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 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 this information will be kept confidential. We may also obtain information about your health from examinations, tests, or others who have provided your medical care.
2. This Notice of our Privacy Practices (NPP) 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 allowing someone to identify you and learn something about your health. It does not apply to information containing 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 our Privacy Practices.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities.

- Get an electronic or paper copy of your medical record
  - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Ask us to correct your medical record
  - You can ask us to correct health information about you that you think is incorrect or incomplete.
  - We may not agree to your request, but we'll tell you why in writing within 60 days.
- Request confidential communications
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
  - We will agree to all reasonable requests.
- Ask us to limit what we use or share
  - You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
    We are not required to agree with your request, and we may disagree if doing so would affect your care.
  - If you pay for a service or health care item in full, you can ask us not to share the information with your health insurer for the purpose of payment or our operations.
    We will agree unless a law requires us to share the information.
- Get a list of those with whom we've shared information
  - You can ask for a list (accounting) of the times we've shared your health information for 6 years prior to the date you ask, who we shared it with, and why.
  - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free. We will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Get a copy of this Privacy Notice
  - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- Choose someone to act for you
  - If you have given someone Medical Power of Attorney or if someone is your legal guardian, this person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated
  - You can complain if you feel we have violated your rights. Contact: Health Information Management Privacy Officer, San Benito Health Care District, 911 Sunset Drive, Hollister, CA 95023-5695. Phone: (831) 635-1130.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by mail: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
  - We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to:
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
  - Include your information in a hospital directory
  - Contact you for fundraising efforts
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases we never share your information unless you give us written permission:
  - Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
- In the case of fundraising:
  - We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

- Treat you
  - We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- Run our organization
  - We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.
- Bill for your services
  - We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways — usually in ways contributing to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

- Help with public health and safety issues
  - We can share health information about you for certain situations such as:
    - ✓ Preventing disease
    - ✓ Helping with product recalls
    - ✓ Reporting adverse reactions to medications
    - ✓ Reporting suspected abuse, neglect, or domestic violence
    - ✓ Preventing or reducing a serious threat to anyone's health or safety
- 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.
- Do research
  - We can use or share your information for health research.
- Comply with the law
  - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to verify we're complying with federal privacy law.
  - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the relevant correctional institution or law enforcement official. This release may 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.
- Respond to organ and tissue donation requests
  - We can share health information about you with organ procurement organizations.
- Work with a medical examiner or funeral director
  - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Address workers' compensation, law enforcement, and other government requests
  - We can use or share health information about you:
    - ✓ For workers' compensation claims
    - ✓ For law enforcement purposes or with a law enforcement official
    - ✓ With health oversight agencies for activities authorized by law
    - ✓ For special government functions such as military, national security, and presidential protective services
- Respond to lawsuits and legal actions
  - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice.
- You have the right to a copy of this notice in paper form or may access the Privacy Notice at www.HazelHawkins.com. You may ask us for a copy at any time.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

- We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, and on our website.
- This Notice of Privacy Practices applies to all San Benito Healthcare District facilities.

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