

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.

SUMMARY OF YOUR PRIVACY RIGHTS

We may share your health information to:	We may use your health information for:
<ul style="list-style-type: none"> • Treat you (E-1) • Get paid (E-2) • Run our practice (E-3) • Tell persons expressly approved by you about your condition (E-4) • Provide information to other doctors who will be caring for you through our electronic health record (E-1, B-2, B-9) • Tell you about other health benefits and services (F-2) • Do research with your authorization (B-5, F-3) 	<ul style="list-style-type: none"> • Appointment reminders (F-1) • Workers' compensation requests (F-4) • Organ and tissue requests (F-5) • Public health and safety reasons (F-6, F-7) • Law enforcement requests (F-8, F-9) • Military purposes (G-1) • National security reasons (G-2, G-3) • Coroner, medical examiner or funeral director use (E-5) • Lawsuits (B-3)

You have the right to:

- Get a copy of this privacy notice (C-1)
- Get a copy of your medical record (C-2)
- Change your medical record if you think it is wrong (C-3)
- Request how we communicate with you (C-4)
- Ask us to limit the information we share (C-5)
- Get a list of those with whom we share your health information (C-6)
- Complain in writing to us if you believe your privacy rights have been violated (H)

You will find more information about these topics on the attached pages – see reference numbers above.

Notice of Integrated Medical Record

This document serves to inform you that this medical office and your physician participate in a shared electronic health record called the Integrated Medical Record (IMR). The IMR improves patient care by allowing for the sharing of your protected health information between this office and other medical offices and physicians involved in your care that participate in the IMR. The shared record means that all of your physicians will have immediate access to your medical information, allowing for faster and more convenient care. Your photo will be taken to complete your medical record. Participation in the IMR affects medical record releases requested by you or other parties.

Please be assured that we have taken extensive measures to safeguard your information. There are multiple layers of security built into the IMR system.

Your signature below indicates that you have received this Notice of Privacy Practices and Integrated Medical Record.

Name of Patient

Signature of Patient or Representative

Date

A. What is this Notice and Why it is Important

This notice is required by law to tell you how your health information will be protected, how we may use or disclose it and about your rights regarding your health information. If you have any questions about this notice, please contact the Privacy Officer for Sutter Independent Physicians at (916) 454-6815.

B. Understanding Your Health Information

Each time you visit a physician, healthcare provider or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

1. Basis for planning your care and treatment
2. Means of communication among the health professionals who contribute to your care
3. Legal documents of the care you receive
4. Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
5. A data source for medical research and public health
6. A source of data for planning facilities, marketing healthcare services, and fundraising
7. A tool for educating health professionals
8. A tool with which we can assess and work to improve the care we provide
9. Our office uses an electronic Integrated Medical Record (IMR). Understanding what is in your IMR and how your health information is used helps you to ensure its accuracy; better understand how others may access and use your health information; and make more informed decisions when authorizing disclosures to others.

C. Your Health Information Rights

You have the following rights related to your medical and billing records:

1. **Get a copy of this notice.** You will receive a copy of this notice at your first visit, and you may request a copy of this notice or any revisions from our office.
2. **Get a copy of your medical record.** You may request in writing a copy of your health information that we keep in your IMR or billing record. We may charge for the costs of providing you access and for your copies.
3. **Change your medical record.** If you believe the information we have is incorrect or incomplete, you may request in writing that we correct or add information. You may pick up a form for this purpose at our office.
4. **Request how we communicate with you.** You may request that when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number). We will make every reasonable effort to agree to your request.
5. **Ask us to limit the health information we share.** You may request in writing that we limit the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or get paid for our services.
6. **Get a list of those with whom we have shared your information (accounting of disclosures).** You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or healthcare operations, or with your authorization. We will provide one list per year free of charge, but may charge for subsequent lists in the same year.

D. Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates, and provide this notice about our privacy practices, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The new notice will be available at our office.

Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time. We are unable to take back any disclosure we have already made with your permission.

E. Examples of Uses and Disclosures for Treatment, Payment and Healthcare Operations

1. We will use your health information to treat you.

For example: Your healthcare team will record information they obtain in your IMR and use it to determine the course of your medical treatment. Your IMR will include your provider's expectations of other members of your healthcare team, the actions they take and their observations as appropriate, so that the physician will know how you are responding to treatment. We will also provide your physician or other healthcare providers involved with your treatment with copies of various reports that should assist them in treating you.

2. We will use your health information to get paid for health care services that we provide.

For example: We may send a bill to you or your health insurance company which may include information that identifies you, as well as your diagnosis, procedures and supplies used. In some cases, information from your IMR is sent to your insurance company to explain the need for or to provide additional information about your treatment.

3. We will use your health information to run our practice.

For example: Members of our medical staff or quality improvement teams may use information in your record to assess the care you have received and how your progress compares to others. This information will then be used in efforts to improve the quality and effectiveness of the healthcare and other services we provide.

4. We will use your health information to tell your family and friends about your condition.

For example: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or your general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, relevant health information to facilitate the person's ability to assist in your care or make arrangements for payment of your care.

5. We may use your health information to inform persons about your death.

For example: We may disclose health information to funeral directors, coroners, and medical examiners consistent with applicable law to carry out their duties.

F. Examples of Uses and Disclosures for Other Purposes

- 1. Appointment Reminders:** We may contact you to provide appointment reminders.
- 2. Other health benefits and services:** We may use your health information to inform you about our healthcare services, treatment alternatives or other health-related benefits and services that may be of interest to you.
- 3. Research:** We may contact you to request your participation in an authorized research study. If the study provides any type of healthcare treatment, the researcher will explain the benefits and risks of the treatment, how your health information will be used during the course of the study, and whether any of your health information rights are affected. You will need to authorize the use of your health information and agree to any suspension of your rights to participate in the study; however you may revoke this authorization at any time. In some cases, we may disclose your health information to researchers when an institutional review or privacy board has approved their research. Prior to giving any information, special procedures will be established to protect the privacy of your information.
- 4. Workers compensation:** We may disclose your health information to the extent authorized by and necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- 5. Organ procurement organizations:** Should you be an organ or tissue donor, we may disclose your donor status and health information to organizations engaged in the procurement, banking, or transplantation of organs, consistent with applicable laws.
- 6. Public health:** We may disclose your health information as required by law to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- 7. To avert a serious threat to health or safety:** We may use and disclose your health when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.
- 8. Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or their agents health information necessary for your health and the health and safety of other individuals.
- 9. Law enforcement:** We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order.
- 10. Food and Drug Administration (FDA):** We may disclose to the FDA your health information relating to adverse events with respect to food, nutritional supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

11. Device Manufacturers: If you receive a medical device that is implanted or used to for life support functions, we may disclose your name, address and other information as required by law to the device manufacturer for tracking purposes. You may refuse to authorize the disclosure of your name and contact information.

12. Business associates: There are some services provided in our organization through contracts with business associates, such as surveying for patient satisfaction, a copy service for making copies of your health record. When these services are provided by contracted business associates, we may disclose the appropriate portions of your health information to them so they can perform the job we have asked them to do. We require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.

G. Special Situations

1. Military and Veterans: If you are a member of the armed forces, we may disclose your health information as required by military command authorities.

2. National Security and Intelligence Activities: We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

3. Protective Services for the President and Others: We may disclose your health information to authorized officials so they may provide protection to the President and other governmental leaders, or conduct special investigations.

4. Regulatory oversight: We may disclose your health information to appropriate health oversight agencies, public health authorities or attorneys, when required by law. Your health information may also be disclosed if a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

H. For More Information or to Report a Problem

If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact the Sutter Independent Physicians Privacy Officer at (916) 454-6815.

If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights, you may contact Sutter Independent Physicians' Privacy Complaint Manager. You may also send a written complaint to the U.S. Department of Health and Human Services at Office of Civil Rights, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Room 509 HHH Building, Washington, D.C. 20201. We will ensure that the care you receive at our office will in no way be impacted if you file a complaint.