

PACIFICA HOSPITAL OF THE VALLEY

NOTICE OF PRIVACY PRACTICES

July 23, 2021

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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

WE ARE COMMITTED TO YOUR PRIVACY

We understand that information about you and your health is very personal. We strive to protect our patients' privacy. We are required by law to maintain the privacy of our patients' protected health information ("PHI"). We are also required to provide notice of our legal duties and privacy practices with respect to PHI and to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this Notice and to make a new Notice effective for all PHI we

WHO THIS NOTICE APPLIES TO

maintain.

This notice describes our Hospital's practices and that of:

- Any healthcare professional authorized to enter information into your hospital chart
- All departments and units of the hospital
- Any member of a volunteer group we allow to help you while you are in the hospital
- All employees and other hospital personal

All of the above follow the terms of this notice. In addition, may share medical information with each other for treatment, payment or healthcare operations described in this notice

This Notice does not apply to non-employed Pacifica Hospital providers in their private medical offices. Below is a description of how your health information will be used and disclosed to advance this mission

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE AN AUTHORIZATION

Treatment. Pacifica Hospital of the Valley may use and disclose PHI for the individual's services. For example, Pacifica Hospital of the Valley may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside the Pacifica Hospital of the Valley, who are involved in the individual's medical care and need the information to provide the individual with medical care.

Payment. Pacifica Hospital of the Valley may use and disclose PHI so that Pacifica Hospital of the Valley or others may bill and receive payment from the individual, an insurance company or third party for the treatment and services the individual received. For example, Pacifica Hospital of the Valley may tell the individual's insurance company about a treatment the individual is going to receive to determine whether the individual's insurance company will cover the treatment.

For Health Care Operations. Pacifica Hospital of the Valley may use and disclose PHI for health care operation purposes. The uses and disclosures are necessary to make sure that all Pacifica Hospital of the Valley patients receive quality care and to operate and manage Pacifica Hospital of

PACIFICA HOSPITAL OF THE VALLEY

NOTICE OF PRIVACY PRACTICES

the Valley office. For example Pacifica Hospital of the Valley may share information with doctors, residents, nurses, technicians, clerks, and other personnel for quality assurance and educational purposes. Pacifica Hospital of the Valley also may share information with other entities that have a relationship with the individual (for example, the individual's insurance company and anyone other than the individual who pays for the individual's services) for the individual's health care operation activities.

Fundraising. We may use information about you, or disclose such information to a foundation related to the hospital, to contact you in efforts to raise money for the hospital and its operations. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication it will tell you how to opt out of it.

Our Facility Directory. We use information to maintain an inpatient directory listing your name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the information (except for religious affiliation) may be disclosed to anyone who requests it by asking for you by name. This information, including your religious affiliation, may also be provided to members of the clergy, even if they do not ask for you by name. If you wish to have your information excluded from this directory, please contact your patient/customer services associate.

To Persons Involved in Your Care. As long as you do not object, we may, based on our professional judgment, disclose your PHI to a family member or other person if they are involved in your care or paying for your care. Similarly, we may also disclose limited PHI to an entity authorized to assist in disaster relief efforts for the purpose of coordinating notification to someone responsible for your care of your general condition or location.

Marketing and Sale. Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information require your authorization.

Communicating with You. We will use your PHI to communicate with you about a number of important topics, including information about appointments, your care, treatment options and other health-related services, and payment for your care.

We may also contact you at the email, phone number or address that you provide, including via text messages, for these communications. If your contact information changes, it is important that you let us know. Texting and email are not 100% secure. Regarding text messages, please note that message and data rates may apply and you will have an opportunity to opt out.

Research. Under certain circumstances, Pacifica Hospital of the Valley may use and disclose Phi for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Pacifica Hospital of the Valley will generally ask for the individual's written authorization before using the individual's PHI or sharing it with others to conduct research. Under limited circumstances, Pacifica Hospital of the Valley may use and disclose PHI for research purposes without the individual's permission. Before Pacifica Hospital of the Valley uses or discloses PHI for research

PACIFICA HOSPITAL OF THE VALLEY

NOTICE OF PRIVACY PRACTICES

without the individual's permission, the project will go through a special approval process to ensure that research conducted poses minimal risk to the individual's privacy. The individual's information will be de-identified. Researchers may contact the individual to see if the individual is interested in or eligible to participate in a study.

SPECIAL SITUATIONS

1. As Required by Law. Pacifica Hospital of the Valley will disclose PHI when required to do so by international, federal, state or local law.
2. To Avert a Serious Threat to Health or Safety. Pacifica Hospital of the Valley may use and disclose PHI when necessary to prevent a serious threat to the individual's health and safety or the health and safety of others. Disclosures, however, will be made only to someone who may be able to help prevent or respond to the threat, such as law enforcement or potential victim. For example, Pacifica Hospital of the Valley may need to disclose information to law enforcement when a patient reveals participation in a violent crime.
3. Business Associates. Pacifica Hospital of the Valley may disclose PHI to Pacifica Hospital of the Valley business associates that perform functions on Pacifica Hospital of the Valley behalf or provide Pacifica Hospital of the Valley with services if the information is necessary for such functions or services. For example, Pacifica Hospital of the Valley may use another company to perform billing services on Pacifica Hospital of the Valley behalf. All of Pacifica Hospital of the Valley business associates are obligated to protect the privacy of the individual's information and are not allowed to use or disclose any information other than as specified in our contract.
4. Lawsuits and Disputes If the individual is involved in a lawsuit or a dispute, Pacifica Hospital of the Valley may disclose PHI in response to a court or administrative order. Pacifica Hospital of the Valley also may disclose PHI in response to a subpoena, discovery request, or other lawful request by someone else involved in the request or to allow the individual to obtain an order protecting the information requested.
5. Law Enforcement Pacifica Hospital of the Valley may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, Pacifica Hospital of the Valley is unable to obtain the individual's agreement; (4) about a death Pacifica Hospital of the Valley believes may be the result of criminal conduct; (5) about criminal conduct on Pacifica Hospital of the Valley premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

PACIFICA HOSPITAL OF THE VALLEY

NOTICE OF PRIVACY PRACTICES

USES AND DISCLOSURES THAT REQUIRE PACIFICA HOSPITAL OF THE VALLEY TO GIVE THE INDIVIDUAL AN OPPORTUNITY TO OBJECT/OPT OUT

1. Third Parties involved in the Individual's Care or Payment for Individual's Care. Unless the individual objects, Pacifica Hospital of the Valley may disclose to a member of the individual's family, a relative, a close friend or any other person the individual identifies, the individual's PHI that directly relates to that third party's involvement in the individual's health care. If the individual is unable to agree or object to such a disclosure, Pacifica Hospital of the Valley may disclose such information as necessary if Pacifica Hospital of the Valley determines that it is in the individual's best interest based on Pacifica Hospital of the Valley professional judgment.

INDIVIDUAL'S RIGHTS REGARDING PHI:

The following uses and disclosures of the individual's PHI will be made only with the individual's written authorization:

1. Uses and disclosures of PHI for marketing purposes;
2. Disclosures that constitute a sale of the individual's PHI; and
3. Disclosures of psychotherapy notes.

Other uses and disclosures of PHI not covered by this Notice of Privacy Practice or the laws that apply to Pacifica Hospital of the Valley will be made only with the individual's written authorization. If the individual gives us authorization, the individual may revoke it at any time by submitting a written revocation to Pacifica Hospital of the Valley Compliance Office and we will no longer disclose PHI under the authorization. But disclosure that Pacifica Hospital of the Valley made in reliance on an individual's authorization before the individual revoked it will not be affected by the revocation.

INDIVIDUAL'S RIGHTS REGARDING PHI:

1. Right to Inspect and Copy. The individual has a right to inspect and copy PHI that may be used to make decisions about the individual's care or payment for the individual's care. This included medical and billing records, other than psychotherapy notes. To inspect and copy the individual's PHI, the individual must make their request, in writing, to the Department in which their care was provided. Pacifica Hospital of the Valley has up to 30 days to make the individual Phi available to the individual and Pacifica Hospital of the Valley may charge the individual a reasonable fee for the costs of copying, mailing or other supplies associated with the individual's request. Pacifica Hospital of the Valley may not charge the individual a fee if the individual needs the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. Pacifica Hospital of the Valley may deny the individual's request in certain limited circumstances. If Pacifica Hospital of the Valley does deny the individual's request, the individual has the right to have the denial reviewed by a

PACIFICA HOSPITAL OF THE VALLEY

NOTICE OF PRIVACY PRACTICES

- licensed healthcare professional that was not directly involved in the denial of the individual's request, and Pacifica Hospital of the Valley will comply with the outcome of the review.
2. Right to Get Notice of a Breach. Pacifica Hospital of the Valley is committed to safeguarding the individual's PHI. If a breach of the individual's PHI occurs Pacifica Hospital of the Valley will notify the individual in accordance with state and federal law.
 3. Right to Amend, Correct or Add an Addendum. If the individual feels that the PHI Pacifica Hospital of the Valley has is incorrect, incomplete, or the individual wishes to add an addendum to the individual's records, the individual has the right to make such request for as long as the information is kept by or for Pacifica Hospital of the Valley. The individual must make their request in writing to the Department in which their care was provided. In the case of claims that the information is incorrect, incomplete, or if the record was not created by Pacifica Hospital of the Valley , Pacifica Hospital of the Valley may deny the individual's request. However, if Pacifica Hospital of the Valley denies any part of the individual's request, Pacifica Hospital of the Valley will provide the individual with a written explanation of the reasons for doing so within 60 days of the individual's request.
 4. Right to an Accounting of Disclosures. Individuals have the right to request a list of certain disclosures Pacifica Hospital of the Valley made of PHI for purposes other than treatment, payment, health care operations, and certain other purposes consistent with law, or for which the individual provided written authorization. To request an accounting of disclosure, individuals must make their request, in writing, to the Department in which the individual's care was provided. The individual may request an accounting of disclosures for up to the previous six years of services provided before the date of the individual's request. If more than one request is made during a 12 month period, Pacifica Hospital of the Valley may charge a cost based fee.
 5. Right to Request Restrictions. Individuals have the right to request a restriction or limitation on the PHI Pacifica Hospital of the Valley uses or disclose for treatment, payment, or health care operations. Individuals also have the right to request a limit on the PHI we disclose to someone involved in the individual's care or the payment for the individual's care, like a family member or friend. For example, the individual could ask that Pacifica Hospital of the Valley not share information about a particular diagnosis or treatment with the individual's spouse. To request a restriction, the individual must make their request, in writing, to the Department in which their care was provided. Pacifica Hospital of the Valley is not required to agree to the individual's request unless the individual is asking us to restrict the use and disclosure of the individual's PHI to a health plan for payment or health care operation purposes and such information the individual wishes to restrict pertains solely to a health care item or service for which the individual has paid Pacifica Hospital of the Valley Out-of-pocket in full. If Pacifica Hospital of the Valley agrees, Pacifica Hospital of the Valley will comply with the individual's request unless the information is needed to provide the individual with emergency treatment or to comply with law. If Pacifica Hospital of the Valley does not agree, Pacifica Hospital of the Valley will provide an explanation in writing.
 6. Out-of-Pocket Payments If the individual pays out-of-pocket (or in other words, the individual has requested that Pacifica Hospital of the Valley not bill the individual's health plan) in full for a specific item or service, the individual has the right to ask that the individual's PHI with respect to

PACIFICA HOSPITAL OF THE VALLEY

NOTICE OF PRIVACY PRACTICES

that item or service not be disclosed to a health plan for purposes of payment or health care operations, and Pacifica Hospital of the Valley will honor that request.

7. Right to Request Confidential Communications. Individuals have the right to request that Pacifica Hospital of the Valley communicate with them about medical matters in a certain way or at a certain location. For example, the individual can ask that Pacifica Hospital of the Valley only contact individuals by mail or at work. To request confidential communications, individuals must make their request, in writing, to the Department in which their care was provided. The individual's request must specify how or where the individual wishes to be contacted. Pacifica Hospital of the Valley will accommodate reasonable requests.
8. Right to Choose Someone to Act for the Individual. If the individual gives someone medical power of attorney or if someone is the individual's legal guardian, that person can exercise the individual's rights and make choices about the individual's PHI. Pacifica Hospital of the Valley will use our best efforts to verify that person has authority to act for the individual before Pacifica Hospital of the Valley takes any action.
9. Right to a Paper Copy of This Notice of Privacy Practices. Individuals have the right to a paper copy of this Notice of Privacy Practices. Individuals may ask Pacifica Hospital of the Valley to give the individual a copy of this Notice of Privacy Practices at any time.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES:

Pacifica Hospital of the Valley reserves the right to change this Notice of Privacy Practices and make the new Notice of Privacy Practices apply to PHI Pacifica Hospital of the Valley already has as well as any information Pacifica Hospital of the Valley receives in the future. Pacifica Hospital of the Valley will post a copy of Pacifica Hospital of the Valley current Notice of Privacy Practice at our office. The Notice of Privacy Practices will contain the effective date on the first page, in the top right hand corner. Individuals will be sent information regarding the changes via email or via mail on how they can obtain a new copy. Individuals will be asked to sign off on the new Notice of Privacy Practices at the individual's next scheduled appointment.

ADDITIONAL INFORMATION:

Complaints. If you believe your privacy rights have been violated, you can file a complaint with Pacifica Hospital of the Valley or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the hospital please submit your complaint in writing to: Pacifica Hospital of the Valley, Attn: Chief Privacy Officer, Health Information Services, 9449 San Fernando Rd. Sun Valley Ca 91352. All complaints must be in writing.

A complaint must be made in writing and will not in any way affect the quality of care we provide you.

QUESTIONS: If you have any questions about this Notice, or requests regarding privacy please contact Pacifica Hospital of the Valley Privacy Officer at (818)767.3310

(07/21)

Page 6 of 6