

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED OR DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

For questions concerning this notice, please contact a LVMC Registration Representative.

WHO WILL FOLLOW THIS NOTICE

This notice describes Lompoc Valley Medical Center's (LVMC) practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of LVMC
- Any member of a volunteer group at LVMC
- All LVMC employees, contracted staff and students
- The LVMC Acute Hospital
- The LVMC Comprehensive Care Center
- LVMC Champion Center
- LVMC Sleep Disorder Center
- LVMC Outpatient Service Locations

All these entities, sites and 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 purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand your medical information and your health is personal. We are committed to protecting your medical information. We create a record of the care and services you receive at LVMC and its entities. We need this record to provide you with quality care and to comply with state and federal legal requirements. This notice applies to all of the records of your care generated by LVMC, whether made by LVMC personnel or your doctor(s). Your doctor(s) or other caregivers 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 the ways in which we may use and disclose your medical information. 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);
- To give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- To follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways we use and disclose medical information. For each category of uses or disclosures this notice explains the uses and provides 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.

Disclosure at your request:

We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

For treatment:

We may use your medical information to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students or other LVMC personnel who are involved in taking care of you. 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 LVMC may share medical information about you in order to coordinate such needs as prescriptions, lab work and X-rays. We also may disclose medical information about you to caregivers outside LVMC who may be involved in your medical care after you leave LVMC, such as a skilled nursing facility, home health agencies, and physicians or other practitioners. For example, we may give your physician access to your health information to assist your physician in treating you while at LVMC and after your discharge.

For payment:

We may use and disclose medical information to an insurance company or other third party to bill for services received for payment collected from you. For example, we need to give your health plan information about a surgery you received at the hospital so your health plan will pay LVMC or reimburse you for the surgery. We will also tell your health plan about a treatment you plan to receive allowing LVMC 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. However, we cannot disclose information to your health plan for payment purposes if you ask us not to, and you pay for the services yourself.

For healthcare operations:

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to operate LVMC 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 LVMC patients to decide what additional services LVMC should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, healthcare students, and other LVMC 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.

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 LVMC.

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 Products and Services:

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

Fundraising Activities:

Under the privacy laws, health care providers are permitted to use Patient Health Information for fundraising activities. LVMC chooses not to exercise this option and will not use your Patient Health Information for any fund raising activities whatsoever.

Hospital Directory:

We may include certain limited information about you in the LVMC directories while you are with us. This information may include your name, location, 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 In 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 entity 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).

Health Information Exchange:

"Health information exchange" is the sharing of healthcare information electronically among doctors, hospitals and other healthcare providers within a community or region. If

permitted by law, we may share basic identifying and medical information about you with other health care providers through a health information exchange.

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 of 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 research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave LVMC.

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 prevent the threat.

SPECIAL SITUATIONS

Organ and Tissue Donation:

We may release medical information to organizations that manage organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Active 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 and federal law. 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
- 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
- To notify emergency response personnel regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws

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.

Data Breach Notification Purposes:

We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and 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 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

National Security and Intelligence Activities:

We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and national security activities authorized by law.

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 LVMC to funeral directors as necessary to carry out their duties.

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 conduct special investigations.

Inmates and individuals in custody:

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.

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 Information:

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses of disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information – e.g., tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief:

We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

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 copy 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 copy medical information that may be used to make decisions about you, you must submit your request, in writing, to LVMC's Health Information Management Department located at 1515 East Ocean Ave, Lompoc, CA 93436 or by calling 805-737-3330. 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 LVMC 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 an Electronic Copy of Electronic Medical Records:

If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach:

You have the right to be notified upon a breach of any of your Protected Health Information.

Right to Amend:

If you feel medical information held by LVMC 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 LVMC.

To request an amendment, your request must be made in writing and submitted to Health Information Management Department located at 1515 East Ocean Ave, Lompoc, CA 93436. 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 LVMC, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information held by or for LVMC

- Is not part of the information which you would be permitted to inspect and copy;
or
- Is accurate and complete.

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 Health Information Management Department located at 1515 East Ocean Ave, Lompoc, CA 93436. 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, 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:

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 Health Information Management Department located at 1515 East Ocean Ave, Lompoc, CA 93436. 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 regarding 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 Health Information Management located at 1515 East Ocean Ave, Lompoc, CA 93436. 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.

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 at www.lompocvmc.com or visit:

Registration Department
Lompoc Valley Medical Center
1515 East Ocean Ave
Lompoc, CA 93436

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 at LVMC. 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 LVMC 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 LVMC or with the Secretary of the Department of Health and Human Services. To file a complaint with LVMC, contact the Director of Quality Improvement located at 1515 East Ocean Ave, Lompoc, CA 93436. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other uses of Medical Information:

Other uses and disclosures of medical information not covered by this notice or the laws that apply will only be made 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 granted permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. 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.

