

**Palo Alto Medical Foundation
Palo Alto Division
Notice of Health Information 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.**

What Is This Notice and Why Is It Important?

This notice is required by law to inform you about your rights regarding your health information, how the Palo Alto Division of the Palo Alto Medical Foundation (PAMF) may use or disclose your health information, and how your health information will be protected. If you have any questions about this notice, please contact the Palo Alto Division Privacy Officer at (650) 853-5375.

Understanding Your Health Information

Each time you visit a physician, other health care provider or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal documentation of the care you receive
- Means by which you or a third-party payer (e.g., health insurance company) can verify that services you received were appropriately billed
- Data source for authorized medical research and public health activities
- Source of data for planning facilities, informing you about health care services, and fundraising
- Tool for educating health professionals
- Tool with which we can assess and work to improve the care we provide

Understanding what is in your record and how your health information is used helps you ensure its accuracy; better understand how others may access and use your health information; and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

You have the following rights related to your medical and billing records kept by PAMF:

Obtain a copy of this notice. You will receive a copy of this notice by mail, electronically or at your first visit after its publication. Thereafter, you may view a copy of this notice and any revisions on our Web site at www.pamf.org/privacy, or request a copy from the PAMF Patient Services Center at 795 El Camino Real, Palo Alto, CA 94301 or by calling (650) 853-5375.

Authorize use of your health information. Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

Access your health information. You may request a copy of the health information that PAMF keeps in your medical or billing record. Your request must be submitted in writing. We may charge for the costs of copying your record.

Amend your health information. If you believe the information we have about you is incorrect or incomplete, you may request that we correct or add information. Your request must be in writing and must include the reason for the request. You may obtain a form for this purpose from the PAMF Patient Services Center at the Palo Alto Clinic, or from the registration desks at our Los Altos Center, Redwood Shores Health Center, Fremont Center or Women's Health Medical Group.

Request confidential communications. You may request that when we communicate with you about your health information, we do so in a specific way (e.g., at a certain address or phone number). We will make every reasonable effort to act in accordance with your request.

Limit our use or disclosure of your health information. You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our ability to treat you or collect payment for our services.

Receive an accounting of disclosures. You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or health care operations. Disclosures that we make with your authorization will not be listed. We will provide one list per year free of charge upon request, but may charge for subsequent lists in the same year.

Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates, provide this notice about our privacy practices, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The new notice will be posted in waiting areas at our clinical facilities and on our Web site, and will be available at all registration desks.

Except for the purposes of your treatment, collecting payment for our services, performing necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke such authorization at any time, which would limit future disclosures. A revocation would not affect any disclosure we have already made with your permission.

Examples of Uses and Disclosures for Treatment, Payment and Health Care Operations

We will use your health information to facilitate your medical treatment.

For example: Information obtained by a nurse, physician or other members of your health care team will be recorded in your record and used to determine the course of your medical treatment. Your provider may document in your record his or her expectations of other members of your health care team. Members of your health care team may then record the actions they take and their observations as appropriate. Other health care providers involved in your care (e.g., specialists, consulting physicians, anesthesiologists, therapists, etc.) may be provided with reports to assist them in treating you.

We will use your health information to collect payment for health care services that we provide.

For example: A bill may be sent to you or to your health insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures performed and supplies used. In some cases, information from your medical record may be sent to your insurance company to explain the need for treatment or provide additional information about your treatment.

We will use your health information to facilitate routine health care operations.

For example: Members of our medical staff or quality improvement teams may use information in your record to assess the care you have received and how your progress compares to others. This information will then be used in efforts to improve the quality and effectiveness of the health care and other services we provide. PAMF is an affiliate of the Sutter Health network. We may permit Sutter Health to use your health information to support necessary business, financial and clinical functions. Examples of these functions may include: auditing our clinical procedures, analyzing our cost of care, arranging for patient satisfaction surveys, and determining the need for new health care services.

We may use your health information to help us educate medical staff, residents and students.

For example: PAMF has associations with a variety of schools involved in the education of health professionals. All fellows, residents, interns and students must sign a confidentiality agreement before accessing any health information maintained by PAMF.

We may use your health information to notify your family and friends about your condition when appropriate.

For example: We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care about your general condition. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, relevant health information to facilitate the person's ability to assist in your care or make arrangements for payment for your care.

We may use your health information to inform persons about your death.

For example: As consistent with applicable law, we may disclose health information to funeral directors, coroners and medical examiners to help them carry out their duties.

Examples of Uses and Disclosures for Other Purposes

Appointment reminders: We may contact you to provide reminders of upcoming appointments.

Alternative treatments: We may use your health information to provide you with information about alternative treatments such as acupuncture, biofeedback, massage therapy or stress reduction.

Marketing: We may use your health information to inform you about our health care services, treatment alternatives or other health-related benefits and services that may be of interest to you. We may also inform you about commercial products or services when we think they would be of interest to you, if you have authorized us to do so.

Fundraising: We are a community-based, not-for-profit, medical foundation that depends extensively on charitable support. We may use limited information about you, such as your name, address, demographic information, and the dates you received treatment to inform you of opportunities to support PAMF and its services and programs.

Research: We may contact you to request your participation in authorized research studies. If such a study provides any type of health care treatment, the researcher will explain the benefits and risks of the treatment, how your health information will be used during the course of the study, and whether any of your health information rights are affected. You will need to authorize the use of your health information and agree to any suspension of your rights to participate in the study; however, you may revoke this authorization at any time. In some cases, we may disclose your health information to researchers without specific authorization when an institutional review board has approved such use in their research. Prior to giving any information, special procedures will be established to protect the privacy of your health information.

Workers' compensation: We may disclose your health information to the extent authorized by and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Organ procurement organizations: Should you be an organ or tissue donor, we may disclose your donor status and health information to organizations engaged in the procurement, banking or transplantation of organs, consistent with applicable laws.

Public health: We may disclose your health information as required by law to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Averting serious threats to health or safety: We may use and disclose your health information when necessary to prevent a serious threat to your health or safety or to the health or safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health or safety of other individuals.

Law enforcement: We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena or court or administrative order.

Food and Drug Administration (FDA): We may disclose to the FDA your health information relating to adverse events with respect to food, medications, nutritional supplements, health care products and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacement.

Medical device manufacturers: If you receive a medical device that is implanted or is used for life-support functions, we may disclose your name, address and other information as required by law to the device manufacturer for tracking purposes. You may refuse to authorize the disclosure of your name and contact information.

Business associates: There are some services provided in our organization through contracts with business associates. Examples include transcribing your medical record, surveying for patient satisfaction, and a copy service we may use when making copies of your health record. When these services are provided by contracted business associates, we may disclose the appropriate portions of your health information to our business associates so they can perform the job we have asked them to do. To protect your health information, however, we require all business associates to sign a confidentiality agreement verifying that they will appropriately safeguard your information.

Special Situations

Military and veterans: If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

National security and intelligence activities: We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective services for the President and others: We may disclose your health information to authorized officials so they may provide protection to the President of the United States and other governmental leaders, or conduct special investigations.

Regulatory oversight: We may disclose your health information to appropriate health oversight agencies, public health authorities or attorneys, when required by law. Your health information may also be disclosed if a workforce member or business associate believes in good faith that PAMF has engaged in unlawful conduct or has otherwise violated professional or clinical standards and is potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem

If you have questions, would like additional information, or want to request an updated copy of this notice, or if you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights, you may contact the PAMF Palo Alto Division Privacy Officer at (650) 853-5375. You may also send a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Room 509 HHH Building, Washington, DC 20201. PAMF will ensure that the care you receive at our facility will in no way be impacted if you file a complaint.



*Palo Alto Medical
Foundation*

A Sutter Health Affiliate

Community Based, Not For Profit