

The hospital has the right to change this notice at any time. We have 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. The notice will contain the effective date. In addition, you may request a copy of the current notice each time you register or are admitted to the hospital for treatment or health care services as an inpatient or outpatient.

#### **COMPLAINTS**

If you have questions or would like additional information, or if you believe your privacy rights have been violated, you can contact the St. Joseph Hospital Privacy Officer via mail or call (714) 771-8000 extension 8083. 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.

#### **PRIVACY OFFICIAL**

Name: Diane Wynn, Quality Management  
Address: 1100 West Stewart Drive  
Orange, CA 92868



## **Notice of Privacy Practice**

*"To extend the Catholic health care ministry of the Sisters of St. Joseph of Orange, by continually improving the health and quality of life of people in the communities we serve".*

A Ministry of the  
**Sisters of St. Joseph**  
of Orange