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 hospital. 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 hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices 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 (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- 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.

Disclosures Required by Law - We are required to disclose medical information to avert a serious threat to health or safety. We are also required to disclose medical information to others to report deaths and certain obligations we have related to certain emergencies. We are also required to disclose protected health information to avert a serious threat to public health or safety. We may also disclose information to researchers conducting a quality improvement effort, to avert a serious threat to public health or safety, to public health officials for public health activities or public health oversight activities or to avert a serious threat to public health or safety.

Disclosures for Treatment - We may use medical information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other hospital personnel who are involved in taking care of you at the hospital. 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 dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital 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 hospital who may be involved in your medical care after you leave the hospital. Under certain circumstances, we may use and disclose medical information about research purposes. For example, a research project may involve using your medical information to study health care and health care delivery without learning who the specific patients are.

Disclosures for Public Health Activities - We may disclose medical information to public health authorities, organizations or health care delivery systems to facilitate the effective delivery of health care services or public health or safety activities. Public health authorities, organizations or health care delivery systems that receive medical information are subject to the requirements of applicable federal, state or local law that protect the confidentiality of medical information. Without your written authorization, your medical information will not be used or disclosed for public health activities.

Disclosures for Health Care Operations - We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary for your care and treatment and the proper functioning of our healthcare delivery system. Examples of uses and disclosures of medical information for health care operations include a review of medical information, as part of our effort to improve the quality of the care and services we provide you or to study the health care and health care delivery system in which you are a participant.

Disclosures for Fundraising Activities - We may use and disclose medical information about you for fundraising activities. In general, we use the information to try to raise money for the hospital and its operations. We may use or disclose your medical information to a foundation related to the hospital. We may also disclose your medical information to a person or organization if you provide written authorization or if we are required to report your death to a funeral director. We may disclose medical information about you to people who are involved in your care, to assist them in obtaining payment for services they provide to you. However, we cannot disclose information to your health plan for payment purposes if you ask us not to, and you pay for the services yourself.

Disclosures for Judicial and Administrative Process - We may disclose medical information about you in response to a valid legal demand or order. We may use and disclose medical information to urge the discharge of an inmate, to persons providing post-conviction relief or to law enforcement agencies. We may also disclose medical information about you to persons helping law enforcement officials or to the courts in connection to a legal matter.

Disclosures to Individuals Entitled to Receive Information About You - We make medical information available to you or your personal doctor. You have the right to obtain the information in a form that you can understand. We will provide you with a copy of the information we disclose to others for payment, health care operations, or treatment purposes.

Disclosures to Individuals Involved in Your Care or Payment for Your Care - We may disclose medical information about you to individuals involved in your care or payment for your care, such as family members, friends, clergy, attorneys or others who help pay for your care. This information is generally not shared with other people involved in your care.

Disclosures to Individuals Authorized by Law - We may disclose medical information to a government entity, such as the Department of Health and Human Services, the Department of Public Health, or other government agencies. We may also disclose medical information to law enforcement officials, to judicial officers, and to the courts.

Disclosures to Individuals in Emergency Situations - We may disclose medical information about you to emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal law.

Disclosures in Response to a Court Order - We may disclose medical information about you to a court in response to a court order. We will not disclose any other information to the court unless you have given us written authorization to disclose the information.

Disclosures to Disclose Medical Information Under Certain Conditions - We may disclose medical information about you if you have given us written authorization to disclose the information or if we have received a court order or administrative order directing us to disclose the information. We may disclose medical information about you to medical examiners, health care providers, and coroners.

Disclosures to Be Published in the Media - We may disclose medical information about you in a limited way to the media. We will not disclose your medical information without your written authorization.

Disclosures for Research Purposes - We may use and disclose medical information for research purposes. We may disclose medical information to researchers conducting research on medical treatments, new drugs, health care delivery systems, and other research topics. We will disclose medical information about you only after a research approval process. In addition, we may disclose medical information about you for research purposes if you have given us written authorization or if you are not capable of giving written authorization.

Disclosures to Your Health Plan - We may disclose medical information about you to your health plan. We may also disclose medical information about you to your health plan if you ask us to do so.

Disclosures to Certain Government Authorities - We may disclose medical information about you to a government authority, such as the Department of Health and Human Services, the Department of Public Health, or other government agencies.

Disclosures in Response to a Request by a Government Authority - We may disclose medical information about you to government authorities if we legally required to provide such information.

Disclosures to Certain Public Health Authorities - We may disclose medical information about you to public health authorities, organizations or health care delivery systems to facilitate the effective delivery of health care services or public health or safety activities. Public health authorities, organizations or health care delivery systems that receive medical information are subject to the requirements of applicable federal, state or local law that protect the confidentiality of medical information. Without your written authorization, your medical information will not be used or disclosed for public health activities.
Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, we may 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 hospital; 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 personal medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person to determine the cause of death. We may also release medical information about patients of the hospital 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 of 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 disclose medical information about you to the correctional institution or law enforcement official.

This disclosure 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.

Multidisciplinary Personnel Teams - We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child’s parents, or elder abuse and neglect.

Special Categories of Information - In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information - e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse.

Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information to programs unrelated to the program.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights concerning our use or disclosure of medical information 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 Fairchild Medical Center, Attn: Health Information Department, 444 Bruce Street, Yreka, CA 96097. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

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

To request an amendment, your request must be made in writing and submitted to Fairchild Medical Center, Attn: Health Information, 444 Bruce Street, Yreka, CA 96097. In addition, you must provide reasons that support 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 hospital;
- Is not part of the information which you would be permitted to inspect and copy;
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incorrect or incomplete. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incorrect or incomplete.

Right to an Account 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 other than our own uses for treatment, payment and health care operations as those functions are described above, and with other exceptions pursuant to the law. The report will list information shared about you through a Health Information Exchange, and the traditional faxed or mailed requests for information.

To request this list or accounting of disclosures, you must submit your request in writing to Fairchild Medical Center, Attn: Health Information, 444 Bruce Street, Yreka, CA 96097. Your request must state a time period which may not exceed six (6) years. 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.

In addition, we will notify you as required by law if your health information is unlawfully accessed or disclosed.

Right to Request Restrictions - You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for purposes covered by your written permission, and that we are required to retain our records of the care that we provided to you.

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

To request confidential communications, you must make your request in writing to Fairchild Medical Center, Attn: Privacy Officer, 444 Bruce Street, Yreka, CA 96097. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to a Paper Copy of this Notice - You have the right to request a 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: www.fairchildmed.org

To obtain a paper copy of this notice, you must make your request in writing to Fairchild Medical Center, Attn: Privacy Officer, 444 Bruce Street, Yreka, CA 96097.

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 hospital. This notice will contain the effective date on the first page, in the top right-hand corner. During your initial visit we will provide a copy of the current notice and will only provide an additional copy upon request at registration.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the U. S. Department of Health and Human Services. To file a complaint with the hospital, contact Fairchild Medical Center, Attn: Privacy Officer, 444 Bruce Street, Yreka, CA 96097. All complaints must be submitted in writing.

You will not be penalized for filing complaint.

OTHER USES OF MEDICAL INFORMATION

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, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permissions. You 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.