

Your Information. Your Rights. Our Responsibilities.

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.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

U You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

U We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

U You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.

U We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

U You can ask us to contact you in a specific way (for example, home or of office phone) or to send mail to a different address.

U We will say “yes” to all reasonable requests.

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For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

U Share information with your family, close friends, or others involved in your care

U Share information in a disaster relief situation

U Include your information in a hospital directory

U Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<ul style="list-style-type: none"> U We can share health information about you for certain situations such as: U Preventing disease U Helping with product recalls U Reporting adverse reactions to medications U Reporting suspected abuse, neglect, or domestic violence U Preventing or reducing a serious threat to anyone’s health or safety
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Do research	U We can use or share your information for health research.
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Comply with the law	U We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
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Respond to organ and tissue donation requests	U We can share health information about you with organ procurement organizations.
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Work with a medical examiner or funeral director	U We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> U We can use or share health information about you: U For workers’ compensation claims U For law enforcement purposes or with a law enforcement official U With health oversight agencies for activities authorized by law U For special government functions such as military, national security, and presidential protective services
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Respond to lawsuits and legal actions	U We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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UWe are required by law to maintain the privacy and security of your protected health information.

UWe will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

UWe must follow the duties and privacy practices described in this notice and give you a copy of it.

UWe will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.www \(c\)-0.\(f\)16.\(f\)8 2 r.r10 82.56 proupro r.fy 9ytp3pan 1 \(fd1 \(.10 0 0 10 822op36DITex](#)