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

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 • Doctors and other health care providers who may provide treatment in the hospital and • Any hospital sponsored volunteer group who allow to assist you while you are in the hospital. • Any hospital personnel who are not doctors or nurse practitioners, such as • Secretaries, clerks, and other hospital staff. • Any department, clinics and units of the hospital.

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 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 of your records that our hospital created or received in the course of providing you health care. We make the information in these records available to doctors, hospitals, and other healthcare providers who may be involved in your care.

This notice tells you about how in certain cases we may use and disclose medical information without your permission. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information that may pertain to you. We request that you read it carefully and ask us any questions you may have about the contents of it. We will also provide you with written notice of our privacy practices if we make a change in our policies or procedures that may affect you. You may have the right to ask us to limit the use and disclosure of your medical information for treatment, payment and health care operations as described below.

Other uses and disclosures of medical information that we have not requested or directed by you are covered by the following uses and disclosures of medical information if we have received your authorization:

• To carry out activities to improve the quality of the care and services you receive as an outpatient, including identifying areas for quality improvement.
• To disclose your health information to avert a serious threat to your health or safety or the health or safety of others. We will disclose your information only to people who will prevent the threat.
• To disclose your health information to public health authorities as required by law. For example, we may be required to report certain types of weather conditions and food-borne illnesses. We may also disclose your health information to an organization that is charged with reviewing an organization’s compliance with your health and safety laws.
• To disclose your health information to trusted organizations that carry out disease tracking surveys. For example, we may be required to share your health information so we can report cases of communicable diseases to the local and state health departments.

We will not sell, rent, or otherwise disclose your personal health information unless you have authorized in writing. You must sign and date the authorization before we disclose your personal health information for any purpose other than treatment, payment or health care operations.

We will not disclosure your personal health information without your authorization unless we are specifically required to do so by law. We will not disclose your personal health information unless: • You have given us written authorization. • We are specifically required to do so by law. • We are required to disclose your health information to prevent or control certain communicable diseases or crimes.

We will not sell, rent, or otherwise disclose your personal health information unless you have authorized in writing. You must sign and date the authorization before we disclose your personal health information for any purpose other than treatment, payment or health care operations.

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 about you as well as any information we receive in the future. We post a copy of the current notice in the hospital and at www.huntingtonhospital.com. The notice will contain the effective date of the changes. If we make the changes, we will give you a written notice of the changes. If you have any questions about this notice, please call Huntington Hospital’s Compliance Officer at (626) 397-5335.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. Written complaints should be sent to the hospital at the following address: Huntington Hospital, 105 North California Boulevard, Pasadena, California, 91108, (626) Compliance Officer. All complaints must be submitted in writing, but you may contact the Compliance Officer at (626) 397-5335 with questions or other concerns. You will not be penalized for filing a complaint.

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 to use and disclose it fall within one of these categories.

Treatment: We use medical information about you to provide care to you. For example, we may use your medical information to do things like:
• Plan your medical treatment or to monitor your progress. • Report to the police about your involvement in a crime if we are required to do so by law. • Report to the police on matters involving your health and safety if you are a danger to yourself or others. • Report to the police if you are a missing person. • Disclose information to other doctors and health care providers who are involved in your care to the extent that we are required by law.

Payment: We use financial information about you to bill and collect payment for the health care services we provide you. For example, we may use your information to:
• Bill you, a government agency or insurance company for the services you receive. • Ask you to confirm that you understand your responsibilities to pay for services. • Ask you to choose which payment method to use.

Healthcare Operations: We use medical information about you for quality assessment, training, or improvement purposes. For example, we may:
• Use your information to evaluate the performance of medical staff, or the quality of care. • Use your information to plan and monitor the outcomes of care and services you receive. • Use your information to review the quality and effectiveness of our care and services to you.

If you have any questions about this notice, please call Huntington Hospital’s Compliance Officer at (626) 397-5335.

Effective Date: September 23, 2013

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