Notice of Privacy Practices

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.


INTRODUCTION

Dignity Health is a member of CommonSpirit Health, a large health system including Catholic hospitals across the U.S. As part of this system, we are one of many health care providers (we refer to as members) of CommonSpirit Health in the California region. This includes hospitals, clinics, home health agencies, and other staff members make a record each time you visit. This notice applies to all the facilities and services described above. It applies to everyone who sees or treats you. It also applies to our employees, students and volunteers, including those at regional support offices and departments.

OUR PLEDGE TO YOU

We understand that your health information is private and personal. We are committed to maintaining the confidentiality of your health information. We understand that your medical information is confidential and that you may not be comfortable discussing very private information with us. You should feel free to share as much or as little information as you want with us. We believe in communicating our legal duties and privacy practices for your protected health information. We will gladly explain this notice to you or your family member/spokesperson. We are required by law to maintain the confidentiality of your health information and to provide you with this Notice of Privacy Practices. This notice applies to all the facilities and services described above. It applies to everyone who sees or treats you. It also applies to our employees, students and volunteers, including those at regional support offices and departments.

WHO MUST FOLLOW THIS NOTICE?

We will follow this notice to ensure that your health information is protected. We will only use or disclose your health information with your permission unless otherwise required or permitted by law. We will follow this notice to protect your health information, regardless of whether it is carried on paper, electronically, or orally. In simple terms, your “protected health information” is information about you, your name, age, race, phone number, home address, social security number, medical records and billing records. This notice is valid, or can be oral or in electronic form.

WILL MY HEALTH INFORMATION BE SHARED WITH OTHERS?

We will not disclose your health information without your authorization (except as described below) unless you give us written permission (an “authorization”). If you give us written permission to use or disclose your health information for a purpose not described in this notice, we will disclose only the information specified in the authorization.

We may need to disclose your health information with others in order to provide you with health care, treatment or services. We may also use or disclose your health information, as described in this notice, to bill you for services and to collect payment from you or a third party payment source. We may use or disclose your health information as described in this notice to carry out activities related to our health care operations.

If the police present a search warrant or other court order, we may disclose your health information. We may also disclose your health information if we believe it necessary to prevent serious harm to you or someone else, if we receive a court order or other legal process that specifically authorizes the use or release of your health information, if we believe it necessary to prevent a serious threat to public health or safety, or if you are a suspect in a crime.

If we disclose your health information to a marketing company or any other entity for purposes of marketing, we will obtain your written authorization. If you are an agent of a charitable organization and you are authorized to protect your health information, you may revoke (take back) that permission in writing at any time. If you revoke your authorization, we are not required to follow your request if it was made for the purpose of research. However, we cannot remove any disclosures that we already made based on your prior permission.

We will get your written permission to use and disclose your health information for these purposes only when required by law.

Your rights are listed below. Some of the rights require a written request form. You can get more details about any of your rights by contacting our Privacy Officer. You may also seek a more complete explanation of your rights from the Privacy Officer.

Right to Request a Copy of This Notice: Accessing or Copies: In most cases, when you ask in writing for a copy or if you request in writing to get a copy of a particular record in your health information, we will give you a copy of an explanation of benefits (EOB) related to your care. We will give you a form to fill out to make the request. You can look at medical information about you for free. If you request paper or electronic copies of the information, we may charge a fee for the cost of copying. We will give you an explanation of the cost in advance, and you may choose to decline the copy.

Required by Law: We are sometimes required by law to report certain types of information. For example, we may report information about births and deaths to public health authorities. We may also report information to public health authorities or government agencies whose official business includes the health of the local community. In some cases, we will ask you to sign a consent form that can save you time and money. If you do not sign a consent form, we will give you a chance to talk to your doctor or other health care provider who has made a record each time you visit. This notice applies to all the facilities and services described above. It applies to everyone who sees or treats you. It also applies to our employees, students and volunteers, including those at regional support offices and departments.

Right to Receive Notice of a Privacy Breach:

For each Privacy Breach, we will give you a form to fill out to make the request. We will provide a written notice of the Privacy Breach to you. If we are required to give you a Privacy Breach notice because of a Breach of the Security Rule, we will include a description of the Breach, the dates it occurred, and a description of what happened.

We will also give you a list of disclosures that we have made of your protected health information. We may share health information with others as permitted to achieve regional or national goals, including regional or national disaster preparedness. We may also contact you about your health care. We may give you a form to fill out to make the request. We will provide you with a Privacy Breach notice. We will give you a Privacy Breach notice if you request a copy of a particular record in your health information.

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Wrong Use or Disclosure of Information: We will not disclose your health information without your authorization (except as described below), unless you give us written permission (an “authorization”). If you give us written permission to use or disclose your health information for a purpose not described in this notice, we will disclose only the information specified in the authorization.

We may need to disclose your health information with others in order to provide you with health care, treatment or services. We may also use or disclose your health information, as described in this notice, to carry out activities related to our health care operations.

If the police present a search warrant or other court order, we may disclose your health information. We may also disclose your health information if we believe it necessary to prevent serious harm to you or someone else, if we receive a court order or other legal process that specifically authorizes the use or release of your health information, if we believe it necessary to prevent a serious threat to public health or safety, or if you are a suspect in a crime.

If we disclose your health information to a marketing company or any other entity for purposes of marketing, we will obtain your written authorization. If you are an agent of a charitable organization and you are authorized to protect your health information, you may revoke (take back) that permission in writing at any time. If you revoke your authorization, we are not required to follow your request if it was made for the purpose of research. However, we cannot remove any disclosures that we already made based on your prior permission.

We will get your written permission to use and disclose your health information for these purposes only when required by law.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You can get this notice electronically, you still can have a paper copy of this notice. You can ask in writing for a paper copy of this notice. If we give you a paper copy of this notice, we will not charge you a fee.