Notice of Privacy of Information

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.

You may contact Huntington Hospital’s Compliance Officer at (626) 397-5335 with questions.

Who will follow this notice

This notice affects our hospital’s practices, and that of:
- Any healthcare professional authorized to enter information into your hospital chart, including doctors and other health care providers who work at the hospital.
- Any hospital-sponsored volunteer group you allow to assist you while you are in the hospital.
- Any hospital-based services or departments you use, such as dietary, housekeeping, and other hospital services.
- All departments, clinics and units of the hospital.

How we may use and disclose medical information about you

The following categories describe different ways that we use and disclose medical information, including several examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use or disclose will fall into one of these categories.

Treatments: We use medical information about you to provide you with treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical specialists, and other healthcare providers who are involved in your care or treatment. For example, a doctor treating you for a broken limb may need to know if you have diabetes because diabetes medications could delay the healing process. It may also be necessary to share medical information among different members of your healthcare team so that each person who treats you can be sure to do so with the appropriate degree of care.

Other uses and disclosures of medical information that we have not been authorized to disclose...

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Custodial Care: We may use medical information about you to provide you with custodial care. We may disclose medical information about you to doctors, nurses, technicians, medical specialists, and other healthcare providers who are involved in your care or treatment. For example, a doctor treating you for a broken limb may need to know if you have diabetes because diabetes medications could delay the healing process. It may also be necessary to share medical information among different members of your healthcare team so that each person who treats you can be sure to do so with the appropriate degree of care.

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Organ- and Tissue Donation: If you are a potential organ donor, we may release information about you to operate on you to remove an organ or tissue in the hospital. This information will be limited to what is necessary to operate on you.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you to the Department of Defense under a Department of Defense Authorization.

Public Health: We may release 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, neglect or death 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 provide student immunization records to a school that is required by law to keep proof of immunizations.
- To report certain diagnoses of reportable diseases to state health authorities.

Disease or Infection: 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, neglect or death 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 provide student immunization records to a school that is required by law to keep proof of immunizations.
- To report certain diagnoses of reportable diseases to state health authorities.

Health Oversight Activities: We may disclose medical information about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and license. These activities are necessary for the government to oversee the healthcare system, identify and correct problems, and enforce the laws.

Law Enforcement: We may disclose medical information about you to a law enforcement official if a law requires us to do so. Examples include a law that says we must report certain information for criminal investigations or to protect the safety of individuals or others.

Other Uses and Disclosures of Medical Information That We Are Required to Make

We are required by law to use or disclose medical information about you for the treatment and payment of services related to your healthcare. If you do not want us to use or disclose medical information about you for treatment and payment, you may submit a written request to the Privacy Officer at the address below.

Huntington Hospital
Privacy Officer
3660 E. Huntington Drive
Pasadena, CA 91107

We will comply with your request unless we believe that doing so would be prohibited by law, or would impair our ability to provide needed medical care. In such cases, we will explain the reasons for our refusal or limitation to you.

Your Rights Regarding Medical Information

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 or disclosed about you.

Right to Amend: You may ask us to amend medical information about you that you believe is incorrect or incomplete. We may deny your request if it is not reasonably practicable to do so or if the health information you want to amend is not part of the group of records maintained by us.

Right to Request a限制: You have the right to request a restriction or limitation on the use or disclosure of your medical information. However, we are not required to agree to your request.

Right to Request Confidential Communications: You have the right to request that all or part of your protected health information is not sent to your health insurance company if you pay for your care with your own funds. To request such a disclosure, you must contact our Privacy Officer in writing. If we agree to the request, we will limit our disclosures to the health insurance company. If we deny your request, you will receive a written explanation of our denial.

Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this notice, even if you have already received it electronically. You may ask us to give you a copy of this notice at any time by calling Huntington Hospital’s Compliance Officer at 626.397.5335, or you may obtain a copy at...

Changes to this notice

We reserve the right to change the notice from time to time and make the revised notice effective for the disclosure of protected health information that is created or obtained on or after the effective date of the change. If there is a material change, we will provide you with a copy of the new notice. If you are a resident in a covered entity’s facility and you have been given a copy of the notice, you may request a copy of the notice at any time by calling Huntington Hospital’s Compliance Officer at 626.397.5335.