

<p><b>TRI-CITY HEALTHCARE DISTRICT</b></p> <p><b>Administrative Policies &amp; Procedures</b></p>	<p><b>Section:</b> HIPAA/COMPLIANCE</p> <p><b>Subject:</b> Notice of Privacy Practice</p> <p><b>Policy Number</b> 518 Page 1 of Page 2</p>
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**1.0 PURPOSE**

Establish policy and procedure for documenting the acknowledgment of the patient’s receipt of the Notice of Privacy Practice in accordance with the Health Information Portability and Accountability Act of 1996 (HIPAA) which gives patients the right to know the uses and disclosure of their protected health information.

**2.0 POLICY**

- 2.1 In accordance with HIPAA, all patients must receive the Notice of Privacy Practice (attached) after 4/13/2003 or when the content of the Notice has been significantly changed, and sign an acknowledgement that it has been received. The Notice will also be posted on the TCMC Website, available at all registrations sites, in Administration, and with the Patient Representative.
- 2.2 Registration, or other point of entry to the Medical Center listed below will be the primary site where this process takes place. Since a patient’s condition or location may preclude signing the acknowledgement at the time of registration or entry into the Medical Center, all Medical Center staff share the responsibility of ensuring that the acknowledgement is signed.
  - 2.2.1 Homecare
  - 2.2.2 Hospice
  - 2.2.3 Outpatient Rehab
  - 2.2.4 Outpatient Behavioral Health
  - 2.2.5 Occupational Medicine
  - 2.2.6 Obstetrics
- 2.3 Lab specimens are an exception to this policy. No Notice of Privacy will be offered because specimens are covered under the Indirect Treatment Relationship provision. (Federal Register 164.50)
- 2.4 If the patient receives the Notice and the acknowledgement is not signed, TCMC personnel

Formulation Date	<u>12/02</u>	Review Dates	_____	Revised Dates	_____
Administrative Authority	<u>President/CEO</u>	Approval Dates	_____		
Reviewer	_____	Medical Staff Authority	<u>M.E.C.</u>	Approval Date	_____
Vice President/Chief Nurse Executive	_____		Approval Date	_____	
Governing Body	_____				

# TRI-CITY HEALTHCARE DISTRICT

## Administrative Policies & Procedures

**Section:** HIPAA/COMPLIANCE

**Subject:** Notice of Privacy Practice

**Policy Number** 518 Page 2 of Page 2

must document good faith efforts to obtain it and the reason for lack of signature.

- 2.5 If the patient never receives the Notice when receiving services, TCMC personnel must mail a copy of the Notice to the patient and document good faith efforts to obtain it and the reason for lack of signature.
- 2.6 The Notice of Privacy Practice acknowledgment need only be signed once, unless there is a significant content change in the Notice. Each new version of the Notice requires the patient to sign a new acknowledgement.
- 2.7 TCMC has the right to change the Notice at any time. The effective date of the Notice is in the upper right hand corner. The current Notice will be posted in the Medical Center. Patients will be asked to sign the acknowledgement referencing the most current version of the Notice, even if they have signed an acknowledgement of a previous version.
- 2.8 The completed acknowledgement will be kept in the patient's medical record for the encounter for which it was signed. In addition, documentation of the patient's receipt of the acknowledgement will be housed in the computer system. A patient's signature documenting acknowledgement of receipt of the Notice is required except as noted in 2.3. of this policy.
- 2.9 TCMC will retain the documentation required by 164.530 (j) (1) for at least 6 years from the date of creation or the date when it was last in effect whichever is later.
- 2.10 As provided under HIPAA, TCMC is required to abide by the terms of the Notice that is currently in effect.
- 2.11 All employees of the Medical Center will be trained on and knowledgeable of the contents of the Notice because it documents how the Medical Center will handle patient's protected health information.

### **3.0 ATTACHMENTS**

- 3.1 Notice of Privacy Practice
- 3.2 Acknowledgement Form
- 3.3 Flow

References: Federal Register section 164.520  
Department specific Procedures (see 2.2)

Date: \_\_\_\_\_ Version Effective Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
(Please print) Last Name First Name MI

I acknowledge receipt of the Notice of Privacy Practices for Tri-City Medical Center in accordance with HIPAA as described in the Federal Register 164.520.

Signature of patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of patient's representative: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Acknowledgement not signed due to:

- ثا Patient refused
- ثا Patient unable to sign due to medical condition
- ثا Patient left. Copy mailed to patient on \_\_\_\_\_ by \_\_\_\_\_  
(date) (initials)
- ثا Other (please specify) \_\_\_\_\_

Signature of Medical Center representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice of Privacy Practice Acknowledgment**

**Addressograph**



**Tri-City Medical Center**  
4002 Vista Way, Oceanside, California 92056  
(760) 724-8411

**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.**

If you have any questions about this notice, please contact the Pinkerton Values Line (800) 273-8452.

**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 medical center 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.

**WHO WILL FOLLOW THIS NOTICE:**

This notice describes our medical center's practices and that of:

- ▶ All members of our Medical Staff as part of our Organized Health Care Arrangement (**OHCA**)
- ▶ Any health care professional authorized to enter information into your medical center chart.
- ▶ All departments and units of the medical center.
- ▶ Any member of a volunteer group we allow to help you while you are cared for by the medical center.
- ▶ All employees, staff and other medical center personnel.
- ▶ All medical groups associated with the Medical Center

All these entities, sites, locations follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or health care operations described in this notice. Parties to the OHCA do not assume joint and several liability.

**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 on the first page, in the top right-hand corner, the effective date. 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, write to the Privacy Officer, Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056. **You will not be penalized for filing a complaint.**

**HIPAA NOTICE OF PRIVACY PRACTICES**



Tri-City Medical Center  
4002 Vista Way, Oceanside, California 92056  
(760) 724-8411

## **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 family members, clergy or others whom we may 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 you received at the medical center so your health plan will pay you or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive so that we can obtain prior approval or determine whether your plan will cover the treatment.
- **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. 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 the medical information we have 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 learning 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 by 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 certain medical information (name, address, telephone number, dates of service, age and gender) to contact you in the future to raise money for Tri-City Medical Center. We may also provide this information to our related foundation for this same purpose. The money raised will be used to expand and improve the services we provide the community. If you do not wish to be contacted for our fundraising efforts, you must notify Tri-City Hospital Foundation, 4002 Vista Way, Oceanside, CA 92056 in writing.
- **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, your location in the medical center, 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 don't 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 Involved in Your Care or Payment for Your Care:** Unless there is a specific written request from you to the contrary, we may release medical information about you to a friend or family member who is involved in your medical care. Unless there is a specific written request from you to the contrary, 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 situations, we may use and reveal medical information about you for research purposes. For example, a Tri-City Medical Center doctor may want to know how well patients who received one medicine did compared to patients who received another medicine for the same condition. Or a doctor, as they begin to do a research project, may want to see how many patients at Tri-City Medical Center have a certain condition and will look at medical records to see how many there are. To be able to do this, all research projects must first be reviewed and approved by a special committee called an IRB (Institutional Review Board) that is responsible for protecting the rights and welfare of people who participate in medical or behavioral (mental health) research. This committee also evaluates how patient's private medical information will be used in the research and how it will be protected, kept private and will not leave the medical center. Therefore, before we use or disclose any medical information for research, the project will have been approved through this research approval process. Whenever possible, we will respectfully ask you for specific permission to allow researchers to have 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.

➤ **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 THAT DO NOT REQUIRE YOUR AUTHORIZATION**

➤ **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.

➤ **Worker's Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

➤ **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. For example: cancer is a reportable disease in the State of California so information on patients diagnosed with cancer is submitted to the State. The Office of Statewide Health Planning and Development (OSHPD) also requires patient encounter information be submitted.

➤ **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 or spreading a disease or condition; and
- 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.

➤ **Lawsuits or 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 identify, 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 to 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 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 request 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.

To inspect and/or request a copy medical information that may be used to make decisions about you, you must submit your request in writing to: Tri-City Medical Center, Attention: Medical Records/Health Information, 4002 Vista Way, Oceanside, CA 92056. 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.

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.

To request an amendment, your request must be made in writing and submitted to Tri-City Medical Center, Attention: Privacy Officer, 4002 Vista Way, Oceanside, CA 92056. 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 other than our own uses for treatment, payment and health care operations, as those functions are described above.

To request this list or accounting of disclosures, you must submit your request in writing to Tri-City Medical Center, Attention: Privacy Officer, 4002 Vista Way, Oceanside, CA 92056. 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.

➤ **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.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Privacy Officer, Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056. 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 communications, you must make your request in writing to Privacy Officer, Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056. 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. Your request must also specify, if we determine appropriate, information as to how payment, if any, will be handled.



**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.tricitymed.org](http://www.tricitymed.org).

To obtain a paper copy of this notice, please see any TCMC team member.

#### **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, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. 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.

# NOTICE OF PRIVACY PRACTICE WORKFLOW

