

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
OF THE AUDIT, COMPLIANCE AND ETHICS COMMITTEE
October 18, 2018
8:30 a.m. – 10:30 a.m.
Assembly Rm. 1
Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056**

The Committee may make recommendations to the Board on any of the items listed below, unless the item is specifically labeled "Informational Only"

| | Agenda Item | Time Allotted | Action/ Recommendation | Requestor/ Presenter |
|-----|---|--|---|--------------------------------|
| 1. | Call to order | 5 min. | | Chair |
| 2. | Approval of Agenda | 2 min. | | Chair |
| 3. | Public Comments – Announcement Comments may be made at this time by members of the public and Committee members on any item on the Agenda before the Committee's consideration of the item or on any matter within the jurisdiction of the Committee. NOTE: During the Committee's consideration of any Agenda item, members of the public also have the right to address the Committee at that time regarding that item. | 1 min. | | Standard |
| 4. | Ratification of Minutes- September 20, 2018 | 3 min. | Action | Chair |
| 5. | Old Business – None | -- | -- | -- |
| 6. | New Business – a) Work Plan Update b) Presentation: "Speak up" Culture c) Consideration to appoint Kathryn Fitzwilliam to the role of "Subject Matter Expert" d) Administrative Policies & Procedures: 1) Notice of Privacy Practices Policy #518 | 10 min. 30 min. 10 min. 10 min. | Information Only Information Only Discussion/ Action Action | CCO CCO Chair CCO |
| 7. | Committee Communications | 5 min. | | All |
| 8. | Date of Next Meeting: January 17, 2019 | 1 min. | | Chair |
| 9. | Adjournment | | | Chair |
| 10. | Total Time Budgeted for Meeting | 1.5 hours | | |

Tri-City Medical Center
 Audit, Compliance & Ethics Committee
 September 20, 2018
 Assembly Room 1
 8:30 a.m-10:00 a. m.

| | |
|------------------------------------|---|
| Members Present: Kathryn | Director Larry W. Schallock(Chair); Director James Dagostino; Director Julie Nygaard; Faith Devine, Community Member; Leslie Schwartz, Community Member; Dr. Cary Mells, Physician Member |
| Non-Voting Members: | Steve Dietlin (CEO); Ray Rivas, CFO; Scott Livingstone, COO; Carlos Cruz, CCO; Susan Bond, General Counsel |
| Others Present: | Stacy Stelzriede, Partner, Moss Adams; Annie Norviel, Senior Manager, Moss Adams; Anh Nguyen, Controller; Kristy Larkin, Director of Compliance, Audit & Monitoring; Maria Carapia, Compliance Manager; Teri Donnellan, Executive Assistant |
| Absent: | Katheryn Fitzwilliam, Community Member |

| | Discussion | Action Recommendations/ Conclusions | Person(s) Responsible |
|---|---|-------------------------------------|-----------------------|
| 1. Call to Order | The meeting was called to order at 8:30 a.m. in Assembly Room 1 at Tri-City Medical Center by Chairman Schallock. | | |
| 2. Approval of Agenda | Chairman Schallock requested the Closed Session minutes be deferred to next month's meeting. It was moved by Mr. Leslie Schwartz and seconded by Director Dagostino to approve the agenda as amended. The motion passed unanimously. | Amended Agenda approved. | |
| 3. Comments by members of the public and committee members on any item of interest to the public before Committee's consideration of the item | There were no public comments. | | |
| 4. Ratification of minutes – July 26, 2018 | It was moved by Director Dagostino and seconded by Mr. Leslie Schwartz to approve the minutes as presented. The motion passed unanimously. | Minutes ratified. | |
| 5. Old Business | None | | |

| | Discussion | Action Recommendations/ Conclusions | Person(s) Responsible |
|--|--|--|-----------------------|
| <p>6. New Business</p> <p>A) Fiscal 2018 Financial Statement Audit Status – Moss Adams</p> | <p>Chairman Schallock stated Ms. Stacy Stelzriede, Engagement Reviewer and Ms. Annie Norviel are here today to present the results of the FY2018 Financial Audit. He explained the auditors will give their presentation and management will review the financials. The committee will have the opportunity to ask questions of the auditors in the absence of staff.</p> <p>Ms. Stelzriede stated today's presentation will include the following:</p> <ul style="list-style-type: none"> ➤ Auditor Opinions and Reports ➤ Communication with Those Charged with Governance ➤ Management Representation Letter ➤ Other Information <p>Ms. Stelzriede stated the auditors also performed the following non-attest services which included completion of the Auditee portion of the Data Collection.</p> <p>Ms. Stelzriede stated they will issue an unmodified opinion which reflects the Financial Statements are presented fairly and in accordance with US Generally Accepted Accounting Principles.</p> <p>Ms. Stelzriede stated the GAGAS Report on Internal Control over Financial Reporting and on Compliance and Other Matters reflected that there were no financial reporting findings to communicate or compliance findings to communicate.</p> <p>The Report on Compliance Requirements that could have a Direct and Material Effect on Each Major Federal Program and on Internal Control Compliance required by the Uniform Guidance reflected no control findings to communicate and no compliance findings to communicate.</p> | <p>Recommendation to be sent to the Board of Directors to accept the FY2018 Financial Statement Audit and the Single Audit in accordance with the Uniform Guidance and Consolidated Financial Statements as presented; item to appear on Board agenda and included in agenda packet.</p> | <p>Ms. Donnellan</p> |

| | Discussion | Action Recommendations/ Conclusions | Person(s) Responsible |
|--|---|--|-----------------------|
| | <p>Ms. Stelzriede stated the auditor's responsibility is to ensure the financials are free of material misstatement however that does not relieve management of their responsibilities.</p> <p>Ms. Stelzriede stated the auditors believe management has selected and applied significant accounting policies appropriately and consistent with those of the prior year.</p> <p>Ms. Norviel reported on the areas of audit emphasis which are subject to management's judgments and accounting estimates and included the following:</p> <ul style="list-style-type: none"> ➤ Patient Revenue Receivables ➤ Cost Report Settlements, including Supplemental Funding ➤ Self-Insured Liabilities ➤ Line of Credit and Long-Term Debt (HUD Financing, Covenant Compliance) ➤ Single Audit ➤ MOB Legal Proceedings <p>Ms. Norviel provided a detailed explanation on Patient Accounts Receivable – Lookback Analysis. Mr. Dietlin explained this is the highest risk area in every hospital as we provide estimates that are as accurate as possible. Ms. Stelzriede noted it is also important when estimating that we are not being too aggressive or too conservative.</p> <p>Ms. Norviel commented on the following notes:</p> <ul style="list-style-type: none"> ➤ Note 6 – Goodwill ➤ Note 8 – Short term Debt ➤ Note 9 – Long-term Debt ➤ Note 14 – Commitments and Contingencies ➤ Note 15- Subsequent Events <p>Ms. Stelzriede reported there no corrected or uncorrected audit adjustments. She stated this is unusual and it is a very clean audit.</p> | | |

| | Discussion | Action Recommendations/ Conclusions | Person(s) Responsible |
|--|--|-------------------------------------|-----------------------|
| | <p>Ms. Stelzriede commented that the focus on the audit changes from year to year.</p> <p>Lastly, Ms. Stelzriede reviewed the Financial Ratios and Metrics that included Cash on Hand (Days), Current Ratio, Days in Accounts Receivable, Debt to Capitalization and EBITDA% of Operating Income. Ms. Stelzriede stated we are still in the "green" and that is very difficult to do these days with the squeeze on reimbursement.</p> <p>Mr. Ray Rivas provided a report on the financials and answered questions from committee members. Discussion was held regarding the various Federal Matching Programs such as PRIME, IGT and 340B and their impact on the financials.</p> <p>Mr. Rivas also commented on the fact that ED visits are down as more patients are utilizing Urgent Care Centers.</p> <p><i>Staff left the room at 9:30 a.m. to give the Committee the opportunity to ask questions of the auditors.</i></p> <p><i>Staff returned to the meeting at 9:40 a.m.</i></p> <p>Ms. Stelzriede reported there were no negative comments by staff.</p> <p>Director Dagostino questioned the financial strength of the hospital compared to other District hospitals. Ms. Stelzriede stated the District is in a good position and the margin is much better than many of their other clients.</p> <p>Mr. Rivas expressed his appreciation to the auditors for a smooth collaborative process.</p> <p>It was moved by Mr. Leslie Schwartz to recommend the Board accept the FY 2018 Financial Statement Audit and the Single Audit in accordance with the Uniform</p> | | |

| | Discussion | Action Recommendations/ Conclusions | Person(s) Responsible |
|------------------------------------|---|--|-----------------------|
| | <p>Guidance and Consolidated Financial Statements. Director Nygaard seconded the motion. The motion passed unanimously.</p> <p><i>Ms. Stelzriede and Ms. Norviel left the meeting at 9:45 a.m.</i></p> | | |
| 8. Comments from Committee Members | There were no comments from Committee Members. | None. | |
| 9. Committee Openings | | Information only. | |
| 10. Date of Next Meeting | Chairman Schallock stated the Committee's next meeting will be held on October 18, 2018. | The committee's next meeting is scheduled for October 18, 2018. | |
| 11. Adjournment | Chairman Schallock adjourned the meeting at 9:45 a.m. | | |

DRAFT



AUDIT COMPLIANCE AND ETHICS COMMITTEE CONSENT AGENDA
October 18th, 2018

| Administrative Policies & Procedures | Policy # | Reason | Recommendations |
|---------------------------------------|----------|--------------------------------|-----------------|
| 1. Notice of Privacy Practices Policy | 518 | 3 year review, practice change | |

 **Tri-City Medical Center**
Oceanside, California

**Administrative Policy
Compliance**

ISSUE DATE: 12/02

SUBJECT: Notice of Privacy Practices

REVISION DATE(S): 9/05, 01/09

POLICY NUMBER: 8610-518

| | |
|---|-------------------|
| Administrative Compliance Content Expert Approval: | 08/18 |
| Administrative Policies & Procedures Committee Approval: | 05/1508/18 |
| Organizational Compliance Committee Approval: | n/a |
| Medical Executive Committee Approval: | n/a |
| Audit and Compliance Committee Approval: | 06/15 |
| Board of Directors Approval: | 06/15 |

A. PURPOSE:

1. To establish policy for documenting the acknowledgment of the patient's receipt of the Notice of Privacy Practices in accordance with the Health Information Portability and Accountability Act of 1996 (HIPAA) which gives patients the right to know the Uses and Disclosure of their protected health information.

B. DEFINITIONS:

1. Disclosure: the release, transfer, provision of, access to or divulging of PHI outside Tri-City Healthcare District (TCHD).
2. Notice of Privacy Practices or NPP: TCHD's written notice to individuals of Uses and Disclosures of PHI as required by 45 Code of Federal Regulations (CFR) Section 164.520.
3. Protected Health Information (PHI): individually identifiable health transmitted or maintained in paper or electronic form that is created or received by TCHD AND
 - a. Relates to the past, present, or future physical or mental health or condition of an individual; OR
 - b. Relates to the provision of health care to an individual; OR
 - c. Relates to the past, present, or future payment, AND
 - d. Identifies the individual OR with respect to which there is a reasonable basis to believe the information can be used to identify the individual.
4. Use: the sharing, application, utilization, examination or analysis of PHI within TCHD
Workforce: means employees, volunteers, trainees and other persons whose conduct in the performance of work for TCHD is under the control of TCHD whether or not they are paid by TCHD.

C. POLICY:

1. In accordance with HIPAA, all patients have a right to adequate notice of the Uses and Disclosures of PHI that may be made by TCHD.
2. TCHD communicates Uses and Disclosures of PHI that may be made by TCHD in its Notice of Privacy Practices.
3. TCHD must make the Notice of Privacy Practices available to patients as described in this Policy.
4. As provided under HIPAA, TCHD is required to abide by the terms of the Notice that is currently in effect.

D. PROCEDURE:

1. TCHD must make the NPP available as follows:

- a. TCHD must make the NPP available on request to any patient.
- b. Where TCHD has a direct treatment relationship with an individual, it must also provide the NPP no later than the date of the first service delivery except for emergency treatment situations where the NPP can be provided as soon as practicable after the emergency treatment situation.
2. The NPP will also be posted on the TCHD Website and will be made available at all registration sites, ~~Medical Records/HIM in Administration, and with the Patient Representative.~~ Registration or other points of entry to the Medical Center listed below will be the primary sites where this process takes place. Since a patient's condition or location may preclude documenting the acknowledgement at the time of registration or entry into the Medical Center, all Medical Center staff share the responsibility of ensuring acknowledgement of the Notice.
 - a. Homecare
 - b. Outpatient Rehabilitation
 - c. Outpatient Behavioral Health
 - d. Obstetrics
3. NPP Exception: Lab specimens are an exception to this Policy. No Notice of Privacy Practices will be offered because specimens are covered under the Indirect Treatment Relationship provision.
 - a. Amendment of NPP: If the NPP is revised, TCHD shall make the revised NPP available on request on or after the effective date of the revision ~~in accordance with D.1 through D.3 above.~~
4. TCHD must document the patient's acknowledgment of receipt or good faith efforts to obtain the acknowledgement.
 - a. The Condition of Admissions document includes a section reflecting patient's acknowledgement that a NPP has been offered and online access is available via TCHD website is communicated. Patients will be asked to initial the Conditions of Admission acknowledgement referencing the most current version of the NPP, even if they have signed an acknowledgement of a previous version.
 - b. If the patient receives the NPP and the acknowledgement section of the Conditions of Admissions is not initialed, TCHD personnel must document good faith efforts to obtain it and the reason for lack of signature.
 - c. The Notice of Privacy Practice acknowledgment need only be documented once, unless there is a significant content change in the Notice. Each new version of the Notice requires the patient to initial a new acknowledgement.
5. TCHD has the right to change the NPP at any time including for the purpose of amending it to conform to changes in the law. The effective date of the NPP is located on the first page of the NPP.
6. Retention of NPP:
 - a. The completed Conditions of Admission acknowledgement will be kept in the patient's medical record for the encounter for which it was signed.
 - b. TCHD will retain the required documentation related to the NPP for at least 6 years from the date of creation or the date when it was last in effect whichever is later.
7. Training on NPP: All employees of the Medical Center will be trained on and knowledgeable of the contents of the Notice because it documents how TCHD will handle Uses and Disclosures of its patients' protected health information.

E. ATTACHMENTS RELATED DOCUMENT(S):

1. Notice of Privacy Practices

F. REFERENCE(S):

1. 45 Code of Federal regulations (CFR) section 164.52

NOTICE OF PRIVACY PRACTICES

Tri-City Medical Center

4002 Vista Way

Oceanside, CA 92056

[Effective Date 03/01/2018]

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 our Privacy Officer at (760) 940-5381

WHO WILL FOLLOW THIS NOTICE

This notice describes our hospital's practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments and units of the hospital.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other hospital personnel.
- All affiliated entities, sites, and locations.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

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 care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. 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 categories.

DISCLOSURE AT YOUR REQUEST

We may disclose information when requested by you. This disclosure at your request may require a written authorization by you.

FOR TREATMENT

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other hospital personnel who are involved in taking care of you at the hospital.

For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may tell the dietician if you have diabetes so that we can arrange for appropriate meals.

Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and X-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as skilled nursing facilities, home health agencies, and physicians or other practitioners.

For example, we may give your physician access to your health information to assist your physician in treating you.

FOR PAYMENT

We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party.

For example, we may need to give information about surgery you receive at the hospital to your health plan so it will pay us or reimburse you for the surgery.

We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also provide basic information about you and your health plan, insurance company or other source of payment to practitioners outside the hospital who are involved in your care, to assist them in obtaining payment for services they provide to you. However, we cannot disclose information to your health plan for payment purposes if you ask us not to, and you pay for the services yourself.

FOR HEALTHCARE OPERATIONS

We may use and disclose medical information about you for health care operations. These use and disclosures are necessary to run the hospital and make sure that all our patients receive quality care.

For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

FUNDRAISING ACTIVITIES

We may use information about you or disclose such information to a foundation related to the hospital, to contact you in an effort to raise money for the hospital and its operations. You have the right to opt out of receiving fundraising communications. If you receive a fundraising communication, it will tell you how to opt out.

HEALTH INFORMATION EXCHANGE

We participate in both the Commonwealth and San Diego Health Connect information exchanges with other healthcare providers. This Notice is to inform our patients that our clinical team exchanges information for patient care and you can OPT OUT of the sharing of your information by communicating your choice during the Registration process or by sending a message to our Privacy Officer via our website (tricitymed.org) or submitting a written request to our Privacy Officer (4002 Vista Way, Oceanside, CA 92056).

HOSPITAL DIRECTORY

We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g. good, fair, etc.) and your religious affiliation. Unless there is a specific written request from you to the contrary, this directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This information is released so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

MARKETING AND SALE

Most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of medical information, require your authorization.

TO INDIVIDUALS INVOLVED IN YOUR CASE OR PAYMENT FOR YOUR CASE

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. Unless there is a specific written request from you to the contrary, we may also tell your family or friends your condition and that you are in the hospital.

In addition, we may disclose medical information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you arrive at the emergency department either unconscious or otherwise unable to communicate, we are required to attempt to contact someone we believe can make healthcare decisions for you (e.g. a family member or agent under a health care power of attorney).

FOR RESEARCH

Under certain circumstances, we may use and disclose medical information about you for research purposes.

For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information.

Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave the hospital.

AS REQUIRED BY LAW

We will disclose medical information about you when required to do so by federal, state or local law.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

ORGAN AND TISSUE DONATION

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

MILITARY AND VETERANS

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

(A hospital that is component of the Department of Defense or Transportation should also include the following: "If you are a member of the Armed Forces, we may disclose medical information about you to the Department of Veterans Affairs upon your separation or discharge from military services. This disclosure is necessary for the Department of Veterans Affairs to determine if you are eligible for certain benefits.")

WORKERS' COMPENSATION

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

PUBLIC HEALTH ACTIVITIES

We may use and disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report regarding the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting 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 only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, to the extent necessary to comply with state and federal laws.

HEALTH OVERSIGHT ACTIVITIES

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil right laws.

LAWSUIT AND DISPUTES

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

LAW ENFORCEMENT

We may release medical information if asked to do so by law enforcement official:

- In response to court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; 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 release medical information 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 medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES

We may release medical information about you 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 medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

(A Hospital that is component to the U.S. Department of State should also include the following:

SECURITY CLEARANCES

"We may use medical information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the U.S. Department of State who need access to that information for these purposes.")

INMATES

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure would be necessary

- for the institution to provide you with health care;
- to protect your health and safety or the health and safety of others; or
- for the safety and security of the correctional institution.

MULTIDISCIPLINARY PERSONNEL TEAMS

We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

SPECIAL CATEGORIES OF INFORMATION

In some circumstances, your health information may be subject to restriction that may limit or preclude some uses or disclosures described in this notice.

For example, there are special restrictions on the use or disclosure of certain categories of information — e.g. tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

SITUATIONS THAT REQUIRE US TO OBTAIN YOUR AUTHORIZATION

For uses and disclosure not described above, we must first obtain your authorization. For example, the following uses and disclosures will only be made with your authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of Protected Health Information;
- Most uses and disclosures of psychotherapy notes; and

Other uses and disclosures not described in this notice.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

RIGHT TO INSPECT AND COPY

You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but may not include some mental health information.

To inspect and obtain a copy of medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

RIGHT TO AMEND

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

- Is not part of the medical information kept by or for the hospital;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above), and with other exceptions pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (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.

In addition, we will notify you as required by law following a breach of your unsecured protected health information.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request, except to the extent that you request us to restrict disclosure to a health plan or insurer for payment or health care operations purposes if you, or someone else on your behalf (other than the health plan or insurer), has paid for the item or service out of pocket in full. Even if you request this special restriction, we can disclose the information to a health plan or insurer for purposes of treating you.

If we agree to another special restriction, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us:

- What information you want to limit
- Whether you want to limit our use, disclosure or both; and
- To whom you want the limits to apply, for example, disclosures from your spouse

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.

For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

RIGHT TO A PAPER COPY OF THIS NOTICE

You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website: tricitymed.org

To obtain a paper copy of this notice: contact our Registration department.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMMENTS OR COMPLAINTS

We welcome your comments about our Notice and our privacy practices. If you believe your privacy rights have been violated, you may file a complaint with:

TRI-CITY HEALTHCARE DISTRICT
CHIEF COMPLIANCE OFFICER
4002 VISTA WAY
OCEANSIDE, CA 92056

Or with the: Secretary of the Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Please be assured that no one will retaliate or take action against you for filing a complaint.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop by any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on our permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of care that we provided to you.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy practices and update this Notice accordingly. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We post copies of the current Notice in the registration areas and on our internet sites. If the Notice is changed, we will post the new Notice in our registration areas and provide it to you upon request. The Notice contains the effective date on the first page, in the top right-hand corner.