

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Introduction

Clinica Sierra Vista (CSV) is committed to treating protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice applies to all protected health information as defined by federal HIPAA regulations.

Understanding Your Health Information

Each time you visit CSV, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, referrals, consultation and a plan for future care or treatment etc. This health information is documented in a medical record. Below are some examples of how this health information is used for treatment, payment, health care operations and for other purposes that are permitted or required by law:

- A basis for planning your care and treatment
- A means of communication among the many health professionals who contribute to your care
- A legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for planning and auditing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- For assisting in emergency care

Examples of Disclosures for Treatment, Payment and Health Operations

- *We will use your health information for treatment.*
For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in

your medical record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from this health center.

- *We will use your health information for payment.*

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

- *We will use your health information for regular health care operations.*

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

- *We will use your health information for other permitted disclosures*

Business associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we may use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Research: We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and

established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Abuse or neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive report of child abuse or neglect. We may also disclose this information if we believe you have been a victim of abuse, neglect or domestic violence.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force 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.

Shared Medical Record/Health Information Exchanges
We may maintain PHI about our patients in shared

electronic medical records that allow the County associates to share PHI. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide you care. For example, if you are admitted on an emergency basis to a hospital that participates in the health information exchange, the exchange will allow us to make your PHI available electronically to those who need it to treat you.

Health Information Rights

Although your health record is the physical property of CSV, the information belongs to you. Upon written request and an agreed upon date and time, you have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Request a copy of your health record. A fee for copying will apply
- Request an amendment of your health record, if incorrect
- Request an accounting of disclosures of your health information for purposes other than treatment, payment and health care operations. It excludes disclosures we have made to you, to family members or friends involved in your care or for notification purposes
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses and disclosures of your information.
- Request to revoke your authorization to use or disclose health information except to the extent that action has already been taken

Responsibilities of Clinica Sierra Vista

Clinica Sierra Vista (CSV) is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- Once you have read this Notice of Privacy Practices, we will request your signature on the visit registration form.

We reserve the right to change our practices at any time and to make the new provisions effective for all protected health information we maintain. Should our information practices

change, we will post the new notice in the waiting area. You may request a copy of our notice at any time.

We will not use or disclose your health information for uses other than treatment, payment and health care operations without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you would like additional information, you may contact Clinica Sierra Vista's Chief Compliance Officer or designee, 661-635-3050.

If you believe your privacy rights have been violated, you can file a complaint with Clinica Sierra Vista's Privacy Officer. You may send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights. Clinica Sierra Vista's Privacy Office can provide you with the appropriate address upon request.

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Accredited by the Joint Commission on Accreditation of Healthcare Organizations

CLINICA SIERRA VISTA



Notice of Privacy Practices

“Caring for the Community”