

NOTICE OF PRIVACY PRACTICES

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

If you have any questions about this notice, please contact the Privacy & Security Officer at: 805-569-7339.

WHO WILL FOLLOW THIS NOTICE

This Privacy Notice explains the practices of all the hospitals and entities in Cottage Health including:

- Santa Barbara Cottage Hospital
- Goleta Valley Cottage Hospital
- Santa Ynez Valley Cottage Hospital
- Pacific Diagnostic Laboratories

In addition to all Cottage Health entities, sites and locations, the following persons, entities and groups also follow the terms of this Privacy Notice:

- Any health care professional authorized to enter information into your hospital chart including our medical staff and independent contractors.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and any other hospital personnel.

In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operation purposes described in this Privacy Notice. This Privacy Notice will tell you about the ways we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

OUR PLEDGE

We understand that medical information about you and your health is personal, and we are committed to protecting it. To provide you with quality care and to comply with certain legal requirements, we create a record of the care and services you receive at the hospital. This Privacy Notice applies to all records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or privacy notices regarding his or her use and disclosure of your medical information created in his or her office or clinic.

This Privacy Notice will tell you about the ways in which we may use and disclose medical information about you. 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);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- 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 we will explain what we mean and try to give some examples. Not every use or disclosure in a category is 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 medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, residents, or other hospital personnel who are involved in taking care of you at the hospital. 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 this example, the doctor may need to tell the dietician that you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital may also share medical information about you in order to coordinate the different things you need for treatment, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as personnel at skilled nursing facilities, 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.

FOR PAYMENT. We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to you and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health insurer information about surgery you received at the hospital so the insurer will pay us or reimburse you for the surgery. We may also tell your health insurer 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 the hospital who are involved in your care, to assist them in obtaining payment for services they provide to you.

FOR HEALTH CARE OPERATIONS. We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the hospital and make sure all our patients receive quality care. For example, members of the medical staff, the 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 in an effort to continually improve the quality and effectiveness of the services we provide. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital 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 the hospital.

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. We may use information about you, or disclose such information to a foundation related to the hospital, to contact you in an effort to raise money for the hospital and its operations. In such cases, we would only release contact information, such as your name, address, and phone number and the dates you received treatment or services at the hospital. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt out.

Cottage Health Development Office
P.O. Box 689
Santa Barbara, CA 93105

HOSPITAL DIRECTORY. In conformity with applicable laws, 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, your location in the hospital, your general condition (for example, good, fair, serious, or critical) 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. This information will not be made available if you are hospitalized in the Psychiatric/Chemical Dependency unit.

MARKETING AND SALE. Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information, require your authorization.

TO INDIVIDUALS INVOLVED IN YOUR CARE OR 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.

DISASTER RELIEF EFFORT. 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 (for example, a family member or agent under a health care power of attorney).

FOR RESEARCH. Under certain circumstances, we may use and disclose medical information about you for research purposes. A research project, for example, may involve comparing the health and recovery of all patients who receive one medication to those who received another medication for the same condition. Alternatively, a collaborating researcher may request leftover tissue or blood specimens in order to promote the advancement of science or medicine. Limited patient information may accompany the specimen(s). All research projects are subject to a special approval process through the Institutional Review Board. This approval 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, so long as the medical information they review does not leave the hospital and the Institutional Review Board has approved such activity.

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 help prevent the threat.

SPECIAL SITUATIONS

ORGAN AND TISSUE DONATION. To conform with applicable laws, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

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. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

WORKERS' COMPENSATION. In conjunction with applicable laws, we may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

PUBLIC HEALTH ACTIVITIES. In conformity with applicable laws, 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 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 to it or if mandated or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

HEALTH OVERSIGHT ACTIVITIES. In accordance with applicable laws, 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.

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 a written notice to you) or to obtain an order protecting the information requested.

LAW ENFORCEMENT. To conform with applicable laws, we may release medical information if asked to do so by law enforcement officials. For patients hospitalized in the acute Psychiatric unit, the information released must be in accordance with Welfare and Institution Code 5328(u).

For all other Law Enforcement situations, we may release medical information:

- 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.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS. In accordance with applicable laws, 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 the hospital to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES. In compliance with applicable laws, we may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS. In accordance with applicable laws, 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.

SECURITY CLEARANCES. We may use medical information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the U.S. Department of State who need access to that information for these purposes.

INMATES. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for:

- The institution to provide you with health care;
- The protection of your health and safety or the health and safety of others; or
- 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 or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information, such as 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.

PSYCHOTHERAPY NOTES. Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

We may disclose your psychotherapy notes, as required by law or:

- For use by the originator of the notes
- In supervised mental health training programs for students, trainees, or practitioners
- By the covered entity to defend a legal action or other proceeding brought by the individual
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public
- For the health oversight of the originator of the psychotherapy notes
- For use or disclosure to coroner or medical examiner to report a patient's death
- For use or disclosure necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public
- For use or disclosure to the secretary of DHHS in the course of an investigation

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. This usually includes medical and billing records however, it may not include mental health information. To inspect and obtain a copy of medical information that may be used to make decisions about you, you must submit your request in writing to:

Cottage Health
Health Information Management Department
P.O. Box 689
Santa Barbara, CA 93105

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or any other supplies associated with your request.

We reserve the right to 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 the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request and we will comply with the outcome of the review.

RIGHT TO AMEND. If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to correct or amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. To request an amendment, submit your written request to:

Cottage Health
Health Information Management Department
P.O. Box 689
Santa Barbara, CA 93105

You must include the 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 us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum. This addendum, which shall not exceed 250 words, will refer to any item or statement in your record that 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.

HEALTH INFORMATION EXCHANGE. “Health Information Exchange” is the sharing of healthcare information electronically among doctors, hospitals and other healthcare providers within a region or community. If permitted by law, we may share basic identifying and medical information about you with other health care providers through a health information exchange.

RIGHT TO AN ACCOUNTING OF DISCLOSURES. You have the right to request an “accounting of disclosures”. This is a list of the disclosures that were made about your medical information that did not pertain to our own use for treatment, payment and health care operations (as 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:

Cottage Health
Health Information Management Department
P.O. Box 689
Santa Barbara, CA 93105

- Your request must state a time period no longer than six years and may not include any 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 any additional requests, 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.

We will notify you as required by law following a breach of your unsecured protected health information.

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, 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 the 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 agree to another special restriction, 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:

Cottage Health
Health Information Management Department
P.O. Box 689
Santa Barbara, CA 93105

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; 3) to whom you want these 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 about 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 e-mail. To request confidential communications, you must make your request in writing to:

Cottage Health
Health Information Management Department
P.O. Box 689
Santa Barbara, CA 93105

We will not ask you the reason for your request, and we will accommodate all reasonable requests. Your request must specify where and how you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS PRIVACY NOTICE. You have the right to a paper copy of this Privacy Notice. You may ask us to give you a copy of this Privacy Notice at any time. Even if you have agreed to receive this Privacy Notice electronically, you are still also entitled to a paper copy.

You may obtain a copy of this Privacy Notice at our website: www.cottagehealth.org.

To obtain a paper copy of this Privacy Notice, please contact our Admitting Department at:

Cottage Health
Admitting Department
P.O. Box 689
Santa Barbara, CA 93105
(805) 682-7111 ext. 53692

OTHER USES OF MEDICAL INFORMATION. Other uses and disclosures of medical information that are not covered by this Privacy Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, this permission may be revoked at any time in writing. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization. Please understand and acknowledge 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.

CHANGES TO THIS NOTICE. Cottage Health reserves 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 in the hospital. 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 hospital 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 hospital or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the hospital, contact the Cottage Health Privacy & Security Officer at:

Cottage Health
Compliance Department
P.O. Box 689
Santa Barbara, CA 93105
(805) 569-7339

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

Original Effective Date: September 1, 2013
Revision Dates: 02/01/2015; 06/23/2015