

## JOINT NOTICE OF PRIVACY PRACTICES

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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.

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### Who Will Follow This Notice

John Muir Health provides you (the patient) with health care by working with doctors and many other health care providers (referred to as “we,” “our,” or “us”). This is a joint Notice of our information privacy practices.

The following entities, people, or groups will follow this Notice:

- Any health care provider who comes to John Muir Health to care for you. These health care professionals include doctors, nurses, technicians, physician assistants, and others;
- All departments and units of our organization, including pharmacy, home health, outpatient services, mobile units, hospice, and emergency departments; and
- All our employees, contractors, students, and volunteers, including regional support offices and affiliates.

These people, places, and entities may share medical information with each other for treatment, payment, or health care operations purposes described in this Notice.

### Our Commitment to Privacy

We understand that medical information about you and your health is personal. We are dedicated to maintaining the privacy and integrity of your medical information. Each time you visit a hospital, physician, or other health care provider, a record of the care and services is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. We need this record to provide you with quality care and to comply with certain legal requirements.

This Notice is required by law and applies to all of the records of your care at John Muir Health, whether created by hospital staff or by your personal doctor. Your doctor may have different practices or notices regarding the use and sharing of your medical information in their own offices or clinics.

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:

- Maintain the privacy of your medical information;
- Provide you with this Notice of our legal duties and privacy practices with respect to your medical information; and
- Abide by the terms of the Notice that is currently in effect.

## How We May Use and Disclose Medical Information About You

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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. In addition, there are some uses and disclosures that will require your specific authorization.

### **Disclosure at Your Request**

We may disclose information when requested by you to do so, but we may require a written authorization from you.

### **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, 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 dietitian 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, such as skilled nursing facilities, home health agencies, and physicians or other practitioners. For example, we may share medical information with your designated primary care physician or other subsequent health care provider in order for him or her to treat you once you are discharged from the hospital.

### **For Payment**

We may use and disclose medical information about you so that the cost of treatment and services you receive at the hospital 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 you received at the hospital so your health plan will pay us or reimburse you for that 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 also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the hospital who are involved in your care, to assist them in obtaining payment for services they provide to you.

### **For Health Care Operations**

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the hospital 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. We may also combine medical information about many hospital patients to decide what additional services the hospital 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 hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals 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 learning who the specific patients are.

### **Business Associates**

There are some services provided in our organization through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, and billing and collection services. We may disclose your medical information to our business associates so that they can perform the job we have asked them to do. We require our business associates to sign a contract or written agreement stating they will appropriately safeguard your medical information.

### **Health Information Exchange**

John Muir Health has created a community Health Information Exchange (HIE), a secure electronic system for health care providers to share your medical information. Through the HIE, your participating providers will be able to access information about you that is necessary for your treatment, unless you choose to have your information withheld from the HIE by personally opting out from participation. You do not have to participate in HIE to receive care. If you choose to opt out of the HIE (that is, if you feel that your medical information should not be shared through the HIE), John Muir Health will continue to use your medical information in accordance with this Notice and applicable law, but will not make it available to other health care providers through the HIE. To opt out of the HIE, please submit your request in writing to John Muir Health, Health Information Management at 1400 Treat Blvd 2nd Floor, Walnut Creek, California 94597.

### **Appointment Reminders**

We may also use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care.

### **Treatment Alternatives**

We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

### **Health-Related Products and Services**

We may use and disclose medical information about you to tell you about related products or services that may be of interest to you.

### **Fundraising Activities (Except Behavioral Health Patients)**

We may use information in order to contact you in an effort to raise money for John Muir Health. You have the right to opt-out of receiving these fundraising communications at any time. Fundraising

communications will include instructions about the procedure to opt-out. If you have any questions, please contact the John Muir Health Foundation at (925) 947-4449.

### **Marketing Activities**

We may use your medical information about you to contact you in an effort to encourage you to purchase or use a product or service. If we receive any direct or indirect payment for making such communication, however, we would need your prior written authorization to contact you, unless one of the following exceptions allows us to do so without seeking such authorization: 1) to provide you information about health-related products or services we provide; 2) to provide you information about services or products relating to your treatment; 3) to provide you information about services or products of case management, or care coordination, or to recommend alternative treatments, therapies, providers or care settings; 4) to provide you with marketing materials in a face-to face encounter; and 5) to give you a promotional gift of nominal value.

### **Facility/Hospital Patient Directory (Except Behavioral Health Patients)**

We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., good, fair, 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 don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

### **Individuals Involved in Your Care or Payment for Your Care**

We may release 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 hospital.

In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you arrive at the emergency department, either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

### **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 for all patients who received one medication to those who received 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 special research approval

process. We may also disclose medical information about you to people preparing to conduct a research project (e.g., to help them look for patients with specific medical needs), so long as the disclosure of medical information and its review take place at the hospital and none of that information leaves the hospital or facility.

### ***SPECIAL SITUATIONS***

#### **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.

#### **Organ and Tissue Donation**

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 Activities**

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 regarding 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 or spreading a disease or condition; and
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

#### **Victims of Abuse, Neglect or Domestic Violence**

If we reasonably believe you are a victim of abuse, neglect, or domestic violence, we may disclose your medical information to a governmental authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

## **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 other Legal 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 as required or permitted by law:

- 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 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 hospital to funeral directors as necessary to carry out their duties.

## **Specialized Government Functions**

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. 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.

## **As Required by Law**

We will disclose medical information about you when required to do so by federal, state or local law. For example, the Secretary of the Department of Health and Human Services may review our compliance efforts, which may include reviewing your medical information.

## **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 Treatment Information**

In most cases, federal or state law requires your written authorization or the written authorization of your representative for disclosures of drug and alcohol abuse treatment, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) test results, and mental health treatment.

## **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. This permission is described as a written "authorization." If you authorize us to use or disclose medical information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your medical information about you for the reasons stated in your written authorization, except to the extent we have already acted in reliance on your authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care we provide to you.

## **Minimum Necessary**

To the extent required by law, when using or disclosing your medical information or when requesting medical information from another covered entity, we will make reasonable efforts not to use, disclose, or request more than a limited data set (as defined below) of your medical information or, if needed by us, no more than the minimum amount of medical information necessary to accomplish the intended purpose of the use, disclosure, or request, taking into consideration practical and technological limitations. For purposes of this Notice, a "limited data set" means medical information that excludes all of the following items: names; postal address information other than town or city, state, and zip code; telephone numbers; fax numbers; email addresses; Social Security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate/license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; Web Universal Resource Locators (URLs); Internet Protocol (IP) address numbers; biometric identifiers, including finger and voice prints; and full face photographic images and any comparable images.

## **Your Rights Regarding Medical Information About You**

You have the following rights regarding medical information we maintain about you.

## **Right to Inspect and Copy**

You have the right to inspect and obtain a copy of 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. If your medical information is maintained in electronic health record, you may request to obtain an electronic copy of your medical information, and if you choose, instruct us to transmit such copy directly to an entity or person you designate in a clear, conspicuous and specific manner.

To inspect and obtain a copy of medical information that may be used to make decisions about you, you may obtain and complete an Authorization form and/or submit your written request to John Muir Health, Health Information Management at 1400 Treat Blvd 2nd Floor, Walnut Creek, CA 94597. To request an Authorization form, contact the Health Information Management Department at (925) 947-5375. 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. Our fee for providing you an electronic copy of your medical information will not exceed our labor costs in responding to your request for the electronic copy (or summary or explanation).

We may deny your request to inspect and obtain a 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 John Muir Health 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 John Muir Health, Health Information Management at 1400 Treat Blvd 2nd Floor, Walnut Creek, CA 94597. 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 hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- 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 incomplete or incorrect. 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 incomplete or incorrect.

### **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 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.

To request this list or accounting of disclosures, you must submit your request in writing to John Muir Health, Health Information Management at 1400 Treat Blvd 2nd Floor, Walnut Creek, CA 94597. 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. In addition, we will notify you as required by law following a breach of your unsecured protected health information.

### **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 payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you. If we agree to another special restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request a restriction, you must make your request in writing to John Muir Health, Health Information Management at 1400 Treat Blvd 2nd Floor, Walnut Creek, CA 94597. 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 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 or alternative communications, you must make your request in writing at the time of admission or registration, directly to your provider’s office or to John Muir Health, Health Information Management at 1400 Treat Blvd 2nd Floor, Walnut Creek, CA 94597. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **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: [www.johnmuirhealth.com](http://www.johnmuirhealth.com). To obtain a paper copy of this Notice, please ask us for a copy the next time you receive services at one of our facilities or contact us by using the contact information at the end of this Notice.

### **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. 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 hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.

### **Concerns or Complaints**

If you are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your medical information, you may contact our Privacy Officer (listed below). All complaints must be submitted in writing. You may file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Our Privacy Officer can provide you the address. We will not take any action against you for filing a complaint.

### **How to Contact Us**

If you would like more information about your privacy rights, please contact John Muir Health by calling (925) 941-2688 and ask to speak with the Privacy Officer. To the extent you are required to send a written request to John Muir Health to exercise any right described in this Notice, you must submit your request to:

John Muir Health  
1400 Treat Boulevard  
Walnut Creek, CA 94597  
Attn: Privacy Officer  
Fax: (925) 952-2979