



## Seton Medical Center

1900 SULLIVAN AVE • DALY CITY • CA 94015-2229 • (650) 992-4000

## Seton Medical Center *Coastside*

600 MARINE BLVD • MOSS BEACH • CA 94038-9778 • (650) 563-7100

## West Bay Home Health & Community Services

1784 SULLIVAN AVE • DALY CITY, CA 94015-9893 • (650) 991-6680

### Summary of the Joint Notice of Privacy Practices

Attached to this document is the Joint Notice of Privacy Practices issued by Seton Medical Center. This document describes how your information as a patient may be used and disclosed. It advises you of your rights to obtain this information. This notice, advises you that your health information may be shared for purposes of treatment, payment or health care operations.

This “sharing” of health information is used solely to address your health care needs and to assist us in maintaining or improving the quality of the services, which we provide to you. Law requires us to ensure that your medical information is kept private; that every patient receives a copy of this notice about our legal duties and privacy practices and that we follow the terms of the Notice.

Seton Medical Center may use and disclose your medical information:

- for treatment
- for payment
- for healthcare operations
- appointment reminders
- treatment alternatives
- health related benefits and services
- fundraising activities
- hospital directory
- to identify patients in our care related to disaster relief circumstances
- research
- as required by law
- to avert serious threats to health or safety

Additionally, there are some special situations for releasing information. These situations include such areas as:

- organ and tissue donations,
- military and veterans, workers' compensation,
- public health risk,
- health oversight activities

As a patient, you have rights regarding your medical information, including:

- the right to inspect and copy
- the right to amend
- the right to an accounting of disclosures
- the right to request confidential communications

All of these uses, disclosures and rights are addressed in greater detail on the attached complete document.

If you have any questions, please feel free to discuss the content with any member of our workforce.

Effective 4/14/03



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### **JOINT NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH 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 the Privacy Official at (650) 991-6590.

This Notice is provided to you on behalf of Seton Medical Center and Affiliated Covered Entities, the independent contractor members of its Medical Staff (including your physician(s)), and other health care providers affiliated with the Medical Center. Each separate independent provider has agreed, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This sharing of your health information enables us to better address your health care needs. Each separate provider has agreed to comply with the provisions of this Notice regarding information created or received as part of your treatment. The physicians that provide medical services in this Medical Center are self-employed independent contractors, and are not the agents, servants, or associates of the Medical Center.

#### **WHO WILL COMPLY WITH THIS NOTICE:**

This Notice describes our Medical Center's practices and that of:

- Any health care professional authorized to enter information into your Medical Center chart.
- All departments and units of the Medical Center, e.g. Nursing Units, Laboratory Services, Rehabilitation Services, Radiology Outpatient Infusion Center, Wound Care, etc.
- Any member of a volunteer group we allow to help you while you are at the Medical Center.
- All associates, staff and other Medical Center personnel.

#### **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 the Medical Center. 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 the Medical Center, whether made by the Medical Center personnel or your personal doctor. Your personal doctor may have different policies or Notice regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

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
- ◆ Give you this notice of our legal duties and privacy practices with respect to medical information about you
- ◆ 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 Medical Center personnel who are involved in taking care of you at the Medical Center. 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 Medical Center also may share medical information about you in order 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 the Medical Center who may be involved in your medical care after you leave the Medical Center, such as home care, family members, clergy or others we use to provide services that are part of your care.
- **For Payment**. We may use and disclose medical information about you so that the treatment and services you receive at the Medical Center 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 information about surgery performed on you at the Medical Center so your health plan will pay us or reimburse you for the surgery. We may also 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. We may use and disclose medical information about you to other health care professionals involved in your care to enable these professionals to obtain payment for the services they have provided to you.
- **For Health Care Operations**. We may use and disclose medical information about you for Medical Center operations. These uses and disclosures are necessary to run the Medical Center 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; some of the related Medical Center departments include Quality Management, Risk Management, Infection Control, Discharge Planning, Social Services, and Chaplain Services. We may also combine medical information about many Medical Center patients to decide what additional services the Medical Center should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and other Medical Center personnel for review and learning purposes. We may also combine our medical information with medical information from other Medical Centers 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 revealing 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 the Medical Center.
- **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 Benefits and Services**. We may use and disclose medical information to tell you about health-related benefits 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 the Medical Center and its operations. We may disclose medical information to a foundation related to the Medical Center so that the foundation may contact you in raising money for the Medical Center. We would release only contact information, such as your name, address and phone number and the dates you received treatment or services at the Medical Center. If you do not want the Medical Center to contact you for fundraising efforts, you must notify the *Seton Health Services Foundation* in writing at 1900 Sullivan Avenue, Daly City, CA 94015.
- **Medical Center Directory**. We may include certain limited information about you in the Medical

Center directory while you are a patient at the Medical Center. This information may include your name, location in the Medical Center, your general condition (e.g., fair, stable, etc.) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released 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 do not ask for you by name. This information is released so your family, friends and clergy can visit you in the Medical Center and generally know how you are doing.

- **Individuals Identified by You as Involved in Your Care or Payment for Your Care and for Disaster Relief Circumstances.** We may release directly relevant medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the Medical Center. 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 receive one medication to those who receive 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, so long as the medical information they review does not leave the Medical Center. We will almost always ask for your specific permission if the researcher needs access to your name, address or other information that reveals who you are, or will be involved in your care at the Medical Center.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law. This includes but is not limited to information about cancer diagnoses and treatment to the California Department of Health Services for the California Cancer Registry who may contact you regarding a cancer diagnosis or a request to participate in a research study that has been identified as beneficial to Public Health purposes, reporting of certain diseases to the Department of Health Services, certain birth defects to the California Birth Defects Program.
- **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 able to help prevent the threat.

## **SPECIAL SITUATIONS FOR RELEASING INFORMATION**

- **Organ and Tissue Donation.** If you are an organ donor, 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 for 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 will only make this disclosure if you agree or when required or authorized by law.
- **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.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but 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, 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 the Medical Center; 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 may also release medical information about patients of the Medical Center to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **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. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## YOUR RIGHTS REGARDING YOUR 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 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/ Medical Records Department. 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. A form for this purpose is available at the department.

**We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Medical Center 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.**

- **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 the Medical Center. A form for this purpose is available.

To request an amendment, your request must be made in writing and submitted to the Health Information Management Department /Medical Records Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ◆ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- ◆ Is not part of the medical information kept by or for the Medical Center;
- ◆ Is not part of the information which you would be permitted to inspect and copy; or
- ◆ Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for other than our own uses for treatment, payment and health care operations, as those functions are described above.

To request this list of accounting of disclosures, you must submit your request in writing to the Health Information Management Department /Medical Records Department. Your request must state a time period, which 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, or 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. A form for this purpose is available at the department above.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications after your care, you must make your request in writing to the Health Information Management/Medical Records 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. A form for this purpose is available at the above department.

- **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, [http:// www.setonmedicalcenter.com](http://www.setonmedicalcenter.com).

To obtain a paper copy of this Notice, you may request a copy in person at any of the Admitting or Registration areas, or in the Health Information Management/Medical Records Department, or the Privacy Officer during regular business hours.

## **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 Medical Center. The Notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you register at or are admitted to the Medical Center for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Medical Center or with the Secretary of the Department of Health and Human Services. To file a complaint with the Medical Center, contact the *Privacy Officer* at (650) 991-6590 or submit a written complaint to the *Privacy Officer*, 1900 Sullivan Avenue, Daly City, CA 94015. All complaints must be submitted in writing. You may also submit your complaints to the *Chief Responsibility Officer of Daughters of Charity Health System*, 26000 Altamont Rd., Los Altos Hills, CA 94022-4317.

If you believe that your physician or another provider who is an independent contractor has violated your privacy, please contact that provider directly to file your complaint. *Seton Medical Center* is not authorized to investigate privacy violations of these providers.

You will not be penalized for filing a complaint.

## **OTHER USES OF MEDICAL INFORMATION PERMISSIONS**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You should understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Effective 4/14/03