

**Sutter Physician Services
Notice of Privacy Practices**

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY SUTTER PHYSICIAN SERVICES AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.***

What is this Notice and Why it is Important

This notice is required by law to inform you of how your health information will be protected, how Sutter Physician Services may use or disclose your health information, and about your rights regarding your health information. If you have any questions about this notice, please contact Sutter Physician Services Privacy Officer at 916-854-6600.

Understanding Your Health Information

Each time you visit a physician, healthcare provider or hospital, a record of your visit is made. Typically, this record contains a description of your symptoms, medical history, examination and test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal documents of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- A data source for medical research and public health
- A source of data for planning facilities, marketing healthcare services, and fundraising
- A tool for educating health professionals
- A tool with which we can assess and work to improve the care we provide

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand how others may access and use your health information; and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

You have the following rights related to your claim and/or billing records kept by Sutter Physician Services:

Obtain a copy of this notice. You have a right to receive a copy of this notice, which is posted on our website and at our offices. You may print a copy a copy of this notice or any revisions from our website www.sutterphysicianservices.org or by calling 916-854-6600.

Authorization to use your health information. Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.

Access to your health information. You may request a copy of your health information that Sutter Physician Services keeps in your claim or billing record. Your request must be submitted in writing. We may charge for the costs of providing you access and for your copies.

Amend your health information. If you believe the information we have about you is incorrect or incomplete, you may request that we correct or add information. Your request must be in writing and you may call our Customer Service Department at 916-854-6600 to request a form for this purpose.

Request confidential communications. You may request that, when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number). We will make every reasonable effort to agree to your request.

Limit our use or disclosure of your health information. You may request in writing that we restrict the use or disclosure of your health information for treatment, payment, health care operations, or any other purpose except when specifically authorized by you, when we are required by law, or in an emergency situation in order to treat you. We will consider your request and respond, but we are not legally required to agree if we believe your request would interfere with our clients' ability to treat you or collect payment for their services.

Accounting of disclosures. You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or healthcare operations. Disclosures that we make with your authorization will not be listed. We will provide one list per year free of charge, but may charge for subsequent lists in the same year.

Our Responsibilities

We are required by law to protect the privacy of your health information, establish policies and procedures that govern the behavior of our workforce and business associates, provide this notice about our privacy practices, and abide by the terms of this notice.

We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice. The new notice will be posted on our website and in our offices.

Except for the purposes related to your treatment, to collect payment for services on behalf of our clients, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time. We are unable to take back any disclosure we have already made with your permission.

Examples of Uses and Disclosures for Treatment, Payment and Healthcare Operations

We will use your health information to facilitate your medical treatment.

For example: We may use or disclose your personal health information to a provider who requests this information to treat you or to arrange for payment for his/her services to you.

We will use your health information to collect payment for health care services that our clients provide to you.

For example: We may use and disclose your health information to pay claims for covered services provided to you. We may also use your health information to prepare a bill for services that will be sent to you or your health insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. In some cases, information from your medical record is sent to your insurance company to explain the need for or provide additional information about your treatment.

We will use your health information as necessary to support our healthcare operations.

For example: We may use or disclose your protected health information for our business functions. Sutter Physician Services is a management services organization that provides the following services as a business associate of its clients, which are health care providers or organizations of providers. Our services include claims processing and administration, billing and accounts receivable administration, customer service, eligibility, data analysis, processing or administration, accounting, general management, quality assurance, medical management, and practice management. Sutter Physician Services is an affiliate of the Sutter Health network. We may permit Sutter Health to use

your health information to support necessary business, financial, and clinical functions. Examples of these functions may include auditing clinical procedures, analyzing cost of care, arranging for patient satisfaction surveys, and determining the need for new healthcare services.

We will use your health information to notify your family and friends about your condition.

For example: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or your general condition. Our staff, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, relevant health information to facilitate the person's ability to assist in your care or make arrangements for payment of your care.

We may use your health information to inform persons about your death.

For example: We may disclose health information to funeral directors, coroners, and medical examiners consistent with applicable law to carry out their duties.

Examples of Uses and Disclosures for Other Purposes

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

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

To avert a serious threat to health or safety: We may use and disclose your health when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure would be made only to someone able to help prevent the threat.

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

Law enforcement: We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order.

Business associates: There are some services provided in our organization through contracts with business associates. When these services are provided by contracted business associates, we may disclose the appropriate portions of your health information to our business associates so they can perform the job we have asked them to do. To protect your health information, however, we require all business associates to sign a confidentiality agreement verifying they will appropriately safeguard your information.

Special Situations

Military and Veterans: If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

National Security and Intelligence Activities: We may disclose your health information 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 your health information to authorized officials so they may provide protection to the President and other governmental leaders, or conduct special investigations.

Regulatory oversight: We may disclose your health information to appropriate health oversight agencies, public health authorities or attorneys, when required by law. Your health information may

also be disclosed if a workforce member or business associate believes in good faith that Sutter Physician Services has engaged in unlawful conduct or has otherwise violated professional or clinical standards and is potentially endangering one or more patients, workers or the public.

For More Information or to Report a Problem

If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact the Sutter Physician Services Privacy Officer at 916-854-6600.

If you believe we have not properly protected your privacy, have violated your privacy rights, or you disagree with a decision we have made about your rights, you may contact Sutter Physician Services' Privacy Officer or the Privacy Complaint Manager, c/o Sutter Physician Services, P.O. Box 254707, Sacramento, California, 95865-4707. You may also send a written complaint to the U.S. Department of Health and Human Services. Sutter Physician Services will ensure that the services you receive from our staff will in no way be impacted if you file a complaint.