



**NOTICE OF PRIVACY PRACTICES**  
**Santa Clara Valley Medical Center**  
**San Jose, CA 95128**

Effective Date: 08/30/04

**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.**

If you have any questions about this notice, please contact:

Santa Clara Valley Medical Center  
ATTN: Privacy Coordinator  
Medical Record Services  
751 S. Bascom Avenue  
San Jose, CA 95128

**OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Santa Clara Valley Medical Center (SCVMC). We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which we may use and share your protected health information (“PHI”). It also describes your rights and certain actions we must take when using or sharing your PHI with other people or organizations. We are required by law to:

- ◆ make sure that PHI linked to you is kept private and confidential (with some exceptions as listed below);
- ◆ give you this notice about our responsibilities and privacy practices about your PHI; and
- ◆ follow the terms of the notice that is currently in effect.

Except as outlined below, we will not use or share your PHI unless you have signed an authorization form that gives us permission to do so. You have the right to cancel the permission by telling us in writing, except if we have already used or shared your PHI when you first gave us permission.

**HOW WE MAY USE AND SHARE PROTECTED HEALTH INFORMATION**

The following sections describe different ways that we use and share (disclose) your PHI. We will describe each category of uses and disclosures, and give some examples. The law limits how we can use and disclose some PHI related to treatment of drug and alcohol abuse, HIV infection, and mental illness. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

**For Treatment**

We may use your PHI to provide you with treatment or services. We may share it with doctors, nurses, technologists, medical students, or other healthcare personnel who are involved in your care. For example, we may share your medical record with any doctor treating you. We may share your PHI with a lab outside of SCVMC that performs tests requested by your doctor. We may also share your PHI with nursing homes or other community healthcare agencies to arrange for on-going treatment after you leave the hospital.

**For Payment**

We may use and share your PHI to bill for the services we provide to you and to collect payment for the services billed, from you, your insurance company or a third party. We may also share PHI with another provider so that provider can bill and collect for services you received. For example, we may share your PHI with your health plan so that it can list services received by you on your itemized bill. We may also tell your health plan about a treatment you need so we can care for you, or ask if your plan will pay us for the treatment.

**For Health Care Operations**

We may use and share PHI for health care operations at SCVMC facilities. These uses and disclosures are necessary to improve the quality of care, training programs within SCVMC, or medical staff activities. We may use and share your PHI to comply with laws and regulations, for contractual obligations, claims, business planning, marketing, and to operate SCVMC. For example, we may use PHI to review our treatments and services, and to evaluate our staff performance in caring for you. We may combine PHI we have with that from other health care systems or business associates to compare how we are doing, and to see where we can improve the care and services we offer.

**Appointment Reminders**

We will use and share PHI to schedule an appointment, or to remind you that you have an appointment for treatment.

**Treatment Alternatives**

We will use and share PHI to tell you about possible treatment options that may interest you.

**Health-Related Products and Services**

We will use and share PHI to tell you about our health-related products or services that may interest you.

**Fundraising Activities**

We may use or share limited contact information, such as your name, address, phone number and the dates you received treatment or services to contact you to ask for your support of our operations.

**Facility Directory**

While you are under our care, we may include your name, location, and bedside telephone number in our facility directory so your family and friends can visit you. This information may be released to anyone who asks for you by name. You may refuse to allow the use or disclosure of this information

by SCVMC. If you have questions regarding how to opt out of the facility directory, please discuss this with your admission or registration clerk.

### **Individuals involved in your care or payment for your care**

We may share your PHI with a family member, friend, personal representative, or anyone else you want to be involved in your care. We may share your PHI with anyone who helps pay for your care. Unless you tell us not to do so in writing, we may also tell your family or friends about your condition and that you are in SCVMC. In addition, we may share your PHI with an organization involved in disaster relief so that your family can learn about your condition, status and location.

### **Research**

Under certain circumstances, we may use and share your PHI for research purposes. All research projects have a special review and approval process. This process evaluates a proposed research project and its use of PHI, and tries to balance the research needs with patients' need for privacy. Your PHI may be important to advance research efforts, and gain new knowledge. Before we use or disclose your PHI for research purposes, the project will have been approved through this process. However, we may share your PHI with scientists preparing to conduct a research project to help them find patients with specific medical needs. In these cases, your PHI will not leave our facility. Often, our researchers contact patients about their interest in participating in certain research studies. Before you can be enrolled in these studies, you must be given information about the study, be allowed to ask questions, and have agreed to participate by signing an informed consent form. We may perform other studies using your PHI without requiring your consent. These studies will not affect your treatment or welfare, and your PHI will continue to be protected. For example, a study may involve a chart review to compare the outcomes of patients who received different types of treatments.

### **As Required By Law**

We will use and share your PHI when required to do so by federal, state or local law.

### **To Avert a Serious Threat to Health or Safety**

We may use and share your PHI when necessary to prevent or lessen a serious threat to your health and safety, or to that of others. However, we will share your PHI only with a responsible person who is able to help prevent the threat.

### **Organ and Tissue Donation**

We may share your PHI with organizations that handle organ procurement or organ, eye or tissue transplantation or with an organ donation bank, as necessary to help with organ or tissue donation and transplantation.

### **Military Service and Veterans**

If you are or have been a member of the Armed Forces, we will share your PHI when so required by the appropriate military command authorities. We may also release PHI about foreign military personnel to the appropriate military authorities as authorized or required by law.

### **Workers' Compensation**

We may share your PHI as permitted by law for workers' compensation or similar programs when necessary to provide you with treatment, services, or benefits for work-related injuries or illness.

## **Public Health Risks**

We may use and share your PHI for public health purposes. In general, these activities include, but are not limited to the following:

- to prevent or control disease (such as cancer or tuberculosis), 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 healthcare products;
- to notify patients of recalls, repairs, or replacement of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for getting 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 share your PHI only if you agree or when it is required or authorized by law.

## **Health Oversight Activities**

We may use and share your PHI with a healthcare oversight agency as authorized or required by law. These oversight activities include, for example: audits, investigations, inspections, accreditation and licensure surveys. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

## **Lawsuits and Disputes**

We may share your PHI in response to a court or administrative order, a subpoena, discovery request, warrant, summons, or other lawful process. We will do so only after we make efforts 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**

We may use and disclose PHI if asked to do so by a law enforcement official:

- in compliance with a court order, subpoena, warrant, summons, grand jury subpoena or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about a victim or a crime, if, under some limited circumstances, we are unable to obtain the permission directly from the victim of a crime;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct in any of our facilities; 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**

We may use and share your PHI 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 your PHI to funeral directors when necessary for them to carry out their duties.

**National Security and Intelligence Activities**

We may use and share your PHI to federal officials for intelligence, counterintelligence, and other national security activities as authorized or required by law.

**Protective Services for the President and Other Persons**

As authorized or required by law, we may use and share your PHI to authorized federal officials so they can protect the President, the President's family, other designated persons or foreign heads of state, or conduct special investigations.

**Inmates**

If you are in a correctional institution or under the custody of law enforcement officials, we may use and share your PHI with the correctional institution or law enforcement officials if they tell us that it is necessary: (1) to provide the healthcare services you need, (2) to protect your health and safety or that of others, or (3) for the safety and security of the correctional institution.

**OTHER USES OF PROTECTED HEALTH INFORMATION**

Other uses and disclosures of PHI not covered by this notice, or by the laws that apply to us will be made only with your written permission. If you allow us to use or share your PHI, you may cancel that permission, in writing, at any time. If you cancel your permission, we will stop any further use or disclosure of your PHI for the purposes covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required by law to keep records of the services or treatment we provided to you.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding your PHI that we maintain in our facilities.

**Right to Inspect and Copy**

Except for information related to treatment of mental illness, or information gathered in a civil, criminal or administrative action or proceeding, or some PHI subject to the Clinical Laboratory Improvements Amendments of 1988, you have the right to ask to inspect and copy your PHI. To inspect and copy your PHI, you must send a specific, detailed request in writing to the Custodian of Medical Records addressed as follows:

Santa Clara Valley Medical Center  
ATT: Release of Information Section  
Medical Record Services  
751 South Bascom Avenue  
San Jose, CA 95128

You may ask for a review if we deny a request to inspect and copy except: 1) in circumstances listed above; 2) you are an inmate and the copies would jeopardize your health safety, security, custody, or rehabilitation or that of others; 3) if the PHI is obtained as part of a research study, your right to access your PHI is suspended during the research; 4) if the PHI is controlled by the Privacy Act and access is not permitted by law; or 5) if the PHI was obtained from someone other than a healthcare provider under a promise of confidentiality and access to the PHI would reveal who that person is.

You must ask for a review in writing addressed as follows:

Santa Clara Valley Medical Center  
ATT: Privacy Coordinator  
Medical Record Services  
751 S. Bascom Avenue  
San Jose, CA 95128

A licensed health care provider other than the person who denied your request will review the denial. We will provide or deny access in accordance with the decision of the provider who reviewed the denial.

### **Right to Amend**

If you feel that your PHI in our custody is incorrect or incomplete, you may ask us to correct or amend the PHI. You have the right to request a change for as long as we keep your PHI. To ask for a change, you must write to our Custodian of Medical Records with a reason that supports your request at the following address:

Santa Clara Valley Medical Center  
ATT: Release of Information Section  
Medical Record Services  
751 South Bascom Avenue  
San Jose, CA 95128

We will not change your PHI unless you write us, or do not include a reason to support your request. In addition, we may deny your request if you ask us to change information that:

- ◆ was not created by us;
- ◆ is not part of the information kept by or for us;
- ◆ is not part of the information which you are permitted by law to inspect and copy; or
- ◆ is accurate and complete.

If we deny your request to change your PHI, you have the right to submit a written correction about any item or statement in your medical record you believe is incomplete or incorrect. The correction cannot exceed 250 words for each item you feel is incorrect or incomplete.

### **Right to an Accounting of Disclosures**

You have the right to request a list that shows how we use or share your PHI other than disclosures made: 1) to you or authorized by you; 2) for national security or intelligence purposes; 3) to correctional institutions or law enforcement; 4) as part of a limited data set as permitted by law; or 5)

for treatment, payment and healthcare operations (as described above). To request this list, you must write to our Custodian of Medical Records at the following address:

Santa Clara Valley Medical Center  
ATT: Release of Information Section  
Medical Record Services  
751 South Bascom Avenue  
San Jose, CA 95128

Your request must state a time period, which cannot be more than six years, and cannot include dates before April 14, 2003. Your request should describe the type of list you would like (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, 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.

### **Right to Request Restrictions**

You have the right to ask that we limit how we use or share your PHI for treatment, payment or healthcare operations. You also have the right to ask us to limit what we share about you to someone who is involved in your care or in the payment for your care, such as a family member or friend. For example, you can tell us not to use or share information about a surgery that you had done at SCVMC, or about a treatment you received at one of our other facilities. ***We are not required to agree to your request.*** If we do agree, we will comply with your request, unless the information is needed to provide emergency treatment to you. To request restrictions, you must write to our Custodian of Medical Records at the following address:

Santa Clara Valley Medical Center  
ATT: Release of Information Section  
Medical Record Services  
751 South Bascom Avenue  
San Jose, CA 95128

In your request, you must tell us: (1) what information you do not want us to use or share; (2) whether you want to limit our use, sharing of your PHI or both; and (3) to whom you want the limits to apply, for example, sharing with your spouse or a family member.

### **Right to Request Confidential Communications**

You have the right to ask that we communicate with you about your PHI in a certain way or at a certain location. For example, you can ask that we contact you only at work or by U.S. mail. To request confidential communications, you must write to:

Santa Clara Valley Medical Center  
ATT: Privacy Coordinator  
751 S. Bascom Avenue  
San Jose, CA 95128

We will not ask you the reason for your request, and we will try to accommodate all ***reasonable*** requests. You must tell us how or where you want to be contacted.

**Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time in person, or by writing to:

Santa Clara Valley Medical Center  
ATTN: Privacy Coordinator  
Medical Record Services  
751 S. Bascom Avenue  
San Jose, CA 95128

Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice if you ask us. You may obtain an electronic copy of this notice at our website: [www.sccgov.org](http://www.sccgov.org), then select "Health and Human Care" in the Life Event section and find, "Notice of Privacy Practices."

**CHANGES TO THIS NOTICE**

We reserve the right to change our privacy practices and this Notice. We reserve the right to make the revised or changed notice effective for the PHI we already have about you, as well as any other information we create in the future. We will post a copy of the current notice in our facilities. The effective date of the notice will be displayed on the first page. You may request a paper copy of the revised Notice from our Registration or Admitting staff at the time of your next appointment or by writing to:

Santa Clara Valley Medical Center  
ATTN: Privacy Coordinator  
Medical Record Services  
751 S. Bascom Avenue  
San Jose, CA 95128

**COMPLAINTS**

We welcome the opportunity to respond to your questions and concerns and to resolve any complaints you may have about the use or disclosure of your PHI. If you believe your privacy rights have been violated, you may file a complaint with us, or with the Secretary of the Department of Health and Human Services. To file a complaint with us, you must contact:

Santa Clara Valley Medical Center  
ATT: Privacy Coordinator  
Medical Record Services  
751 S. Bascom Avenue  
San Jose, CA 95128  
(408) 885-5465

**You will not be penalized for filing a complaint.**