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

ACKNOWLEDGMENT OF RECEIPT OF JOINT NOTICE OF PRIVACY PRACTICES

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

Patient, Guardian or Responsible Party Signature: _____

Printed Name: _____ Relationship: _____

Patient Name: _____ Date of Birth (MM/DD/YYYY): _____

Date Signed (MM/DD/YYYY): _____ Time: _____

☐ Signed acknowledgment received

Staff Printed Name: _____

☐ Acknowledgment refusal

Staff Printed Name: _____

Describe good faith efforts to obtain acknowledgment:

_____

Describe reasons why acknowledgment was not obtained:

_____

Staff Signature: _____

Staff Printed Name: _____

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Your Information. Your Rights. Our Responsibilities.

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.**

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record or request to release to patient portal.
- Correct your paper or electronic medical record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.
- Opt out of the patient directory which will restrict or prohibit the use or disclosure of protected health information in the hospital's patient directory under California Law AB 894.
- Substance Use Disorders (SUD) Redisclosures: You have the right to request restriction on disclosures for treatment, payment or operational purposes, disclosures to health plans when paid by the patient, right to an accounting of disclosures of SUD records in the prior three years, right to obtain a paper or electronic copy of the NPP and right to discuss the NPP with the SUD program contact and right to opt out of fundraising communications.

➤ See page 2 for more information on these rights and how to exercise them

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition.
- Provide disaster relief.
- Include you in a hospital directory.
- Provide mental health care.
- Market our services and sell your information.
- Raise funds.

➤ See page 2 for more information on these rights and how to exercise them

OTHER USES AND DISCLOSURES

We may use and share your information as we:

- Treat you.
- Run our organization.
- Bill for your services.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

➤ See page 2 for more information on these rights and how to exercise them

YOUR RIGHTS

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

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. Ask us how to do this. • 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. Ask us how to do this. • We may say “no” 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 say “yes” 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 to your request, and we may say “no” if it would affect your care. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that 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 six 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 but 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, that 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 by contacting us using the information on page 1. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 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. *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	• Sale of your information. • 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.*

Continued on next page

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 that contribute 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.

Substance Use Records: The records we are providing may include information about substance use disorder (SUD) treatment. These records are protected by federal law (42 C.F.R. Part 2). If the recipient is a covered entity or business associate under HIPAA, the information may be redisclosed as allowed by HIPAA, except that the information may not be used or disclosed for civil, criminal administrative or legislative proceedings against the patient without a specific court order. The patient may revoke consent at any time unless the disclosure has already occurred.

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
Do research	• We can use and share your health information to run our practice, improve your care, and contact you when necessary.
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 see that we're complying with federal privacy law.
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
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.

Business Associates: We may disclose health information to our business associates with whom we have contracted to perform services on our behalf. i.e. transcription service, collection service, etc.

Incidental Disclosures: Certain incidental disclosures of your health information may occur as a by-product of permitted uses and disclosures. For instance, an emergency room visit may have you in room with more than one bed and another patient may inadvertently overhear conversations regarding your treatment.

Uses and Disclosures with Authorization: Other uses and disclosures of your health information not covered by this Notice or the laws that apply, will be made only with your written authorization. If you provide us with written authorization, you may revoke that authorization in writing, at any time, however, revocation is only for any future uses or disclosures and will not include any prior disclosures or any that have already been acted upon in reliance on your authorization.

Special Authorization: Certain health information relating to drug and alcohol abuse/treatment, AIDS/HIV and mental health may be subject to additional legal protection and require specific written authorization.

Release of psychotherapy notes require specific written, signed authorization in all instances.

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 and give you a copy of it.
- 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, in our office, and on our web site.

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This Notice of Privacy Practices applies to the following organizations.

For the purposes of complying with federal and privacy and security laws, with respect to activities at or through Barton HealthCare System "Barton", "Barton Health" is part of an Organized Health Care Arrangement (OHCA), as defined at 45 C.F.R. 164.501. This Notice must be followed by all providers, nurses, administrators, employees, and other workforce members, volunteers and business associates of Barton HealthCare System, or Barton Health. These entities, sites and locations may share health information with each other for treatment, payment or healthcare operation purposes.

For any questions regarding this Notice or to file a complaint, contact: Privacy Officer, Barton Health
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(530) 543-5975