

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. **THIS NOTICE OF PRIVACY PRACTICE BECOMES EFFECTIVE February 1, 2019.**

Public Hospital District (PHD) #1 of Mason County, WA Privacy Commitment To You

PHD #1 owns and operates: Mason General Hospital and Family of Clinics and our healthcare providers (i.e., physicians, nurses, certified nurses' assistants, therapists, etc.) recognize that the cornerstone of our success is the trust and confidence of our patients. To provide you with the most effective and convenient access to our services, PHD #1, and our healthcare providers must maintain information about you. Keeping your information secure and private is one of our top priorities. This notice is to let you know how we collect information about you, the type of information we collect and what we may disclose. It details the steps we take to protect private health information in order to carry out treatment, payment and healthcare operations.

Collection of Information

We must collect a certain amount of information to provide customer service, evaluate and develop new services, process claims, administer our services, and fulfill legal and regulatory requirements. Specific language and examples may not apply to all patients, and the information we collect varies accordingly. Examples include, but may not be limited to:

- ❖ demographic information in your record and related forms, such as name, address, date of birth, social security number, gender, marital status, mother's maiden name, drivers license and/or government issued photo ID card, and employers name;
- ❖ each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, your medical history, details about your lifestyle (such as smoking or involvement in high-risk sports), and family medical history. In addition, your medical records contain laboratory test results, medications prescribed, and report(s) that describe the results of operations and other medical procedures and the results of genetic testing used to predict your future health.
- ❖ information you provide on applications for disability, life or accidental insurance with private insurers or government programs can also become part of your medical file; and
- ❖ information from other sources, such as ambulance reports, medical information and demographic information.

Sharing and Use of Information

While acknowledging the importance of protecting your information we may find it necessary in the course of conducting business to disclose information, without your consent, that we collect about you as described above, in some or all of the following circumstances:

- ❖ Information may be shared with our healthcare providers to enable them to provide continuity and/or additional care.
- ❖ Information may be shared with those who are assisting us in the performance of our daily treatment, payment and healthcare operations.
- ❖ Information may be shared with other financial service companies, such as collection agencies and insurance companies and their sponsors.
- ❖ Information may be shared with third parties as permitted or required by law, such as compliance with a subpoena, fraud prevention attorney, or compliance with an inquiry from a government agency or regulator, like the Department of Health; and
- ❖ Information provided to or from your employer to process Labor and Industry claims.
- ❖ For public health agencies. For example, we report information about various diseases, to government officials in charge of collecting that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
- ❖ In order to avoid a serious threat to the health or safety of a person or the public, we may provide protected health information to law enforcement personnel or persons able to prevent or lessen such harm.
- ❖ General Directory Information will be released to the public, unless you specify that you want to be a "Confidential Patient". Then no information will be released including transferring phone calls to your room.
- ❖ For appointment reminders. For example the Pre-Admit Clinic may contact you about an upcoming appointment.
- ❖ Information is shared with healthcare providers that are participating in the Health Information Exchange (HIE). This information is private, secure and viewable only to authorized healthcare providers and follows national recognized standards.
- ❖ Data is exchanged through a local EDIE (Emergency Department Information Exchange). This data contains basic information regarding dates of service for local ED care.
- ❖ If you share information available through My Mason Health with another individual, you acknowledge and accept responsibility for your decision to provide them access to potentially sensitive information.
- ❖ Data and information captured and displayed on the My Mason Health Portal is for your own personal use and when appropriate a part of the electronic medical record. Refer to the My Mason Health Privacy Notice for additional details.
- ❖ Data will be shared using text messages for communication between caregivers, appointment reminders and to obtain customer satisfaction survey feedback.

Children's Privacy Protection

My Mason Health is not designed for or targeted at children. We will not knowingly collect and maintain personally identifiable information directly from children under 13 years of age.

We are committed to uphold our pledge to maintain the security of your personal information. To ensure such information is used only in the manner we have described in this policy, we have instituted the following safeguards:

- ❖ Employees are required to comply with our established privacy policies and procedures, which exist to protect the confidentiality of your information. Any employee who violates our privacy policies will be subject to a disciplinary process.
- ❖ Employees access the information only on a business need-to-know basis for payment, treatment and healthcare operations delivery and administration.
- ❖ We use manual and electronic security procedures to maintain the confidentiality of the information we collect and to guard against its unauthorized access. Such methods include locked files, user authentication, encryption and firewall technology.
- ❖ Disclosures to family, friends or others. We may provide your protected health information to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care or as authorized by law, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right, as provided by law, to:

- ❖ Request a restriction on certain uses, disclosures and communications of your information.
- ❖ You may opt out of participation in our customer satisfaction surveys.
- ❖ Obtain a paper copy of the notice of information practices and or related policies upon request.
- ❖ Inspect and request a paper copy of your health record.
- ❖ Amend your health record.
- ❖ Obtain an accounting of disclosures of your health information; we will respond within 60 days of request.
- ❖ Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- ❖ Join the Mason General Patient Portal which gives you free online access to your medical history from anywhere. Go to MyMasonHealth.com for more information.

If you would like to exercise these rights, you may do so by contacting the Privacy Officer between the hours of 9:00am to 3:00pm, Monday through Friday.

Review and Access to Your Information

As required and allowed by law and upon written request, we will make information from your file available for your review.

If you notify Mason General Hospital & Family of Clinics that any information is incorrect, we will review it. If we agree, we will correct our records. If we do not agree, you may submit a short statement of dispute, which will be included in any future disclosure of information.

If you have any questions, please contact us at the address below and include a copy of your personal identification, such as a driver's license or photo identification.

Privacy Officer
Mason General Hospital & Family of Clinics
P.O. Box 1668
Shelton, WA 98584
(360) 427-9585
E-mail: privacy@masongeneral.com

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services, by calling 1-877-696-6775 or writing to the Federal Department of Health, 200 Independence Ave SW, Washington DC, 20201. The requirements for filing complaints to the Secretary of Health and Human Services must meet the following requirements: A complaint must be filed in writing, either on paper or electronically and be filed within 180 days; must name the entity that is the subject of the complaint; describe the acts or omissions believed to be in violation of the applicable requirements, and the Secretary may prescribe additional procedures for the filing of complaints, as well as the place and manner of filing, by notice in the Federal Register. There will be no retaliation for filing a complaint.

This Notice pertains to services provided at Mason General Hospital & Family of Clinics and may be revised and/or reviewed at any time. Revisions or updates will be posted in Registration and Reception areas of Mason General Hospital & Family of Clinics and on Mason General Hospital & Family of Clinics' Internet Web Site www.masongeneral.com.