Notice of Privacy Practices Summary
– Information for Patients –
Effective Date: August 1, 2016

Social Action Community Health System

THIS IS A SUMMARY OF OUR NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. WE HAVE ALSO MADE AVAILABLE TO YOU A FULL VERSION OF THE NOTICE. COPIES OF THE FULL VERSION ARE AVAILABLE AT ANY REGISTRATION OR INFORMATION DESK OR AT OUR WEBSITE AT WWW.SACHEALTHSYSTEM.ORG

Who Will Follow This Notice?
All health professionals, employees and volunteers of Social Action Community Health System (SACHS), and any related hospitals, clinics, and agencies. (For a listing consult the full version of the Notice.)

Our Pledge Regarding Health Information
We are committed to:
• Protect the privacy of your health information and
• Respect your rights regarding health information

Your Rights About Your Health Information
You have the following rights regarding your health information:
• The right to inspect and copy your health and billing record, except for items limited and/or prohibited by law.
• The right to request copies of your lab results directly from the laboratory.
• The right to request a correction to your record when you feel the health information we have about you is incorrect or incomplete.
• The right to request an Accounting of Disclosures. An Accounting of Disclosures is a list of certain disclosures we made about you.
• The right to request restrictions on certain uses and disclosures of your information for treatment, payment, or health care operations.
• The right to request restriction on disclosure of your information to a health plan or insurance company when you self-pay the costs of an item or service out-of-pocket in full at the time the service is provided to you.
• The right to receive notification of a breach of your unsecured health information.
• The right to request confidential communications of your health information by alternative means or at alternative locations.
• The right to a Notice of our Privacy Practices, to be informed of how we use and disclose your health information.
(For details, consult the full version of the Notice)

How We May Use and Disclose Health Information About You
We may use and disclose your health information:
• For Treatment – to SACHS doctors, nurses, technologists, students, or other personnel involved in your care; to non-SACHS healthcare providers providing care to you via a common electronic health record platform (“CareConnect”) or via other secure electronic method.
• For Payment – to collect payment from you, an insurance company, or a third party.
• For Healthcare Operations – to conduct business operations that support your care.
• For Healthcare Appointment Reminders – to remind you of appointments or to remind you to follow up on ordered tests or labs. The methods of communication may include mail, telephone, fax, electronic mail, or other electronic means.
• For Treatment Alternatives – to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
• For Health-Related Products and Services – to tell you about our health-related products or services that may be of interest to you.
• For Fundraising Activities – to contact you as part of a fundraising effort.

For Individuals Involved In Your Care – to a friend or family member who you identify is involved in your care.
For Disaster Relief – to those assisting in a disaster relief effort (e.g., the Red Cross).
For Research – to researchers for research activities allowed by law or approved by our Institutional Review Board.
As Required By Law – to meet the requirements of federal, state, or local law.
To Avert a Serious Threat to Health or Safety – to prevent a serious threat to your health and safety or the health and safety of the public or another person.
For Health Information Exchange Services or Immunization Registries – to make your health information available electronically to your healthcare providers, including non-SACHS health care providers and entities, for your treatment, payment, or other healthcare operations purposes. To assure adequate immunization levels and avoid unnecessary immunizations.

Other Uses of Health Information
Other uses and disclosures of health information not covered by this notice or applicable laws such as marketing activity, sale of health information, psychotherapy notes, and the use of genetic information for underwriting purposes will be made only with your written permission.

For examples and more information, consult the full version of the Notice. If you have any questions about this Notice, please contact the Compliance Department at 909-771-2818.