

ADVENTIST HEALTH CARE, INC.
CORPORATE POLICY MANUAL
Confidentiality of Protected Health Information

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SCOPE:

All AHC facilities including, but not limited to, hospitals, long term care facilities, and home health agencies.

PURPOSE:

To assist AHC employees with understanding the proper means by which protected health information can be used and/or disclosed in accordance with federal and state rules and regulations.

POLICY:

In certain situations, AHC facilities must obtain patient consent or authorization before using or disclosing protected health information, with only certain exceptions. In order to properly comply with these requirements, employees must be able to accurately identify health information as protected health information. "*Protected health information*" means individually identifiable health information that is:

- a. Transmitted by electronic media,
- b. Maintained in any electronic medium (as described under HIPAA), or
- c. Transmitted or maintained in any other form or medium

Information is presumed not to be "identifiable" if " (1) all of the following data elements have been removed or otherwise concealed: names; all geographic information; all elements of dates directly relating to the individual; telephone numbers; fax numbers; e-mail addresses; social security numbers; medical record numbers; any other identifying numbers; and (2) the facility does not have actual knowledge that the information could be used to identify an individual who is a subject of the information.

A. Minimum Amount Necessary Requirement

Employees must limit the amount of protected health care information used or disclosed to the minimum amount necessary to meet the purpose of the use or disclosure. The minimum necessary provision does not apply to:

- a. Disclosures to or requests by a health care provider for treatment;

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- b. Uses or disclosures made to the individual, or pursuant to an authorization by the individual, except for authorizations requested by the covered entity for uses and disclosure for use by the entity, by others, or for research that includes treatment;
- c. Disclosures made to the DHHS Secretary;
- d. Uses or disclosures that are required by law; and
- e. Uses or disclosures that are required for compliance with applicable requirements of the HIPAA privacy requirements.

B. Disclosure of Protected Health Information without Patient Consent or Authorization.

1. Treatment, Payment and Healthcare Operations

AHC employees are permitted to use protected health information for treatment. For example: Information obtained by a nurse, physician, or other member of a healthcare team will be recorded in a patient's record and used to determine the course of treatment that should work best for the patient. Further, AHC employees are permitted to use protected health information for payment. For example: A bill may be sent to a patient or a third-party payer. The information on or accompanying the bill may include information that identifies the patient, as well as your diagnosis, procedures, and supplies used. In addition, AHC employees are permitted to use protected health information for regular health operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in a patient's health record to assess the care and outcomes in a patient's case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service AHC provides.

2. Judicial or Administrative Proceeding

AHC employees are permitted to disclose protected health information in a judicial or administrative proceeding if the request for such protected health information is made through or pursuant to a court order or administrative tribunal, provided that the AHC employees disclose only the protected health information expressly authorized by such order. It is also permitted, within certain conditions, to disclose protected health information in a judicial or administrative proceeding if the request for such protected health information is made in response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal.

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3. Medicare/Medicaid Oversight

AHC employees are permitted to disclose protected health information for Medicare/Medicaid oversight activities. Oversight activities include conduction or supervising the following activities: audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the healthcare systems, of government benefit programs for which health information is relevant to beneficiary eligibility, and of government regulatory programs for which health information is necessary for determining compliance with program standards.

4. Research

Individual authorization is not required provided that the facility obtains documentation that an alteration to or waiver, in whole or in part, of the individual authorization for use or disclosure of protected health information has been approved by either an IRB or a Privacy Board. The regulations implement various specifications for such documentation

5. Law Enforcement

The following protected health information may be released in response to a law enforcement officials request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person: (A) Name and address; (B) Date and place of birth; (C) Social security number; (D) ABO blood type and rh factor; (E) Type of injury; (F) Date and time of treatment; (G) Date and time of death, if applicable; and (H) A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence or facial hair (beard or moustache), scars, and tattoos. A facility may not disclose any protected health information related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person. Facilities may disclose protected health information about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if the covered entity has a suspicion that such death may have resulted from criminal conduct.

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Further a facility may disclose to a law enforcement official protected health information that the covered entity believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the covered entity.

6. Public Health

A facility may disclose protected health information to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with public health authority.

7. To Avert a Serious Threat to Health and Safety

Facilities are permitted, consistent with applicable law and standards of ethical conduct, to disclose protected health information based on a reasonable belief that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Facilities are only permitted to make such disclosures to persons who are reasonably able to prevent or lessen the threat, including to target of the threat.

8. Cadaveric Organ, Eye, or Tissue donation

A facility may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation

9. Decedents

A facility may disclose protected health information about a deceased person without individual authorization to coroners and medical examiners for the purpose of identifying a deceased person , determining a cause of death, or other duties as authorized by law.

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10. Victims of Abuse, Neglect, or Domestic Violence

A facility may disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence: (a) to the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law; OR (b) if the individual agrees to the disclosure; OR (c) to the extent the disclosure is expressly authorized by statute or regulation.

11. Specialized Government Functions

A facility may disclose protected health information without individual authorization for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission if the appropriate military authority has published by notice in the Federal Register the appropriate military command authorities.

12. Fundraising Purposes

Facilities may, without obtaining individual authorization, use or disclose demographic information relating to an individual to a business associate or to an institutionally related foundation for the purpose of raising funds for its own benefit. Also, Facilities may, without obtaining individual authorization, use or disclose dates of health care provided to an individual to a business associate or to an institutionally related foundation for the purpose of raising funds for its own benefit. Provided, however, any fundraising materials sent to a prospective donor must contain language with allows the individual to opt out from receiving any further fundraising communications.

C. When it is Necessary to Obtain Individual Authorizations for the Use and Disclosure of protected health information.

1. Psychotherapy Notes

Facilities must obtain individual authority before using or disclosing psychotherapy notes. Psychotherapy notes mean notes recorded (in any medium) by a health care provider who is a mental health professional documenting or

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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 test, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

2. Marketing Purposes

Facilities must obtain individual authorization before using or disclosing protected health information for marketing. Provided however, facilities may, without obtaining individual authorization, use or disclose protected health information to make a marketing communication to an individual that occurs in a face-to-face encounter with the individual. Further, an entity may, without obtaining individual authorization, use or disclose protected health information to make a marketing communication to an individual that concerns the health-related products and services of the covered entity or of a third party, provided that the communication: (1) identifies the covered entity as the party making the communication; (2) prominently states that the covered entity has received or will receive direct or indirect remuneration for making the communication, if such is a fact; and (3) except when the communication is contained in a newsletter or similar type of general communication device that the covered entity distributes to a broad cross-section of patients, enrolls, or other broad groups of individuals, contains instructions describing how the individual may opt out of receiving future such communications. If the facility uses or discloses protected health information to target the communication to individuals based on their health status or condition, it must make a determination prior to making the communication that the product or service being marketed may be beneficial to the health of the type or class of individual targeted and explain why the individual has been targeted and how the product or service relates to the health of the individual.

3. Underwriting, Premium Rating, or Other Activities Relating to the Health Plan Creation

If a health plan receives protected health information for the purpose of underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and if such health insurance or health benefits are not placed with the health plan, the health

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plan may not use or disclose the information for any other purpose, except as may be required by law.

D. Notice of Health Information Practices

Each AHC facility shall provide to all of its patients/residents a notice (the form of which is attached hereto as Exhibit A) which describes how information about each patient may be used and disclosed and how each patient can get access to this information.

E. Assignment of Benefits and Consent Form

Each AHC facility shall provide to all of its patients/residents an Assignment of Benefits and Consent Form (the form of which is attached hereto as Exhibit B.) which describes how patients shall authorize payment to each facility for all insurance benefits otherwise payable to the patient including, but not limited to medical, surgical or medical benefits covering treatment by any physician.

F. Business Associates

Each facility must obtain the satisfactory assurances from a business associate with which it does business, before Covered Entity discloses to Vendor, or permits Vendor to create or receive on behalf of Covered Entity, individually identifiable health information relating to Covered Entity's patients. For purposes of this Addendum, the term "PHI" shall mean any such "protected health information" (as defined under the HIPAA Standards) disclosed by Covered Entity to Vendor or created or received by Vendor on behalf of Covered Entity.

G. Chief Privacy Officer

AHC and each of its facilities shall employ an individual who shall oversee all ongoing activities related to the development, implementation, maintenance of, and adherence to the organization's policies and procedures covering the privacy of, and access to, patient health information in compliance with federal and state laws and the healthcare organization's information privacy practices. A template position description is attached hereto as Exhibit D, and incorporate herein by reference.

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Exhibit A

ADVENTIST HEALTHCARE, INC.

NOTICE OF HEALTH INFORMATION PRACTICES

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

Understanding Your Health Record/Information. 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, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

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 to:

- request a restriction on certain uses and disclosures of your information (although the healthcare practitioner or facility is not required to agree to the requested restriction)
- obtain a paper copy of the notice of information practices upon request
- inspect and obtain a copy of your health record
- amend your health record
- obtain an accounting of specified disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

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Our Responsibilities. This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Any such changes to our practices will be available upon request. We will not use or disclose your health information without your written authorization, except as described in this notice.

For More Information or to Report a Problem. If have questions and would like additional information, you may contact the Organizational Integrity Hotline at 800-814-1434. If you believe your privacy rights have been violated, you can file a complaint with the Organizational Integrity Hotline at 800-814-1434 or with the U.S. Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this hospital.

We will use your health information for payment. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations. For example: Members of the medical staff, the risk or 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. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the emergency, anesthesiology, pathology, and radiology departments; certain laboratory tests; and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

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Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising effort. Provided, however, any fundraising materials sent to you will contain language with allows you to opt out from receiving any further fundraising communications.

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

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

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

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

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Other Uses: Uses or disclosures of your health record/information for other purposes not listed above will be made only with your written authorization. If you provide us authorization to use or disclose your health information, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written permission; however, we are unable to take back any disclosures we have already made with your permission.

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The terms of this Notice of Health Information Practices apply to Adventist HealthCare, Inc., and all of its affiliated entities operating as a clinically integrated health care arrangement composed of: Washington Adventist Hospital, Shady Grove Adventist Hospital, Potomac Ridge Behavioral Health System in Rockville, Anne Arundel, and Eastern Shore, Hackettstown Regional Medical Center, Adventist Home Health, Adventist Preferred Nursing, Adventist Home Oxygen & Equipment, Greater Washington Sleep Disorders Centers, Adventist Senior Living Services, Shady Grove Nursing & Rehabilitation Center, Sligo Creek Nursing & Rehabilitation Center, Fairland Nursing & Rehabilitation Center, Bradford Oaks Nursing & Rehabilitation Center, Springbrook Nursing & Rehabilitation Center, and the physicians and other licensed professionals seeing and treating patients at each location. The members of this clinically integrated health care arrangement work and practice at some or all of the sites indicated above. All of the entities and persons listed will share personal health information of the patients as necessary to carry out treatment, receive payment, and health care operations as permitted by law.

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Exhibit B - ASSIGNMENT OF BENEFITS AND CONSENT

Financial Agreement and Assignment of Benefits: I hereby authorize payment directly to **[facility name]** for all insurance benefits otherwise payable to me including, but not limited to medical, surgical or medical benefits covering treatment by any physician. I certify that the information I have reported with regard to my coverage is correct. I authorize the refund of overpaid insurance benefits where my coverage is subject to coordination of benefits.

[facility name]'s Emergency and other hospital-based physicians (e.g., anesthesiology, pathology, radiology) are private doctors specializing in the diagnosis, emergency treatment and testing of illness and injuries. The Hospital has requested the services of these private physicians to assist in the care received in the Emergency Department or in performing the diagnostic examinations requested by the physicians. All physicians' consultations and interpretations are billed separately. I hereby authorize the Hospital or billing agent of the physicians to apply for benefits on my behalf for covered services rendered.

The Hospital bill is for the use of Hospital supplies, equipment, technical personnel, room and board and pharmacy; it will not include fees charged by private physicians. I understand that I am personally responsible to the Hospital and all treating physicians for all charges not paid in full by insurance coverage or, in the absence of insurance coverage, the full balance. The portions of any bills for which I am responsible are due at the time services are provided or appropriate payment arrangements are to be made. I must pay any charges outstanding within 30 days of service. Should the Hospital or any treating physician refer my account to a collection agency and/or attorney for collection, I agree to pay all collection costs, including, but not limited to court costs and attorney fees of 25 percent of my bill. I understand that all delinquent accounts shall bear interest at the rate of 12% per annum. Any charges quoted are an estimate of Hospital fees for the care expected. They do not necessarily represent the total charges for the services performed. the cost of any procedures may vary depending on specifics ordered.

Release of Information: I authorize the release of any necessary information, including medical information (including alcohol and drug), for this or any related claim to my insurance carrier, third-party payers, worker's compensation carrier, the physicians' billing agents, family or private physicians or to appropriate public agencies for lawful purposes. I understand that, as part of my health care, **[facility name]** originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand and have been provided with a *Notice of Health Information Practices* that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that the organization reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I have provided. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations and that the organization is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already take action in reliance thereon. I request the following restrictions to the use or disclosure of my health information:

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Post-Hospital Care: The Hospital's expectation is that immediately upon notification of discharge, the patient will be leaving; if not, the undersigned will be responsible for continued charges to the extent otherwise provided by law. The undersigned agrees to be financially liable and responsible for any arrangements for follow-up care, including home health, extended or nursing home, to the extent otherwise provided by law.

Valuables: Valuables should be sent home. I understand that the Hospital maintains a safe deposit box for keeping money and valuables; the Hospital shall not be liable for the loss or damage of any items of personal property unless deposited with the Hospital for safe keeping and a receipt is obtained for said articles. All items are to be claimed at the time of the patient's discharge. Any items unclaimed for a period of 12 months after the date of discharge or death will be disposed of at the Hospital's discretion, and the Hospital is released from any liability after said 12-month period.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE ABOVE ADMINISTRATIVE CONSENT AND IS THE PATIENT, THE PARENT, THE LEGAL GUARDIAN OF THE PATIENT, OR IS DULY AUTHORIZED AS THE PATIENT'S AGENT TO EXECUTE THE ABOVE AND ACCEPTS ITS TERMS.

Signed _____
Patient, or in lieu of patient, Parent, Spouse or Guarantor (circle one)

Date _____

Signed _____
Date _____ **Witness**

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Effective Date:	11/01/02	Policy No:	AHC 4.5
Cross Referenced:		Origin:	CC
Reviewed:	04/01/03, 06/05	Authority:	General Counsel
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Consent for Treatment: It is understood and agreed upon that the above named patient is suffering from a condition requiring medical treatment and/or hospital care. Voluntary consent is given for said medical or surgical treatment and hospital care; permission is granted to the physician assigned, as provided by law, or his/her designees including House Staff, nurses and other Hospital technical staff, to furnish medical X-ray diagnosis and/or therapy and to administer anesthesia as is considered necessary and proper in the treatment of the patient, for the purpose of correcting the patient's condition and to dispose of any tissue removed. It is further understood and agreed upon that the practice of medicine is not an exact science and that no guarantees have been made as to the results of hospital care and/or medical and/or surgical treatment.

THE UNDERSIGNED CERTIFIES THAT HE/SHE READ THE ABOVE CONSENT AND IS THE PATIENT, THE PARENT, THE LEGAL GUARDIAN OF THE PATIENT, OR IS DULY AUTHORIZED AS THE PATIENT'S AGENT TO EXECUTE THE ABOVE AND ACCEPT ITS TERMS.

Signed _____ Date _____
Patient, or in lieu of patient, Parent, Spouse or Guarantor (circle one)

Signed _____
Date _____
Witness

[facility name]

Patient Identification

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Exhibit C - HIPAA BUSINESS ASSOCIATE ADDENDUM

THIS ADDENDUM ("Addendum") is entered into as of the Effective Date (defined below), between Covered Entity and Vendor.

COVERED ENTITY:

("Covered Entity").

VENDOR:

("Vendor").

ADDENDUM EFFECTIVE DATE: ___/___/___
("Effective Date").

ORIGINAL SERVICES AGREEMENT:

("Services Agreement")

SIGNATURES

(By signing below the parties agree to the terms of this Addendum)

COVERED ENTITY

By: _____

Print Name: _____

Title: _____

Address: _____

Facsimile Number: _____

VENDOR

By: _____

Print Name: _____

Title: _____

Address: _____

Facsimile Number: _____

A. Pursuant to that certain Services Agreement between Covered Entity and Vendor, Vendor provides services to Covered Entity and, in connection therewith, Vendor requires access to certain individually identifiable health information maintained by Covered Entity; and

B. Pursuant to the Health Insurance Portability and Accountability Act of 1996, Subtitle F, Public Law 104-191, Section 261, *et seq.*, and the final rules promulgated thereunder from time to time by the United States Department of Health and Human Services (collectively, the "HIPAA Standards"), Covered Entity must obtain the satisfactory assurances contained herein from Vendor before Covered Entity discloses to Vendor, or permits Vendor to create or receive on behalf of Covered Entity, individually identifiable health information relating to Covered Entity's patients. For purposes of this Addendum, the term "PHI" shall mean any such "protected health information" (as defined under the HIPAA Standards) disclosed by Covered Entity to Vendor or created or received by Vendor on behalf of Covered Entity.

NOW THEREFORE, the parties agree as follows:

- I. **Use and Disclosure of PHI.** Vendor agrees that it will not use or further disclose PHI other than as permitted or required under this Addendum or as otherwise required by law. In connection with the foregoing, Vendor agrees that it will not use or disclose PHI except:
- II. Subject to Section 4 hereof, Vendor may use or disclose PHI for the purpose of performing its services under the Services Agreement;
- III. Vendor may use PHI for its proper management and administration or to carry out its legal responsibilities; and

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- IV. Vendor may disclose PHI for its proper management and administration or to carry out its legal responsibilities if such disclosure is required by law; and
- V. Vendor may disclose PHI for its proper management and administration or to carry out its legal responsibilities if (i) Vendor obtains reasonable assurances from the person to whom such PHI is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and (ii) such person agrees to notify Vendor of any instance of which it is aware in which the confidentiality of such PHI has been breached.
- VI. **Safeguards Against Misuse of Information.** Vendor agrees that it will use appropriate safeguards to prevent the use or disclosure of PHI other than as provided for in this Addendum.
- VII. **Reporting of Disclosures of PHI.** Vendor shall, within five (5) days of becoming aware of any use or disclosure of PHI other than as provided in this Addendum by Vendor, its officers, directors, employees, contractors or agents or by a third party to which Vendor has disclosed PHI, report any such disclosure to Covered Entity.
- VIII. **Agreements by Third Parties.** Vendor shall enter into an agreement with any agent or subcontractor of Vendor that will have access to PHI pursuant to which such agent or subcontractor agrees to be bound by the same restrictions, terms and conditions that apply to Vendor pursuant to this Addendum with respect to such information.
- IX. **Access to Information.** Within five (5) days of a request by Covered Entity for access to PHI about an individual, Vendor shall make available to Covered Entity such PHI. In the event any individual requests access to PHI directly from Vendor, Vendor shall within two (2) days forward such request to Covered Entity. Any denials of access to PHI requested shall be the responsibility of Covered Entity.
- X. **Availability of PHI for Amendment.** Within five (5) days of receipt of a request from Covered Entity for the amendment of an individual's PHI, Vendor shall provide such information to Covered Entity for amendment and incorporate any such amendments to PHI in accordance with 45 C.F.R. §164.526.
- XI. **Accounting of Disclosures.** Within five (5) days of notice by Covered Entity to Vendor that it has received a request for an accounting of disclosures of PHI regarding an individual during the six (6) years prior to the date on which the accounting was requested, Vendor shall make available to Covered Entity such information as is in Vendor's possession and is required for Covered Entity to make an accounting in accordance with 45 C.F.R. §164.528. At a minimum, Vendor shall provide Covered Entity with the following information: (a) the date of the disclosure, (b) the name of the entity or person who received PHI, and if known, the address of such entity or person, (c) a brief description of PHI disclosed, and (d) a brief statement of the purpose of such disclosure which includes an explanation of the basis for such disclosure. In the event the request for an accounting is delivered directly to Vendor, Vendor shall within two (2) days forward such request to Covered Entity. It shall be Covered Entity's responsibility to prepare and deliver any such accounting requested. Vendor hereby agrees to implement an appropriate recordkeeping process to enable it to comply with the requirements of this Section.
- XII. **Availability of Books and Records.** Vendor hereby agrees to make its internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by Vendor on behalf of, Covered Entity available to the Secretary of the United States Department of Health and Human Services for purposes of determining Covered Entity's compliance with the HIPAA Standards.
- XIII. **Additional Amendments.** Vendor agrees it will, from time to time, enter into any additional amendments hereto to permit

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Covered Entity to comply with the HIPAA Standards.

- XIV. **Termination.** Without limiting Covered Entity's other termination rights under the Services Agreement, in the event of that Covered Entity determines that Vendor has violated a material term of this Addendum, Covered Entity may terminate the Services Agreement by giving of a written notice of termination to Vendor. Upon termination of the Services Agreement for any reason, Vendor agrees that it will return all PHI (without retaining any copies thereof) received from, or created or received by Vendor on behalf of, Covered Entity; provided, however, if returning such PHI is not feasible, Vendor will destroy all such information. In the event that the return or destruction of such information is not feasible, Vendor agrees that it will extend the protections of this Addendum to such information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible

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Exhibit D - Chief Privacy/Security Officer Position Description

Responsibilities:

Privacy Officer Responsibilities

- Ensure that there is a mechanism in place for the development, guidance, and assistance in the identification, implementation, and maintenance of organization information privacy policies and procedures in coordination with organization management and administration, and the Corporate Compliance Committee.
- Ensure that there is a mechanism in place for the periodic information privacy risk assessments and related ongoing compliance monitoring activities in coordination with the entity's other compliance and operational assessment functions.
- Works with AHC's General Counsel and management, key departments, and committees to ensure the organization has and maintains appropriate privacy and confidentiality consent, authorization forms, and information notices and materials reflecting current organization and legal practices and requirements.
- Oversees, directs, delivers, or ensures delivery of initial and privacy training and orientation to all employees, volunteers, medical and professional staff, contractors, alliances, business associates, and other appropriate third parties.
- Participates in the development, implementation, and ongoing compliance monitoring of all trading partner and business associate agreements, to ensure all privacy concerns, requirements, and responsibilities are addressed.
- Establishes with management and operations a mechanism to track access to protected health information, within the purview of the organization and as required by law and to allow qualified individuals to review or receive a report on such activity.
- Works cooperatively with the HIM Director and other applicable organization units in overseeing patient rights to inspect, amend, and restrict access to protected health information when appropriate.
- Establishes and administers a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the organization's privacy policies and procedures in coordination and collaboration with other similar functions.
- Ensures compliance with privacy practices and consistent application of sanctions for failure to comply with privacy policies for all individuals in the organization's workforce, extended workforce, and for all business associates, in cooperation with Human Resources, the information security officer, administration, and legal counsel as applicable.
- Initiates, facilitates and promotes activities to foster information privacy awareness within the organization and related entities.
- May serve as a member of, or liaison to, the organization's IRB. Also serves as the information privacy liaison for users of clinical and administrative systems.
- Ensure that there is a mechanism in place for review of all system-related information security plans throughout the organization's network to ensure alignment between security and privacy practices, and acts as a liaison to the information systems department.

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- Works with all organization personnel involved with any aspect of release of protected health information, to ensure full coordination and cooperation under the organization's policies and procedures and legal requirements
- Maintains current knowledge of applicable federal and state privacy laws and accreditation standards, and monitors advancements in information privacy technologies to ensure organizational adaptation and compliance.
- Serves as information privacy consultant to the organization for all departments and appropriate entities.
- Cooperates with legal entities, and organization officers in any compliance reviews or investigations.
- Works with organization administration, AHC's General Counsel, and other related parties to represent the organization's information privacy interests with external parties (state or local government bodies) who undertake to adopt or amend privacy legislation, regulation, or standard.

Security Officer Responsibilities

- Ensure the development and implementation of policies and procedures related to the security of patient health information
- Coordinate initial and subsequent information risk assessments to ensure patient health information is adequately protected
- Lead information security training and awareness programs to educate the workforce
- Ensure alignment of privacy and security policies, procedures and practices
- Ensure compliance with security related policies and procedures
- Ensure appropriate access controls
- Address and ensure disaster recovery and business continuity of patient health information
- Establish, implement and lead an incident response team to contain, investigate and prevent future breaches of patient health information
- Serve as information security consultant to the organization.
- Cooperate with the Office of Civil Rights or other appropriate entities in any lawful compliance reviews or investigations related to patient health information security.
- Represent the organization's information security interests with external parties who undertake to adopt or amend security legislation.

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Exhibit E – SPANISH Translation

NOTICE OF HEALTH INFORMATION PRACTICES

ATENCIÓN DE SALUD MÉDICA ADVENTISTA, INC.

AVISO DE PRÁCTICAS DE INFORMACIÓN DE SALUD

ESTE AVISO DESCRIBE COMO PUEDE SER USADA O REVELADA SU INFORMACIÓN MÉDICA Y COMO USTED PUEDE CONSEGUIR EL ACCESO A ESTA. POR FAVOR LEA EL CONTENIDO DE ESTA PAGINA CON CUIDADO.

Comprensión de sus archivos/información médica. Cada vez que usted visita un hospital, el médico, u otro abastecedor de atención de salud, se registra su visita. Típicamente este registro contiene sus síntomas, examen y resultados de prueba, diagnósticos, tratamiento, y un plan para el futuro cuidado o el tratamiento. Esta información, usualmente se refiere a su salud o archivo médico, y sirve como:

- ◆ bases para planear su cuidado y tratamiento
- ◆ el medio de comunicación entre muchos profesionales de salud que contribuyen a su cuidado
- ◆ las actas legales que describen los cuidados que usted recibió
- ◆ el medio por el cual usted o un tercer pagador puede verificar que en realidad se proporcionaron servicios de facturación
- ◆ un instrumento en educación de profesionales de salud
- ◆ una fuente de datos para investigación médica
- ◆ una fuente de información para inspectores de Sanidad pública encargados en mejorar la salud de la nación
- ◆ una fuente de datos para facilitar la planificación y el control de comercialización
- ◆ un instrumento con el cual podemos evaluar y continuamente trabajar para mejorar el cuidado que damos y los resultados que alcanzamos.

El entendimiento que hay en sus archivos y como su información de salud esta siendo usada para su bienestar:

- ◆ asegurar su exactitud
- ◆ mejor entendimiento de quién, que, cuando, donde, y por qué los otros pueden tener acceso a su información médica
- ◆ tomar decisiones más adecuadas en cuanto quien esta autorizado o no para acceder sus archivos médicos

Información Acerca sus Derechos de Salud. Aunque su archivo médico sea la propiedad física del médico o el centro de salud que lo recopiló, la información le pertenece a usted y usted tiene el derecho a:

- ◆ solicitar una restricción contra ciertos empleos y descubrimientos de su información (aunque no requieran al médico o al centro de salud para estar de acuerdo a la restricción solicitada)
- ◆ obtenga una copia escrita acerca el aviso de prácticas de la información sobre la petición
- ◆ inspeccione y obtenga una copia de su registro de salud
- ◆ enmiende su registro de salud
- ◆ obtenga una contabilidad de los descubrimientos especificados de su información de salud
- ◆ obtenga comunicaciones acerca su información médica por significados alternativos o locales alternativos
- ◆ revoque su autorización para usar o revelar la información médica excepto al grado que la acción halla sido tomada

Nuestras Responsabilidades. Esta organización requiere de:

- ◆ mantener la privacidad de su información médica
- ◆ notificarle en cuanto a nuestros deberes legales y prácticas de confidencialidad en lo que concierne a la información que conocemos y mantenemos sobre usted
- ◆ cumplir con los términos y condiciones de este aviso
- ◆ notificarle si somos incapaces de cumplir la restricción solicitada

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- ◆ complacer peticiones razonables donde usted deberá comunicar la información médica por medios alternativos o locales alternativos.

Reservamos el derecho de cambiar nuestras prácticas y de hacer u obtener nuevas provisiones eficaces para toda la información de salud protegida que mantenemos. Cualquier cambio a nuestras prácticas estará disponible sobre la petición. No usaremos o revelaremos su información de salud sin tener su autorización por escrito, a excepción de como se le explica en este aviso.

Para más información o para reportar un problema. Si tiene preguntas y quisiera información adicional, usted puede comunicarse vía telefónica con la Corporación de la Conformidad (Corporate Compliance Hotline) al número 800-814-1434. Si usted cree que se han violado sus derechos de confidencialidad, usted puede archivar una queja por vía telefónica con la Corporación de la Conformidad (Corporate Compliance Hotline) al número 800-814-1434 o con la secretaria de recursos humanos y de salud de ESTADOS UNIDOS. No habrán represalias por archivar sus reclamos.

Ejemplos de accesos o publicación para tratamiento, pago y para las operaciones de salud

Utilizaremos su información de la salud para el tratamiento. Por ejemplo: La información obtenida por la enfermera, el médico, u otro miembro de su equipo de salud será registrado en su expediente y será utilizada para determinar el curso del tratamiento y los procedimientos más convenientes para usted. Su médico documentará en su expediente sus expectativas y la de los miembros de su equipo de salud. Su equipo entonces registrarán las acciones que tomaron y sus observaciones. De esa manera, el médico sabrá que usted está respondiendo o no al tratamiento. También le proporcionaremos a su médico o al ayudante de salud con las copias de varios informes que le ayudará al doctor en tratarle una vez le den de alta del hospital.

Utilizaremos su información de salud para la facturación de cobro. Por ejemplo: La cuenta se le puede enviar a usted o a un tercer pagador. La información sobre o con la cuenta puede incluir la información que lo identifica, tal como su diagnóstico, procedimientos, y los accesorios usados.

Utilizaremos su información para regular las operaciones de salud. Por ejemplo: Los miembros del personal médico, el gerente de control de riesgos o el gerente de mejora de calidad, o los miembros del equipo de mejora de calidad pueden utilizar la información en su expediente de salud para determinar el cuidado y los resultados en su caso y los otros casos similares. Esta información entonces será utilizada en un esfuerzo para mejorar continuamente la calidad y la eficacia del cuidado de salud y el servicio que proporcionamos.

Socios: Hay algunos servicios proporcionados en nuestra organización a través de contratos con socios. Los ejemplos incluyen servicios médicos de emergencia, anestesiología, patología, y los departamentos de radiología; ciertos exámenes de laboratorio; y un servicio de copias que utilizamos para hacer copias de su expediente de salud. Cuando se contratan estos servicios, podemos divulgar su información médica a nuestro socio de modo que puedan realizar el trabajo que les hemos pedido y que le envíen la cuenta a usted o a su tercer pagador por los servicios rendidos. Sin embargo, para proteger su información médica, requerimos que los socios guarden apropiadamente su información

Directorio: A menos que usted nos notifique que se opone, utilizaremos su nombre, la localización en la facilidad, condición general, y la afiliación religiosa para los propósitos directorios. Esta información se puede proporcionar a los miembros del clero o protestantes y, a excepción de la afiliación religiosa, a la gente que pide usted por nombre.

Notificación: Podemos utilizar o divulgar la información para notificar o para asistir a un miembro de familia, un representante personal, o a otra persona responsable de su cuidado, de su localización, y de su condición general.

Comunicación con la familia: Los profesionales de salud, usan su mejor juicio, pueden compartir con un miembro de familia, un relacionado, un amigo cercano o cualquier otra persona que usted identifique, información de la salud relevante a esa persona en su cuidado y el cobro o facturación relacionado con su cuidado.

Investigación: Podemos divulgar la información a los investigadores cuando su investigación ha sido aprobada por un comité de examinación institucional que han revisado la oferta de investigación y los protocolos establecidos para asegurar la privacidad de su información médica.

Directores fúnebres: Podemos revelar la información de salud a directores fúnebres compatibles con la ley aplicable para realizar sus deberes.

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Organizaciones de la consecución del órgano: Compatible con la ley aplicable, podemos compartir la información de salud con las organizaciones de la consecución de órganos u otras entidades contratadas a la consecución, a las actividades bancarias o el trasplante de órganos para el objetivo de donación de tejido y trasplante.

Comercialización: Podemos contactarnos con usted para proporcionarle recordatorios o información acerca de tratamientos alternativos, otros servicios y beneficios de salud que pueden ser de su interés.

Recaudación de Fondos: Nosotros nos comunicaremos con usted como parte de la recaudación de fondos. De todos modos cualquier material de recaudación que se le envíe tendrá un lenguaje adicional donde le permitirá decidir el de recibir o no la más reciente información de la recolecta de fondos.

Administración de Medicina y Alimentos (Food and Drug Administration, FDA): Podemos revelar al FDA la información de salud relacionada con eventos adversos con respecto a alimentos, suplementos, productos y a los defectos del producto, o fijar la información de control de comercialización para permitir nuevos pedidos, devoluciones del producto, reparación, o el reemplazo.

Compensación para el empleado: Podemos revelar la información de salud al grado autorizado por y al grado necesario para cumplir con las leyes que se relacionan con la compensación de trabajadores u otros programas similares establecidos por la ley.

Salud pública: Requerido por la ley, podemos revelar su información médica a la salud pública o a las autoridades legales encargados por la prevención o el control de una enfermedad, infección, herida, o la discapacidad.

Institución correccional: Si usted es un interno de una institución correccional, nosotros podemos revelar a la institución o agentes de su información médica necesaria, para su salud y la salud y la seguridad de otros individuos.

Ejecución de la ley: Podemos revelar la información médica para objetivos requeridos por ley o en respuesta a una citación válida. La ley federal pone a disposición su información médica para que sea liberada a una agencia de salud apropiada, a la autoridad de salud pública o a el abogado, con tal de que los miembros de fuerza obrera o socios, crean en la buena fe y que hemos enganchado en la conducta ilegal o de otra manera hemos violado normas profesionales o clínicas y potencialmente ponemos en peligro a uno o varios pacientes, trabajadores o a el público.

Los términos de este aviso y las prácticas de información de salud se aplican a los centros de salud Adventist HealthCare, Inc., y a todas sus entidades afiliadas que funcionan como una integración clínica del cuidado médico compuesto por: Washington Adventist Hospital, Shady Grove Adventist Hospital, Potomac Ridge Behavioral Health, Hackettstown Community Hospital, Adventist Behavioral Health at Crownsville, Adventist Home Health Services, Adventist Preferred Nursing, Adventist Home Oxygen & Equipment, Greater Washington Sleep Disorders Centers, Shady Grove Nursing & Rehabilitation Center, Sligo Creek Nursing & Rehabilitation Center, Fairland Nursing & Rehabilitation Center, Bradford Oaks Nursing & Rehabilitation Center, Springbrook Nursing & Rehabilitation Center y los médicos y otros profesionales licenciados que ven y que tratan a pacientes en cada localización. Los miembros de este trabajo y integrados en la práctica clínica con el cuidado médico en alguno o todos los sitios indicados anteriormente. Todas las entidades y personas enumeradas compartirán la información personal de la salud de los pacientes necesarios para realizar el tratamiento, reciben el pago, y operaciones del cuidado médico permitidas por la ley.

Fecha de Vigencia: 14 de Abril del 2003