

SONOMA VALLEY HOSPITAL
Sonoma Valley Health Care District

Notice of Health Information Privacy Practices Acknowledgement

I understand that as part of my healthcare, Sonoma Valley Hospital and its medical staff creates, receives and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment, and any plans for future care or treatment. I understand that my health information may be used and disclosed by Sonoma Valley Hospital and its medical staff to carry out my care and treatment, to obtain payment and for Sonoma Valley Hospital's health care operations.

I have been provided with a copy of Sonoma Valley Hospital's ***Notice of Health Information Privacy Practices*** that provides a description of information uses and disclosures, and I have had an opportunity to ask questions about anything I did not understand. I understand that I have the right to review this notice prior to signing this acknowledgement; furthermore, I understand that Sonoma Valley Hospital reserves the right to change the privacy practices outlined in its ***Notice of Health Information Privacy Practices*** and that any changes may apply retroactively to information created while the current ***Notice*** is in effect. I understand that I may obtain a copy of the revised ***Notice*** by submitting a written request to Sonoma Valley Hospital's Medical Records Department, by requesting one in person, or obtaining a copy from Sonoma Valley Hospital's web site www.svh.com.

I understand that I have the right to "opt out" of the use of my health information for directory purposes; furthermore, I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that Sonoma Valley Hospital is not required to agree with the requested restrictions; if Sonoma Valley Hospital agrees to the requested restrictions, Sonoma Valley Hospital will not use or disclose information about you in any manner contrary to the terms of the restrictions.

I hereby acknowledge that I have been made aware of my rights and have received a copy of Sonoma Valley Hospital's ***Notice of Health Information Privacy Practices*** that details their intended use of my protected health information for treatment, payment, and healthcare operations.

Signature of Patient or Legal Representative/Guardian

Date

Authority or Relationship of Representative
(Attach copy of documentation of authority)

SONOMA VALLEY HOSPITAL

Sonoma Valley Health Care District

THIS NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES 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 Administrative Office at (707) 935-5005.

Our Pledge Regarding Health Information

Sonoma Valley Hospital is committed to protecting medical information about you. This Notice describes the Hospital's privacy practices and that of all its departments and units, all employees, staff, volunteers, physicians, other Hospital personnel, and services. 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;
- 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.

How We May Use And Disclose Your Health Information

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.

We may use and disclose your medical information without your consent or authorization for the following reasons:

- **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, 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.

- **For Payment** We may use and disclose medical information about you so that the treatment and services you receive at the Hospital may be billed 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 the 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.
- **For Health Care Operations** We may use and disclose medical information about you for Hospital 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 disclose information to doctors, nurses, technicians, 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.
- **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 at the Hospital.
- **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 contact you as a part of a fundraising effort for the Hospital and its operation.
- **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.
- **For special purposes** We may disclose medical information about you for special purposes as permitted or required by law, including the following:
 - **Community and public health activities and reports** such as disease control, abuse or neglect, and health and vital statistics.
 - **Administrative oversight** for such things as audits, investigations, licensure, or determining cause of death.
 - **Court order or other legal processes** related to law enforcement activities including custody of inmates, legal actions, or national security activities.
 - **Military and veteran reporting** on members of the armed forces of U.S. or foreign military as required by military command authorities.
- **Organ and tissue donation and transplant reports** as required by regulatory organizations as necessary to facilitate organ or tissue donation and transplant.
- **Workers' compensation or other rehabilitative activities** reporting as required by law or insurers in order to provide benefits for work-related or victim injuries or illnesses.

- **Law enforcement** if asked to do so by a law enforcement official:
 - 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.
 - **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 or other authorized persons or foreign heads of state.
 - **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:
 - for the institution to provide you with health care;
 - to protect your health and safety or the health and safety of others; or
 - for the safety and security of the correctional institution.

Unless you notify us that you object, we will use and disclose your medical information for the following reasons:

- **Hospital Directory** 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., fair, stable, etc.) and your religious affiliation. The 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.
- **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.

Your Rights Regarding Health Information About You

- **Right to Inspect and Copy** You have the right to inspect and copy medical

information that may be used to make decisions about your care. To inspect and copy your medical information, you must submit your request in writing to the Medical Records Department at Sonoma Valley Hospital, 347 Andrieux Street, Sonoma, CA, 95476. We will respond to you within 60 days of receipt of your request. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and explain your right to have the denial reviewed.

- **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 add a statement. To request an amendment, your request and reason for the requested change must be made in writing and submitted to the Medical Records Department at Sonoma Valley Hospital, 347 Andrieux Street, Sonoma, CA, 95476. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (1) correct and complete, (2) not created by us, (3) not allowed to be disclosed, or (4) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial.
- **Right to an Accounting of Disclosures** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of medical information about you. To request the list, you must submit your request in writing to the Medical Records Department at Sonoma Valley Hospital, 347 Andrieux Street, Sonoma, CA, 95476. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We will respond within 60 days of your request. We may charge you for the costs of providing the list.
- **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. We are not required by federal regulation to agree to your request. If we do agree, we will comply with your request within 60 days unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Medical Records Department at Sonoma Valley Hospital, 347 Andrieux Street, Sonoma, CA, 95476.
- **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. To request confidential communications, you must make your request in writing to the Medical Records Department at Sonoma Valley Hospital, 347 Andrieux Street, Sonoma, CA, 95476.
- **Right to 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 can obtain a paper copy from the Medical Records Department or on our website, www.svh.com.

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. In addition, the next time you register 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.

Other Uses Of Health 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 authorization. If you provide us an authorization 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 medical information about you for the reasons covered by the written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.

How to Get More Information or to Report a Problem

If you have questions and/or would like additional information, you may contact our Administrative Office at (707) 935-5005. You may also contact the Department of Health Services, 50 Old Courthouse Square, #200, Santa Rosa, CA.

Effective Date: April 14, 2003

SONOMA VALLEY HOSPITAL

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Opt Out Notification

I, _____, have been notified that Sonoma Valley
Print Name

Hospital will place my name in a directory upon admission to the hospital and may provide basic information: my name, room number & condition; to individuals who inquire. Per Sonoma Valley Hospital's **Notice of Health Information Privacy Practices**, I acknowledge that I have the opportunity to "opt out" of this activity and have chosen to do so as outlined below.

- I request to "opt out" of having my name listed within any Sonoma Valley Hospital **directory** upon admission.

Signature

Date

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Confirmation of Notice of Health Information Privacy Practices

Name of Patient: _____

Sonoma Valley Hospital hereby certifies that it provided:

- the above named Patient; or
- _____ the representative of the above-named patient
Name of Personal Representative

with a copy of its **Notice of Health Information Privacy Practices** on _____ and
Date

at the same time made a good faith effort to obtain a written acknowledgment of his/her receipt of such Notice of Health Information Privacy Practices.

Sonoma Valley Hospital did not receive a written acknowledgment of receipt because:

Sonoma Valley Hospital:

Signature: _____

Printed Name: _____

Title: _____

Date: _____