



# JOINT NOTICE OF PRIVACY PRACTICES

## JOINT NOTICE OF PRIVACY PRACTICES

*Effective Date: **03/21/2008***

**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:

Privacy Officer  
Barton HealthCare System  
P.O. Box 9578  
South Lake Tahoe, CA 96158  
(530) 543-5975

### WHO WILL FOLLOW THIS NOTICE

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart, including all of our Medical Staff.
- All departments and units of Barton HealthCare System and Barton Memorial 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.
- All members of Barton's Organized Health Care Arrangement (OHCA).

All these entities, sites and locations ("Barton") follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

### 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 or through Barton. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Barton, whether made by Barton personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

## **JOINT NOTICE OF PRIVACY PRACTICES (cont.)**

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private (with certain exceptions);
- 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 use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. 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.

#### **For Treatment.**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital and different Barton facilities also may share medical information about you to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside Barton who may be involved in your medical care after you leave the hospital, such as skilled nursing facilities or home health agencies.

Barton Healthcare System may share your health information with ACCEL (Access El Dorado). ACCEL is a health program that allows community health services to work together for improved care in El Dorado County. Health care providers involved in your care can share information through ACCEL to help provide better care and treatment.

As a patient, you can request not to share your health information with ACCEL. Your request must be submitted in writing to the Facility's Privacy Officer.

## **JOINT NOTICE OF PRIVACY PRACTICES (cont.)**

### **For Payment.**

We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan provider information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

### **For Health Care Operations.**

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may combine medical information about many Barton patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We also may disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We also may 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. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

### **Appointment Reminders.**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Barton.

### **Treatment Alternatives.**

We may use and disclose medical information to tell you about or recommend possible 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 our health-related products or services that may be of interest to you.

### **Fundraising Activities.**

We may use medical information about you to contact you in an effort to raise money for Barton and its operations. We may disclose medical information to a foundation related to Barton or to a business associate of Barton so that the foundation or business associate may contact you in raising money for Barton. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at Barton. If you do not want Barton to contact you for fundraising efforts, you must notify the [Barton Hospital Foundation via E-mail or FAX](#). Send your E-mail request to [foundation@bartonhealth.org](mailto:foundation@bartonhealth.org) or FAX your request to (530) 542-4367.

## **JOINT NOTICE OF PRIVACY PRACTICES (cont.)**

### **Facility Directory.**

We may include certain limited information about you in a Barton directory while you are a patient, whether inpatient or outpatient, at Barton. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. Unless there is a specific request from you to the contrary, this directory information, except for your religious affiliation, may be disclosed to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If you opt out of the directory, then we will not tell callers or visitors that you are a patient, and we will have to return letters and deliveries addressed to you at Barton.

### **Individuals Involved in Your Care or Payment for Your Care.**

We may release medical information about you to a friend or family member who is involved in your medical care. We also may give information to someone who helps pay for your care.

We may use professional judgment and experience when allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information on your behalf.

Unless there is a specific written request from you to the contrary, we also may tell your family or friends your condition and that you are in the hospital. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

### **Research.**

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave Barton. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information provided that reveals who you are, or will be involved in your care at Barton.

## **JOINT NOTICE OF PRIVACY PRACTICES (cont.)**

### **As Required By Law.**

We will disclose medical information about you when required to do so by federal, state or local law.

### **To Avert a Serious Threat to Health or Safety.**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone we believe is able to help prevent the threat.

## **SPECIAL SITUATIONS**

### **Organ and Tissue Donation.**

We may release 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.

### **Military and Veterans.**

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

### **Workers' Compensation.**

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Public Health Risks.**

We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report the abuse or neglect of children, elders and dependent adults;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We generally will make this disclosure if you agree or when required or authorized by law.

## **JOINT NOTICE OF PRIVACY PRACTICES (cont.)**

### **Health Oversight Activities.**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

### **Lawsuits and Disputes.**

We may disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but generally only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

### **Law Enforcement.**

We may release medical information under certain circumstances 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 Barton; 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.

### **Coroners, Medical Examiners and Funeral Directors.**

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release medical information about Barton patients to funeral directors as necessary to carry out their duties.

### **National Security, Protective Services and Intelligence Activities.**

We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, protection of public officials and other national security activities authorized by law.

## **JOINT NOTICE OF PRIVACY PRACTICES (cont.)**

### **Inmates.**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

### **Business Associates.**

We may disclose health information to our business associates, with whom we contract to perform services on our behalf. For example, if a provider dictates a report on your care, we may use a transcription company with which we have a contract to type the report.

### **Organized Health Care Arrangement.**

Barton and members of its medical staff participate in an arrangement called an “organized health care arrangement” solely to comply with federal privacy regulations and have agreed to follow this Notice for services given to you by or at Barton. These providers may share health information with each other as needed for treatment, payment and the health care operations of the organized health care arrangement and as described in this Notice. However, Barton is not responsible for actions solely by independent providers or facilities.

### **Incidental Disclosures.**

Certain incidental disclosures of your health information may occur as a by-product of permitted uses and disclosures. For example, a roommate may inadvertently overhear a discussion about your care if you share a room.

### **Limited Data Sets.**

We may disclose limited health information, contained in a “limited data set,” to certain third parties for research, public health and health care operations. Before disclosing limited data sets, we will contract with the recipient to limit the recipient’s use and disclosure of this information.

### **De-identified Information.**

We may use and disclose health information that reasonably has been “de-identified” by removing certain “identifiers” (such as name and address) making it unlikely that you could be identified.

### **Personal Representatives.**

Certain minors and incapacitated adults may have “personal representatives.” These personal representatives may be able to act on the individual’s behalf and exercise the individual’s privacy rights.

## **JOINT NOTICE OF PRIVACY PRACTICES (cont.)**

### **Additional Protections.**

Certain information, such as information relating to drug and alcohol abuse treatment, AIDS/HIV and mental health, may be subject to additional legal protections.

### **Uses and Disclosures with Authorization.**

Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your written permission, called an authorization. If you provide us authorization to use or disclose health information about you, you generally may revoke that authorization, in writing, at any time. Revoking your authorization will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your authorization. You understand that we are not able to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

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

Although your medical record is our property, you have the following rights regarding medical information we maintain about you:

### **Right to Inspect and Copy.**

You have the right to inspect and copy 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 copy medical information that may be used to make decisions about you, you must submit your request in writing to the Health Information Management Department (Medical Records), Barton HealthCare System, P.O. Box 9578, South Lake Tahoe, CA 96158. Please fill out the form "Authorization for Use & Disclosure of Health Information." You may access the form at the bottom of our web page ([www.Bartonhealth.org](http://www.Bartonhealth.org)) or you may call (530) 543-5900 and request to have the form sent to your home. 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 be able to request that the denial be reviewed. We will let you know at the time your request is denied. Another licensed health care professional chosen by Barton 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.

## JOINT NOTICE OF PRIVACY PRACTICES (cont.)

### 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 Barton.

To request an amendment, your request must be made in writing and submitted to Privacy Officer, Barton HealthCare System, P.O. Box 9578, South Lake Tahoe, CA 96158. The **Request To Amend Medical Information Form** may be obtained from the Admitting Department or the Health Information Management (HIM) Department. In addition, you must provide a reason that supports your request.

We may deny your request in certain circumstances. If we deny your request for amendment, you have the right to submit a written statement of disagreement. We may respond with a rebuttal statement. We will attach these to your records and include them whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

### Right to an Accounting of Disclosures.

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we have made of medical information about you other than our own uses for treatment, payment and health care operations and other than other exceptions allowed by the law.

To request this list or accounting of disclosures, you must submit your request in writing to Privacy Officer, Barton HealthCare System, P.O. Box 9578, South Lake Tahoe, CA 96158. The **Request for an Accounting of Disclosures Form** may be obtained from the Admitting Department or the HIM Department. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). 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.

### Right to Request Restrictions.

You have the right to request a restriction or limitation on the medical information we use or disclose 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. For example, you could ask that we not use or disclose information about a surgery you had.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

## **JOINT NOTICE OF PRIVACY PRACTICES (cont.)**

To request restrictions, you must make your request in writing to Privacy Officer, Barton HealthCare System, P.O. Box 9578, South Lake Tahoe, CA 96158. The **Request For Special Restrictions On The Use And Disclosure Of Protected Health Information Form** may be obtained from the Admitting Department or the HIM Department. In your request, you must tell us: (1) what information you want to 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.

### **Right to Request Confidential 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 confidential communications, you must make your request in writing to Privacy Officer, Barton HealthCare System, P.O. Box 9578, South Lake Tahoe, CA 96158. The **Request For Special Restriction On The Manner/Method Of Confidential Communications Form** may be obtained from the Admitting Department or the HIM Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. Agreements for confidential communications are conditioned upon obtaining information about how payment, if any, will be handled. We may end our agreement to your request if payment arrangements are not honored.

### **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 copy of this notice at our website: [www.BartonHealth.org](http://www.BartonHealth.org)

To obtain a paper copy of this notice, contact the Admitting Department or the HIM Department.

### **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 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 on all pages, in the bottom left-hand corner, the effective date.

## **JOINT NOTICE OF PRIVACY PRACTICES (cont.)**

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Barton by contacting:

Quality/Risk Management Department, Barton HealthCare System, P.O. Box 9578, South Lake Tahoe, CA 96158 or E-mail: [Riskmanager@Bartonhealth.org](mailto:Riskmanager@Bartonhealth.org)

Privacy Officer, Barton HealthCare System, P.O. Box 9578, South Lake Tahoe, CA 96158 or calling (530)543-5975 or E-mail: [Privacy\\_Officer@BartonHealth.org](mailto:Privacy_Officer@BartonHealth.org)

Or by contacting the Secretary of the Department of Health and Human Services.

**You will not be penalized for filing a complaint.**



**ACKNOWLEDGEMENT OF RECEIPT OF JOINT NOTICE OF PRIVACY PRACTICES**

I acknowledge that I received a copy of Barton HealthCare System's Joint Notice of Privacy Practices.

Patient Name: \_\_\_\_\_  
(Please Print)

Signature of Patient /  
Legally Authorized or  
Personal Representative: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

If not signed by the patient, please indicate the relationship to patient/authority of person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***For Barton Use Only:***

Signed Acknowledgement received by: \_\_\_\_\_  
(Please Print)

Acknowledgement refused:  
Describe good faith efforts to obtain acknowledgement:  
\_\_\_\_\_  
\_\_\_\_\_

Describe reasons why acknowledgement was not obtained:  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_

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### File Specification Information

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