

ADVENTIST HEALTHCARE, INC.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding Your Health Record/Information. Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

Your Health Information Rights. Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information but we are not required to agree to the requested restriction, unless your requested restriction is with regard to uses and disclosures of your PHI to a health plan for purposes of carrying out payment or healthcare operations, and the PHI pertain solely to a health care item or service for which we have been paid for out-of-pocket in full.
- obtain a paper copy of the notice of privacy practices upon request.
- inspect and obtain a copy of your health record, and you also have the right to a copy of your health record in an electronic format, but only if it is contained in and Electronic Health Record (“EHR”). We may charge you a reasonable cost-based fee to cover copying, postage and/or preparation of a summary, and in the case of a request for a copy of your health record maintained in an EHR (or a summary or explanation of such information) in an electronic format, we may charge you the amount of our labor costs in responding to your request.
- amend your health record.
- obtain an accounting of specified disclosures of your health information, except that we do not have to account for disclosures: (1) authorized by you; and/or (2) made for treatment, payment or healthcare operations, except that if such disclosure of your health information are made through an EHR, you have a right to an accounting of such disclosure made through an EHR.
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our Responsibilities. This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice

- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Any such changes to our practices will be available upon request. We will not use or disclose your health information without your written authorization, except as described in this notice.

For More Information or to Report a Problem. If have questions and would like additional information, you may contact the Organizational Integrity Hotline at 800-814-1434. If you believe your privacy rights have been violated, you can file a complaint with the Organizational Integrity Hotline at 800-814-1434 or with the U.S. Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this hospital.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency, anesthesiology, pathology, and radiology departments; certain laboratory tests; and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising: We may contact you as part of a fundraising effort. Provided, however, any fundraising materials sent to you will contain language which allows you to opt out from receiving any further fundraising communications.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

For Data Breach Notification Purposes: We may use your contact information to provide legally required notices of unauthorized access or disclosure of your health information, We may send notice directly to you or as otherwise allowed by law.

Health Information Exchange: In Maryland, we participate in Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide internet-based health information exchange. As a participant in CRISP, we share information we obtain or create about you with other healthcare providers (such as hospitals, doctors offices, pharmacies, or insurance companies) or we may receive information that other healthcare providers create or obtain about you (such as medication history, medical history, or insurance information) so each of us can provide better treatment and coordination of your healthcare services. In addition, if you visit any Adventist HealthCare facility, your health information may be available to other clinicians and staff who may use it to care for you, to coordinate your health services or for other permitted purposes. You may “opt-out” and prevent searching for your health information through CRISP by following the information given to you about CRISP.

Other Uses: Uses or disclosures of your health record/information for other purposes not listed above will be made only with your written authorization. If you provide us authorization to use or disclose your health information, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written permission; however, we are unable to take back any disclosures we have already made with your permission.

The terms of this Notice of Privacy Practices apply to Adventist HealthCare, Inc., and all of its affiliated entities.

Effective Date: July 18, 2011.