



NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

(Required by federal regulation 45 CFR 164.520)

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.

Our Pledge Regarding Your Health Information

We understand that information about you and your health is confidential. We are committed to protecting the privacy of this information. Each time you visit a Sharp HealthCare facility we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care created by any of the Sharp HealthCare affiliated entities, whether made by any health care personnel or your physician.

This notice describes your health care information privacy rights and the obligations Sharp HealthCare has regarding how we may use and disclose your health information.

Our Responsibilities

Federal and California law makes us responsible for safeguarding your protected health information. We must provide you with this notice of our privacy practices and follow the terms of the notice currently in effect. We will notify you if a breach of your protected health information occurs and we will not disclose your information (other than as described below) without your written permission.

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 your current health information and any information we receive in the future. We will post a copy of the current notice throughout our organization and on our Web site at **www.sharp.com**. A copy of the notice currently in effect will be available at the registration area of each Sharp HealthCare facility.

How We May Use and Disclose Your Protected Health Information

California and federal law permits disclosures of your health information without any verbal or written permission from you. The following categories describe different ways that we use your health information within Sharp HealthCare and disclose your health information to persons and entities outside of Sharp HealthCare. We have not listed every use or disclosure within the categories below. For more information on how we can use your protected health information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Your Contact Information: We may use and disclose your contact information. Some examples of how this information may be used include appointment reminders, to update you on your care or care-management options, or to work with you on payment arrangements. By providing us with your contact information, you give your consent that we may use it. We may contact you by the following means (even if we initiate contact using an automated telephone dialing system and/or an artificial or prerecorded voice):

- a paging service,
- cellular telephone service,

- specialized mobile radio service,
- other radio common carrier service, or
- any other service that charges you for receiving the contact.

Treatment: We may use your health information to provide or coordinate your medical treatment and services. We may disclose health information about you to doctors, nurses, technicians, medical students, interns or other allied health personnel who are involved in providing for your well-being during your visit with us. We also may communicate information to another non-Sharp health care provider for the purposes of coordinating your continuing care. If you telephone our Nurse Connection service to seek advice for health care, we may use and disclose the information you provide to us to a care team member to assist in providing quality health care.

Payment: We may use and disclose your information for billing and to arrange for payment from you, an insurance company, a third party or a collection agency. This also may include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

Health Care Operations: We may use and disclose relevant health information about you for health care operations, a variety of activities necessary to operate our health care facility and to make sure all of our patients receive quality care. Examples include:

- quality assurance activities
- post-discharge telephone calls to follow-up on your health status
- granting medical staff credentials
- administrative activities, including Sharp HealthCare financial and business planning and development
- customer service activities including investigation of complaints, and
- certain marketing activities such as health education options for treatment and services

Fund Raising: We may use demographic information and your dates of service for our own fundraising purposes. If you would prefer not to receive fundraising material, you may choose to opt out of receiving these communications.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples of business associates include accreditation agencies, management consultants, quality assurance reviewers, and billing and collection services. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, we require our business associates to sign a contract or written agreement stating that they will appropriately safeguard your health information.

Special Situations That Do Not Require Your Authorization

Organ and Tissue Donation: We may release health information to organizations that handle organ, eye or tissue procurement or transplantation.

Research That Does Not Require Individual Authorization: Sharp Health Care follows applicable federal and California law and established procedures meant to ensure your safety and privacy. We may disclose your protected health information to researchers when an Institutional Review Board ("IRB") has determined, that there is minimal risk to you, and your express consent is not required.

Military and Veterans: If you are a member of the armed forces, we may release health information about you as required by military command authorities.

Worker's Compensation: We may release health information about you for worker's compensation or similar programs if you have a work-related injury. These programs provide benefits to you for your work related injuries.

Averting a Serious Threat to Health or Safety: When necessary, we may use and disclose health information about you to prevent a serious threat to your health or safety or to the health and safety of another person or the public.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include 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.

Public Health Activities: We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child and adult abuse or neglect
- To report reactions to medications, problems with products or other adverse events
- 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

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement: We may disclose health information if asked to do so by law enforcement officials for the following reasons:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- To identify the victim of a crime if, under certain circumstances, we are unable to obtain the person's authorization
- To release information about a death we believe may be the result of criminal conduct
- To provide information about criminal conduct at our facility
- 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 disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We also may release health information about patients at our facility to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose health information about you to the correctional institution or the law enforcement official. This is necessary for the correctional institution to provide you with health care, to protect your health and safety and the health and safety of others, and to protect the safety and security of the correctional institution.

Legal Requirements: We will disclose health information about you without your permission when required to do so by federal or California law.

With Your Verbal Agreement

Individuals Involved in Your Care or Payment for Your Care: With your verbal agreement, we may disclose health information about you to a family member or friend who is involved in your medical care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort (such as the Red Cross) so that your family can be notified about your condition, status and location.

Directory Information: Each Sharp HealthCare hospital has a “directory” of limited information about currently hospitalized patients available to anyone who asks for a patient by name. The directory information includes four items: (1) patient name, (2) location, (3) general condition (undetermined, good, fair, serious, critical), and (4) religious affiliation (available to clergy only). Directory information allows visitors to find your room and florists to deliver flowers to you. You will be asked to agree to have all or part of this information included in the directory each time you come to a Sharp HealthCare hospital. If you refuse to have your information included in the directory, we will not be able to reveal your presence or your location in the hospital to your family or friends.

Situations Requiring Your Written Authorization

If there are reasons we need to use your information that have not been described in the sections above, we will obtain your written permission. This permission is described as a written “authorization.” If you authorize us to use or disclose health 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 health information about you for the reasons stated in your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care we provide to you. Some typical disclosures that require your authorization are:

Special Categories of Treatment Information: Sharp HealthCare follows applicable federal and California privacy laws. Except where required or permitted by those laws, we will only release the following types of information with your (or your representative’s) written signature:

- disclosures of drug and alcohol abuse treatment,
- Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) test results, and
- mental health treatment.

Research That Requires Individual Consent: Except as provided by law, we may disclose your health information to researchers only after you have signed a specific written authorization. In addition, an Institutional Review Board (IRB) will already have reviewed the research proposal, established appropriate procedures to ensure the privacy of your health information and approved the research. You do not have to sign the authorization. However, if you refuse, you cannot be part of the research study and may be denied research-related treatment.

Marketing: Under most circumstances, we will obtain your authorization for Sharp HealthCare related marketing activities. Exceptions include direct face-to-face communication, if we give you a gift that is of nominal value, or if the marketing activity is to provide you with information about Sharp HealthCare's treatment options or services.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you. You may contact a health information representative where services were provided to obtain additional information and instructions for exercising the following rights.

You have the right to:

1. **Obtain a copy of Sharp HealthCare's Notice of Privacy Practices.**
2. **Request a restriction on certain uses and disclosures of your information.** This request must be in writing. We are not required to agree to your request. We will not agree to any requests if it would affect your quality of care or if we are not able to do so. If we agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment. In addition, if you pay for services or a healthcare item out-of-pocket and in full, you may request that we not disclose that information for the purpose of payment or our operations with your health insurer. We can only address requests for Sharp HealthCare's affiliated entities. Your request will not extend to a physician's private practice.
3. **Inspect and request a copy of your health record.** This request for inspection or copies must be in writing and directed to the Sharp HealthCare entity where services were provided. A reasonable fee for copies will be charged. We may deny your request under limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another health care professional chosen by someone on our health care team. Sharp HealthCare will abide by the outcome of that review.
4. **Request an amendment to your health record if you feel the information is incorrect or incomplete.** Your request must be made in writing and it must include a reason that supports the request. We may deny your request if the information was not created by our health care team, if it is not part of the information kept by our entity, if it is not part of the information which you are permitted to inspect and copy, or if the information is accurate and complete as stated. **Please note:** If we accept your request for amendment, we are not required to delete any information from your health record.
5. **Obtain an accounting of disclosures to others of your health information.** The accounting will provide information about disclosures made for purposes *other than* treatment, payment, health care operations, disclosures excluded by law or those you have authorized.
6. **Request confidential communications.** You have the right to request that we communicate with you about health issues in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. We will accommodate all requests that are reasonable based on our system capabilities. Your request must be in writing and specify the exact changes you are requesting.

7. **Revoke your authorization.** You have the right to revoke your authorization for the use or disclosure of your health information except to the extent that action has already been taken.

8. **Complain about any aspect of our health information practices to us or to the United States Department of Health and Human Services.** If you have complaints or concerns about this notice or how Sharp HealthCare handles your health information, you should contact the Sharp HealthCare Vice President of Corporate Compliance, 8695 Spectrum Center Blvd., San Diego, CA 92123. There will be no retaliation against you if you file a complaint with Sharp HealthCare. You also may submit a formal complaint in writing to the Office of Civil Rights, Department of Health and Human Services.

Sharp HealthCare Affiliated Entities

**Sharp HealthCare
Sharp Chula Vista Medical Center
Sharp Coronado Hospital and Healthcare Center
Sharp Grossmont Hospital
Sharp Mary Birch Hospital for Women & Newborns**

**Sharp Memorial Hospital
Sharp Mesa Vista Hospital
Sharp McDonald Center
Sharp Rees-Stealy Medical Centers**

Contact the Vice President of Corporate Compliance at 1-800-82-SHARP if you have questions about this Notice of Privacy Practices.