20. Family and Friends: Under certain circumstances, the System may disclose to your family member or other relative, a close personal friend, or any other person identified by you, your protected health information directly related to your care and the payment for your care. The System may also use or disclose your protected health information to a person of your choosing if you designate that person to act on your behalf and the system identifies you, we are required to maintain the confidentiality of your health information. This includes providers not affiliated with The System, so that they may provide you with treatment. For example, we may disclose your protected health information to provide, coordinate and manage your health care and payment for health care items or services. You may also use or disclose your protected health information to carry out payment or healthcare operations. Additionally, we are not required to provide you with an accounting of disclosures that you authorize or with an accounting of some disclosures that we are permitted to make without your authorization. Your request for an accounting of disclosures must be submitted in writing to our Privacy Officer within a time period not to be exceeded by the system.

21. Required by Law. In addition to those uses and disclosures listed above, we may use and disclose your protected health information if and to the extent we are required by law.

C. YOUR RIGHTS: You have the following rights regarding your protected health information:

1. Right to Revoke an Authorization. You may revoke an Authorization in writing, at any time, if you no longer agree to permit the System's Privacy Officer, whose contact information is listed below, to use or disclose your protected health information. The System's Privacy Officer, whose contact information is listed below, may provide you with treatment. For example, we may disclose your protected health information to provide, coordinate and manage your health care and payment for health care items or services. You may also use or disclose your protected health information to carry out payment or healthcare operations. Additionally, we are not required to provide you with an accounting of disclosures that you authorize or with an accounting of some disclosures that we are permitted to make without your authorization. Your request for an accounting of disclosures must be submitted in writing to our Privacy Officer within a time period not to be exceeded by the system.

2. Right to Request Restrictions on Uses and Disclosures. You have the right to request restrictions and to limit certain disclosures of your protected health information made by the System for treatment, payment or health care operations will be honored provided the information pertains solely to a health care items or service paid for out of your own pocket unless prohibiting such disclosure is restricted by law.

3. Right to Request Confidential Communications. You may request to receive confidential communications of protected health information by alternative means or at alternative locations. You may request in writing to our System's Privacy Officer. The System will accommodate all reasonable requests. We may condition this accommodation on identifying or locating an alternative use to which the System's Privacy Officer, whose contact information is listed below, may provide you with treatment. For example, we may disclose your protected health information to provide, coordinate and manage your health care and payment for health care items or services. You may also use or disclose your protected health information to carry out payment or healthcare operations. Additionally, we are not required to provide you with an accounting of disclosures that you authorize or with an accounting of some disclosures that we are permitted to make without your authorization. Your request for an accounting of disclosures must be submitted in writing to our Privacy Officer within a time period not to be exceeded by the system.

4. Right to Inspect and Copy Information. According to federal regulations, you may generally inspect and obtain a copy of your protected health information that we maintain in a designated record set. A "designated record set" is a group of records that include medical and billing records or other documents related to a particular health care item or service for making decisions about you. Under federal regulations, however, you have no right to inspect or copy certain records that include psychotherapy notes, identifying information, restricted health information, or medical research information, unless disclosure is required by law or you are an individual who is deceased. If you request a copy of your medical information, we may charge you a fee for the cost of copying and mailing your information as a general rule.

if we deny your request, you may submit a written complaint to the System's Privacy Officer, whose contact information is listed below. You will be notified by mail if you request a copy of your medical information, we may charge you a fee for the cost of copying and mailing your information as a general rule.

If your protected health information is maintained in an EHR (Electronic Health Record) upon your written request, providing no other restrictions apply, you may obtain an electronic copy of such information and request that such a copy be transmitted directly to an entity or person designated by you. A fee may be charged for this service as allowed by law.

If you request an accounting of disclosures, you may request an accounting of certain disclosures of your protected health information made by the System after April 14, 2003. We are not required to account for any disclosures that are not required to be included in an accounting of disclosures, including those made for treatment, payment or health care operations. To request an accounting of disclosures, you must submit a written request, along with a reason that supports your request to our Privacy Officer. In certain cases, we may deny your request for an accounting of disclosures. If you request a copy of your medical information, we may charge you a fee for the cost of copying and mailing your information as a general rule.

If you request an accounting of disclosures, you may request an accounting of certain disclosures of your protected health information made by the System after April 14, 2003. We are not required to account for any disclosures that are not required to be included in an accounting of disclosures, including those made for treatment, payment or health care operations. To request an accounting of disclosures, you must submit a written request, along with a reason that supports your request to our Privacy Officer. In certain cases, we may deny your request for an accounting of disclosures. If you request a copy of your medical information, we may charge you a fee for the cost of copying and mailing your information as a general rule.

In certain cases, we may deny your request for an accounting of disclosures. If you request a copy of your medical information, we may charge you a fee for the cost of copying and mailing your information as a general rule.

5. Right to Amend Your Information. You may request that we amend your protected health information that we maintain in a designated record set. To request an amendment, you must submit a written request, along with a reason that supports your request to our Privacy Officer. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us. If you file such a statement, we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

6. Right to Receive an Accounting. You may request an accounting of specified uses and disclosures of your protected health information made by the System after April 14, 2003. We are not required to account for any disclosures, including those made for treatment, payment or health care operations. Additionally, we are not required to provide you with an accounting of disclosures that you authorize or with an accounting of some disclosures that we are permitted to make without your authorization. Your request for an accounting of disclosures must be submitted in writing to our Privacy Officer within a time period not to be exceeded by the system.
2. Payment. We will use and disclose your protected health information to the System to carry out payment for our health care services. For example, we may disclose protected health information to your health insurance company so that they can determine whether you are eligible for benefits. If the System discloses protected health information for payment activities, we will only release the minimum protected health information necessary for our payment activities. For example, we may disclose protected health information to anesthesiology providers so that they may obtain payment for their services.

3. Health Care Operations: The System may use and disclose your protected health information for our health care operations. For example, we may use your protected health information to evaluate the performance of the System's personnel, to perform quality assessments, to conduct training programs, and to perform accreditation, certification, licensing or credentialing activities. In certain situations, we may also disclose your protected health information to another health care provider, health plan, health care clearinghouse or health care provider, who has or had a relationship with you, for the purpose of that entity's health care operations, as long as the protected health information is related to the business activities of that entity. For example, the System may disclose your protected health information to another entity to conduct activities to determine whether they have provided quality services, to review the performance and qualifications of health care providers, to conduct training programs, and to perform accreditation, certification, licensing or credentialing activities.

4. Law Enforcement Purposes. We may disclose your protected health information to law enforcement officials under certain circumstances, such as a request by a law enforcement official to identify or locate a suspect, such as a gunshot wound. We may also disclose your protected health information pursuant to administrative requests related to law enforcement purposes. We may disclose limited protected health information to law enforcement officials upon their request, to allow other health care providers to conduct activities to determine whether they have provided quality services, to review the performance and qualifications of health care providers, to conduct training programs, and to perform accreditation, certification, licensing or credentialing activities.

5. Public Health Activities. The System may disclose your protected health information to certain public health authorities and others according to specific rules that apply to this type of information. For example, the System may disclose your protected health information to public health authorities or other government authorities authorized by law to receive such information for purposes of preventing or controlling disease, injury, disability, or other public health threats or conditions, or to permit the System to carry out other law enforcement activities. The System may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public if the disclosure is made to an individual who is reasonably able to prevent or lessen the threat.

6. Health Oversight Activities. The System may disclose your protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations, proceedings and actions; inspections; licensure or disciplinary actions; and other activities necessary or appropriate to the oversight of the health care system and oversight of certain programs and entities as authorized by law.

7. Judicial and Administrative Proceedings. We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. In certain circumstances, we may disclose your protected health information in response to a subpoena, discovery request or other lawful process to the extent authorized by state law if we receive satisfactory assurances from the party requesting your information that you have been notified of the request or that they have made reasonable efforts to obtain a qualified protective order. A qualified protective order is an order of a court or tribunal that prohibits the use or disclosure of your information for any purpose other than the proceeding for which it was requested and which requires that your protected health information will be returned to the System at the end of the proceeding.

8. Specialized Government Functions. In certain circumstances, if federal regulations authorize the System to use or disclose your protected health information for specialized government functions. If you are a member of the armed forces, the System may use and disclose your protected health information as directed by appropriate military authorities. We may disclose your protected health information to authorities for certain national security and intelligence activities and to protect the President of the United States and other dignitaries. The System may also disclose your protected health information to law enforcement personnel or to a correctional institution if such information is required for the health, safety and security of other law enforcement personnel, individuals at the correctional institution, or individuals responsible for transporting inmates or if such information is required to maintain safety, law and order at a correctional institution.

9. Suspected Abuse, Neglect or Domestic Violence. The System will disclose medical information that reveals that you may be a victim of abuse, neglect or domestic violence. The System will disclose your protected health information to a law enforcement official by law to make such disclosure. For example, state law requires health care professionals to report cases of suspected physical abuse, sexual abuse or neglect. If the System discloses your protected health information, it will only be released the minimum protected health information necessary for our payment activities. For example, we may disclose protected health information to your employer if we have provided health care to you at your employer's request.

10. To Avert Serious Threat to Health or Safety. The System may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public if the disclosure is made to an individual who is reasonably able to prevent or lessen the threat.

11. Research. We may use and disclose your protected health information for research as long as such research has been approved by an appropriate institutional review board, and the research project, as long as they do not remove or take a limited data set, which may be used and disclosed for research purposes. Your protected health information will only be disclosed in the form of a limited data set to recipients who sign an agreement to use your protected health information for specific purposes according to law and who agree not to identify you.

12. Medical Examiners, Funeral Directors, and Organs Donation. The System may disclose your protected health information to a medical examiner for the purpose of arranging for cadaveric organ, eye, or tissue donation for the purpose of arranging for cadaveric organ, eye, or tissue donation and transplantation.

13. Worker's Compensation. The System may disclose your protected health information to workers' compensation authorities for the purpose of investigating and interventions. We may also disclose your protected health information to a funeral director, as authorized by law, to permit the funeral director to carry out his or her duties.

14. Appointment Reminders. The System may, from time to time, use or disclose your protected health information to a person or organization to whom you have authorized the System to disclose your protected health information for the purpose of arranging for cadaveric organ, eye, or tissue donation and transplantation.

15. Personal Representatives. The System may disclose your protected health information to or according to the direction of a person who, under applicable law, has the authority to represent you in making decisions related to your health care. We may also disclose your protected health information to an individual who you have identified in writing as your personal representative to whom you have provided the authority to access your protected health information in order to permit the System to make decisions on your behalf.

16. De-identified Information. The System may de-identify your protected health information according to specific federal rules so that the information does not identify you. The System may use and disclose your de-identified information. The System may also partly de-identify your protected health information, by removing your name, address, social security number and many other identifying factors to create a "limited data set", which may be used and disclosed for research purposes. Your protected health information will only be disclosed in the form of a limited data set to recipients who sign an agreement to use your protected health information for specific purposes according to law and who agree not to identify you.

17. Patient Directory. Unless you object, the System may use your name, location, general condition and religious affiliation for the purpose of identifying you. The System may disclose your protected health information, a message on your answering machine or with the individual answering the phone. The System will not disclose any information with these appointment reminders except your name, your address and the time, date and location of your appointment.

18. Business Associates. The System may disclose your protected health information to a business associate of the System if we obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your protected health information. A "business associate" is an entity that performs functions or activities on behalf of the System that are related to your health care or the System in undertaking some functions, such as a billing company that assists the System in submitting claims for payment from your health insurance carrier. Security provisions that legally apply to the System are also applied to our business associates.

19. Personal Representatives. The System may disclose your protected health information to or according to the direction of a person who, under applicable law, has the authority to represent you in making decisions related to your health care. We may disclose your protected health information to an individual who you have identified in writing as your personal representative to whom you have provided the authority to access your protected health information in order to permit the System to make decisions on your behalf.

20. Fundraising Communication. We may contact you if you have provided health care to you at your employer's request.

21. Donation of Organ, Eye or Tissue. If you are a member of the armed forces, the System may use and disclose your protected health information as directed by appropriate military authorities. The System may use limited protected health information as directed by appropriate military authorities. The System may disclose your protected health information to law enforcement personnel or to a correctional institution if such information is required for the health, safety and security of other law enforcement personnel, individuals at the correctional institution, or individuals responsible for transporting inmates or if such information is required to maintain safety, law and order at a correctional institution.