

Marshall Medical Center Notice of Privacy Practices

Effective Date: April 14, 2003

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED
AND YOUR RIGHTS UNDER THE LAW.**

PLEASE REVIEW IT CAREFULLY.

The law permits us to use or disclose your medical information for the following purposes:

Treatment. We may disclose medical information to doctors, our staff, healthcare students, skilled nursing facilities, home health agencies, hospice, medical equipment suppliers, or others involved in your care. We may share your information with ACCEL (Access El Dorado). ACCEL is a health program that allows community health services to work together for improved care in El Dorado County. Health care providers involved in your care can share information through ACCEL to help provide better care and treatment. You can opt out of ACCEL, in writing, to Marshall's Privacy Officer.

Payment. We may disclose medical information to bill for the services you receive at our facilities, collect share of cost from you, and obtain prior authorization from your health plan for services to determine coverage.

Health Care Operations. We may use and disclose your medical information for health care operations, which are necessary to run the organization and ensure quality care. We are required by state law to disclose cancer cases to the California Cancer Registry.

Appointment Reminders. We may use and disclose medical information when we contact you about appointments.

Treatment Alternatives and Health Related Products. We may use and disclose medical information to recommend possible treatment options or alternatives and health-related products or services we offer.

Facility Directory. We list your name, location, religious affiliation, and general condition (e.g. fair, stable, etc.) in our directory while you are a patient. This information, except your religious affiliation, may be released to people who ask for you by name. You may opt out of the directory at the time of registration.

Communication with Friends and Family. We may disclose your relevant medical information to a friend or family member who is involved in your care or to someone who helps pay for your care, to notify them of your location, general condition or in the event of your death. You may object to such disclosure by notifying us orally or in writing.

Fundraising. We may use or disclose your demographic information and/or dates of service to The Marshall Foundation for its fundraising efforts. You may opt out of such communication by notifying the Foundation, 1124 Sherman Street, Placerville, CA 95667.

Required By Law, Judicial or Administrative Proceeding or to Law Enforcement. We may disclose your medical information as required by law, or in response to a court order, subpoena, search warrant or summons, and to law enforcement under special circumstances.

For Public Health and Safety. We may disclose your medical information to agencies such as Animal Control, DMV, or Poison Control to prevent serious threat to your health and safety, or of the public.

Health Oversight Activities. We may disclose your medical information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings, as authorized by law.

Deceased Person Information. In the event of your death, we may disclose your medical information to coroners, medical examiners and funeral directors, as necessary to carry out their duties.

Organ Donation. We may disclose your medical information to organizations involved in procuring, banking or transplanting organs and tissues.

Research. We may disclose your medical information for research that has been approved by Marshall Medical Center's Institutional Review Board. We will ask for your written authorization if the researcher will have access to any information that reveals your identity, or if the researcher will be involved in your care at the facility.

National Security and Military Personnel. We may disclose your medical information to federal officials for military, intelligence, counterintelligence, or other national security purposes.

Inmates. If you are an inmate of a correctional institution or in custody of law enforcement, we may release your medical information to these officials.

Worker's Compensation. We may disclose your medical information as necessary to comply with Worker's Compensation laws.

You have the following rights:

Right to Inspect and Copy. You may request a copy of your medical information. We may deny your request in under very limited circumstances, in which case you may request a review of the denial.

Right to Amend. You have the right to ask us to amend your medical information if you feel we have incorrect or incomplete information.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures except those for treatment, payment, health care operations and certain other disclosures not required by law to be accounted.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose, unless the information is needed to provide emergency treatment.

Alternate Contact Information for Confidentiality Purposes. You have the right to choose how we communicate with you about medical matters.

Right to a Paper Copy of This Notice. A more detailed Notice is available at the admitting desk or at our website: www.marshallmedical.org.

Contact Information or Complaints

If you believe your privacy rights have been violated, contact: The HIPAA Hotline - (530) 626-2996 or the Dept. of Health & Human Services

You will not be retaliated against or penalized for making a complaint.