

**Community Health Systems, Inc.**  
**(CHSI)**

**NOTICE OF PRIVACY PRACTICES**

Effective Date: 04/15/03

Revised: 07/16/04

**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 our Notice of Privacy Practices, please contact the Privacy Officer at (909) 877-1818.

**Our Pledge:** Community Health Systems, Inc. (CHSI) is required by law to maintain the privacy of your medical information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. We understand that your health information is personal and we are committed to protecting your medical information. We create a record of the care and services you receive at our clinics. We need this record to provide with you quality care and to comply with certain legal requirements. This notice describes how we may use and disclose medical information about you.

**Who will follow this Notice?**

- Any health care professional who provides services to you within our facilities
- All sites, locations, departments and units of CHSI
- All employees, staff, consultants, and volunteers.

**HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

The following are examples of the types of uses and disclosures of your health information that are permitted:

**Treatment:** We may use and disclose your medical information to provide, coordinate or manage your health care and any related services. For example, we may disclose your medical information to the doctors or nurses that care for you, even if the doctors or nurses are not affiliated with CHSI.

**Payment:** Your medical information may be disclosed, as needed, to obtain payment from your insurance company or other person/party responsible for payment for services we provide to you. For example, we may disclose your medical information to your health plan about treatment that you need obtain prior approval or to determine whether your plan will cover.

**Health Care Operations:** We may use or disclose your medical information for our internal operations, which include activities necessary to operate the CHSI sites or programs from which you receive services. For example, we may use your medical information for quality improvement services to evaluate the care or other services provided to you. We may also use your medical information to evaluate the skills and qualifications of our health care providers, or to resolve grievances within our organization.

**Appointment Reminders and Treatment Alternatives:** We may use and disclose your medical information to provide a reminder to you about an appointment you have with us for treatment or medical care. We may also use or disclose your medical information to tell you about or recommend possible treatment options or alternatives, or inform you of other health-related benefits and services, that may be of interest to you.

**Individual's Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose information to your family member, friend, or personal representative you identify. We may also give information to someone who helps pay for your care.

**Other Permitted Uses and Disclosures:** We may use and/or disclose your medical information in a number of circumstances in which it is not required that we obtain your consent or authorization, or provide with you with an opportunity to agree or object. Those circumstances include:

- Disclosing health information about you when required to do so by federal, state or local law.
- Disclosing health information about you to public health authorities in certain situations as required by law (such as to report abuse, births, deaths, certain diseases, or reactions to medications or problems with products).
- Disclosing health information about you to health oversight agencies for audits, government investigations or inspections.
- Disclosing health information about for judicial and administrative proceedings as required by a court or administrative order.
- Disclosing health information about for law enforcement activities in limited situations, such as when responding to a warrant.
- Using and disclosing health information about you to avert or prevent serious threat to the health and safety of another person or the public at large.
- Releasing health information about you for worker's compensation purposes.
- Disclosing health information to funeral directors as needed, and to coroners or medical examiners to identify a deceased or determine cause of death.

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- Disclosing health information about you to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to organ donation bank, as necessary to facilitate organ donation or tissue transplantation.
- Releasing health information about you to military command authorities or the Department of Veterans Affairs, if you are a member of the Armed Forces or separated/discharged from military services.
- Releasing medical information about you to the correctional institution as authorized or required by law if you are inmate of a correctional institution.

**Other Uses of Medical Information:**

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

**YOUR RIGHTS:**

As a patient, you have certain rights with respect to your personal health information including:

**Right to Request Restrictions:** You have the right to request that we restrict how we use and disclose your medical information that we have about you. For example, you may request that we not disclose information about you to a certain doctor or other health care professional, or that we may disclose information to your spouse about certain care that you received.

**Right to Receive Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way. For example, you can ask that we only contact you at work or by mail to a specified address. To request that we communicate with you in a certain way, you must make it in writing to our Privacy Contact Official and we will accommodate all your reasonable request. You must specify how and where you wish to be contacted.

**Right to Inspect and Copy:** You have the right to inspect and copy the medical information about you that we maintain. You must submit your request in writing to the Privacy Contact Official.

**Right to Amend:** You have the right to ask us to amend written medical information. To request an amendment it must be made in writing, submitted to our Privacy Contact

Official. In addition, you must provide a reason that supports your request for an amendment. We may deny your request if you ask us to amend the information that is correct and complete.

**Right to Receive Accounting Disclosures:** You have the right to request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information CHSI disclosed after it received a valid patient authorization from you. Additionally, CHSI does not need to account for disclosures made to your family members or friends involved in your care, or for notification purposes. CHSI does not need to account for disclosures made for certain law enforcement purposes prior to April 14, 2003. Please contact CHSI if you would like to receive an accounting of disclosures or if you have questions about this right.

**Right To Obtain Paper Copy of this Notice:** You have the right to receive a paper copy of this notice at any time. To receive a copy, please contact the Privacy Officer at (909) 877-1818.

**Changes to this Notice:**

CHSI reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities. You can get a copy of the latest version of this Notice upon request.

**Complaints:** If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer or the Secretary of the Department of Health and Human Services. You may submit your written complaints to CHSI at 18601 Valley Bl, Bloomington, CA 92316 or you may call us at (909) 877-1818. We will not retaliate against you for filing a complaint.

**ADDRESS:**

Community Health Systems, Inc.  
18601 Valley Bl  
Bloomington, CA 92316