



## 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.

If you have any questions about this notice, please contact the Privacy Officer at **(530) 846-9000**.

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### IMPORTANT NOTICE ABOUT SPECIAL FEDERAL PRIVACY PROTECTIONS

Some health information may be subject to special federal confidentiality protections, including records relating to substance use disorder treatment that are protected by federal law (42 CFR Part 2).

If the hospital receives substance use disorder records that are subject to these federal protections, those records are subject to more stringent privacy requirements than other medical information under the Health Insurance Portability and Accountability Act (HIPAA). Certain uses and disclosures of this information that are otherwise permitted under HIPAA may be prohibited.

Substance use disorder records protected by 42 CFR Part 2 may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide a written consent that meets federal requirements or a court order authorizes the disclosure.

These additional protections apply only if such federally protected records are received by the hospital.

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### WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of:

- Any health care professional authorized to enter information into your hospital chart
- All departments and units of the hospital
- Any member of a volunteer group we allow to help you while you are in the hospital
- All employees, staff, and other hospital personnel

This notice applies to **Orchard Hospital, and all Medical Specialty Center locations**.

All these entities, sites, and locations follow the terms of this notice and may share medical information with each other for treatment, payment, or health care operations purposes as described below.

**OUR PLEDGE REGARDING MEDICAL INFORMATION:** We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements.

This notice applies to all records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the use and disclosure of medical information created in the doctor's office or clinic.

This notice describes the ways we may use and disclose medical information about you and explains your rights and our legal obligations regarding your medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions, as listed below)

- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

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

The following categories describe different ways that we may use and disclose medical information. Not every use or disclosure in a category will be listed. All permitted uses and disclosures will fall within one of these categories.

**DISCLOSURE AT YOUR REQUEST:** We may disclose medical information when requested by you. This may require written authorization.

**FOR TREATMENT:** We may use medical information to provide you with medical treatment or services. We may disclose medical information to doctors, nurses, technicians, health care students, or other hospital personnel involved in your care.

Different departments may share medical information to coordinate your care, such as prescriptions, lab work, and X-rays. We may also disclose medical information to people outside the hospital who may be involved in your care after discharge, such as skilled nursing facilities, home health agencies, or physicians.

**FOR PAYMENT:** We may use and disclose medical information so that treatment and services you receive may be billed, and payment collected from you, an insurance company, or a third party. This may include disclosures to obtain prior authorization or determine coverage.

**FOR HEALTH CARE OPERATIONS:** We may use and disclose medical information for hospital operations, including quality assessment, staff evaluation, training, accreditation, licensing, and business planning. We may combine information from multiple patients to evaluate services or improve care. Identifying information may be removed for certain activities.

**APPOINTMENT REMINDERS:** We may use and disclose medical information to contact you as a reminder of appointments or services.

**TREATMENT ALTERNATIVES:** We may use and disclose medical information to inform you about treatment options or alternatives that may be of interest to you.

**HEALTH-RELATED PRODUCTS AND SERVICES:** We may use and disclose medical information to tell you about health-related products or services we offer.

**FUNDRAISING ACTIVITIES:** We may use or disclose limited information, such as your name, address, phone number, and dates of service, to contact you for fundraising purposes. You have the right to opt out of fundraising communications at any time by contacting the Privacy Officer at **(530) 846-9000**. Your decision will not affect your treatment or payment for services.

**HOSPITAL DIRECTORY:** With your approval, we may include your name, location, general condition, and religious affiliation in the hospital directory. This information may be shared with people who ask for you by name and with members of the clergy. You will be asked for your preference at each admission.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:** We may disclose medical information to a family member, friend, or other person involved in your care or payment unless you object. We may also disclose information in disaster relief situations to help locate or notify family members.

**FOR RESEARCH:** Under certain circumstances, we may use and disclose medical information for research purposes subject to legal approval requirements.

**AS REQUIRED BY LAW:** We will disclose medical information when required by federal, state, or local law.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use or disclose medical information to prevent or reduce a serious threat to your health or safety or the safety of others.

### **SPECIAL SITUATIONS**

We may disclose medical information for:

- Organ and tissue donation
- Military and veterans' activities
- Workers' compensation programs
- Public health activities
- Health oversight activities
- Lawsuits and disputes
- Law enforcement purposes
- Coroners and funeral directors
- National security and intelligence activities
- Protective services for public officials
- Inmates or individuals in custody
- Multidisciplinary personnel teams involved in abuse prevention or investigation.

**SPECIAL CATEGORIES OF INFORMATION:** Some information may be subject to additional protection, including information related to HIV testing, mental health treatment, or alcohol and drug abuse. Government health benefit programs such as Medi-Cal may also limit certain disclosures.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION**

You have the right to:

- Inspect and copy your medical information
- Request amendments
- Receive an accounting of disclosures
- Request restrictions on uses and disclosures for treatment, payment, and health care operations
- Request confidential communications
- Receive a paper copy of this notice

To exercise these rights, contact the Privacy Officer at **(530) 846-9000**.

We will notify you as required by law if your health information is unlawfully accessed or disclosed.

**REDISCLASURE NOTICE:** Health information disclosed under this Notice may be redisclosed by the recipient and, in some circumstances, may no longer be protected by federal privacy laws, including HIPAA. However, substance use disorder records protected by 42 CFR Part 2 are subject to additional federal restrictions on redisclosure unless permitted by law.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice and to make the revised notice effective for medical information we already have as well as information received in the future. The current notice will be posted at the hospital and available upon request.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the U.S. Department of Health and Human Services.

To file a complaint with the hospital, contact the Privacy Officer at **(530) 846-9000**.

**YOU WILL NOT BE PENALIZED OR RETALIATED AGAINST FOR FILING A COMPLAINT.**

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**OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures not covered by this notice or applicable laws, will need your written authorization. You may revoke an authorization in writing at any time, except to the extent that action has already been taken in reliance on it.