

## Notice of Privacy Practices

Effective Date: July 1, 2024

We understand that medical information about you 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 all of our facilities. We need this record to provide you with quality care and to comply with legal requirements. We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices with respect to your medical information. This notice applies to all of the records of your care generated at our facilities, whether made by our hospital personnel or your personal doctor. Health care professionals outside of Marshall Medical Center may have different policies.

We have adopted a secure, integrated, electronic health record (EHR) technology to enhance and improve the efficiency, effectiveness, clinical, and quality of care provided to our patients. The University of California Davis Health System (UCDHS) hosts our EHR platform of our patients' medical records. Your medical information may be accessed by UCDHS for maintenance and interoperability purposes in accordance with federal and state privacy laws.

### **I. WHO WILL FOLLOW THIS NOTICE**

This notice describes our privacy practices and those of:

- Any health care professional authorized to enter information into your medical records.
- All employees, staff and volunteers of all our departments and units.
- Affiliated entities.
- Other health care professionals who provide you with medical care in our facilities.

All entities and health care providers described in this notice may share your medical information with each other, as necessary to carry out their treatment, payment and operations.

### **II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

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

1. **Disclosure at your request.** We may disclose information when requested by you. This disclosure may require a written authorization by you.
2. **Treatment.** We use your medical information to provide you with medical treatment services. We may disclose medical information to doctors, our staff, healthcare students, or others involved in your care. 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 dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of Marshall Medical Center may share your medical information in order to coordinate your care, such as prescriptions, lab work and x-rays. We may disclose your medical information to people outside of the organization who are involved in your medical care after you leave our facilities, such as skilled nursing facilities, home health agencies, hospice, or durable medical equipment suppliers.
3. **Payment.** We may use and disclose your medical information so that the treatment and services you receive at our facilities can be billed to and payment may be collected from you, an insurance company, or a third party. 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. We may also provide basic

information about you and your health plan, insurance company or other source of payment to practitioners outside Marshall Medical Center 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.

**4. Health Care Operations.** We may use and disclose your medical information for health care operations. These uses and disclosures are necessary to run the organization and make sure that all of our patients receive quality care. For example: 1) conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines; 2) reviewing the competence or qualifications of health care professionals; 3) conducting or arranging for medical review, legal services, and auditing functions; 4) business planning and development; 5) business management and general activities; and 6) reporting to health oversight agencies, including the California Cancer Registry for reporting cancer cases. In all of the above situations, we may remove information that identifies you so others may use the data to study health care and health care delivery.

**5. 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 our facilities.

**6. Treatment Alternatives and Health Related Products.** 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.

**7. 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., 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, 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.

**8. 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. In addition, we may disclose your medical information to an organization 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).

**9. Fundraising.** We may use or disclose your demographic information, dates of services and departments where services were provided to The Marshall Foundation for Community Health in an effort to raise money for the hospital and its operations. You have the right to opt out of receiving fundraising communications.

**10. As Required By Law, Judicial or Administrative Proceeding or to Law Enforcement.** We may disclose your medical information as required by law, in the course of administrative or judicial proceedings or to law enforcement in response to a court order, subpoena, search warrant or summons. We may disclose your medical information to a law enforcement official for the following reasons: (1) in response to a court order, subpoena, warrant, or summons; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) about a death we believe may be the result of criminal conduct; and (4) about criminal conduct at the hospital.

**11. To Avert Serious Threat to Health or Safety and for Public Health Purposes.** We may disclose your medical information to appropriate agencies such as Animal Control, DMV, or Poison Control to prevent

serious threat to your health and safety, or the health and safety of the public or another person. As required by law, we may disclose your medical information to public health authorities for purposes related to: (1) preventing or controlling disease, injury or disability; (2) reporting child, elder, or dependent adult abuse or neglect; (3) reporting domestic violence; (4) reporting problems with products and reactions to medications; (5) reporting disease or infection exposure; (6) reporting births and deaths; and (7) notifying emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

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

**13. Coroners, Medical Examiners, Funeral Directors.** 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.

**14. Organ and Tissue Donation.** We may disclose your medical information to organizations involved in procuring, banking or transplanting organs and tissues, as necessary to facilitate organ or tissue donation or transplantation.

**15. Research.** Under certain circumstances, we may use and disclose your medical information for research purposes, which may include informing you of research studies that might be of interest to you. Such research projects must be approved by an Institutional Review Board that has reviewed the research proposal and establishes protocols to ensure the privacy of your health information.

**16. National Security and Military Personnel.** We may disclose your medical information to federal officials for intelligence, counterintelligence, or other national security purposes, as required by law. If you are a member of the armed forces, we may disclose your medical information, as required by military command authorities.

**17. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your medical information to the correctional institution or law enforcement official.

**18. Workers' Compensation.** We may disclose your medical information as necessary to comply with Workers' Compensation laws.

**19. Special Categories of Information.** In some circumstances, your medical information may be subject to restriction that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information (e.g., HIV tests 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.

**20. Health Information Exchanges (HIE) in which we participate.** An HIE is a way for doctors' offices, hospitals, and other healthcare organizations that provide you with care to share and have access to your health information. In emergency situations where you may be unable provide information, an HIE allows your care providers to quickly view your medical history to take note of allergies or medical conditions that may affect your treatment. HIEs follow applicable state and federal privacy laws on who can access data and for what purpose. If you have questions about whether your information is being shared with an HIE, please contact Marshall's Health Information Management department at 530-626-2620.

### III. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of your 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 authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, this will stop any further use or disclosure of your medical information for the purposes which you authorized, except if we have already acted in reliance on your authorization.

Special laws apply to certain kinds of health information considered particularly private or sensitive to a patient. This sensitive information includes psychotherapy notes, sexually transmitted diseases, drug and alcohol abuse treatment records, mental health records, and HIV/AIDS information. When required by law, we will not share this type of information without your written permission. In certain circumstances, a minor's health information may receive additional protections.

### IV. YOUR MEDICAL INFORMATION RIGHTS

You have the following rights regarding your medical information:

- 1. Right to Inspect and Copy.** You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care by submitting a request in writing to Health Information Management, Marshall Medical Center, 1100 Marshall Way, Placerville, CA 95667. If you request a copy of the information, we may charge for the costs of copying, mailing, or other supplies associated with your request. We may deny your request in certain, very limited circumstances, in which case you may request a review of the denial. Another licensed health care professional, not involved with the denial, will review your request and the denial. We will comply with the outcome of the review.
- 2. Right to Amend.** You have the right to ask us to amend your medical information if you feel we have incorrect or incomplete information by submitting a request in writing to Health Information Management, Marshall Medical Center, 1100 Marshall Way, Placerville, CA 95667. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that: (1) was not created by us; (2) is not part of the medical information kept by or for us; (3) is not part of the information which you can inspect and copy; or (4) is accurate and complete. Even if we deny your request, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record which you believe to be incorrect or incomplete. The addendum will be attached to your medical record.
- 3. Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" (a list of disclosures we made of your medical information except those for treatment, payment, health care operations and certain other disclosures not required by law to be accounted) by submitting a request in writing to Health Information Management, Marshall Medical Center, 1100 Marshall Way, Placerville, CA 95667. Your request must state a time period which may not be longer than six years and may not include disclosures dated 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 will be free. We will charge you the cost of preparation for subsequent lists you request within a 12 month period. In addition, we will notify you as required by law following a breach of your unsecured protected health information.
- 4. 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, health care operations or to someone who is involved in your care or the payment for your care. You must submit your request in writing to

Health Information Management, Marshall Medical Center, 1100 Marshall Way, Placerville, CA 95667. You may also 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. We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes, if you, or someone else on your behalf (other than health plan or insurer) has paid for the item or service out-of-pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**5. Right to Request Confidential Communications.** You have the right to choose how we communicate with you about medical matters, i.e. only at work or by mail. To request confidential communications, you must make your request in writing at the time of service or in writing to Health Information Management, Marshall Medical Center, 1100 Marshall Way, Placerville, CA 95667. We will accommodate all reasonable requests.

**6. Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may obtain a paper copy of this notice at the registration desk at most of our facilities. You may also obtain a copy of this notice at our website: [www.marshallmedical.org](http://www.marshallmedical.org).

## **V. CHANGES TO THIS NOTICE**

We reserve the right to change this Notice at any time in the future, and to make the new provisions effective for all information we maintain, including information that was created or received prior to the date of the change. We will offer you a copy of the current Notice in effect each time you register or are admitted to the hospital.

## **VI. COMPLAINTS**

If you believe your privacy rights have been violated, contact:

Privacy Officer  
Marshall Medical Center  
1100 Marshall Way  
Placerville, CA 95667  
(530) 626-2996

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.