

This notice describes how medical information about you may be used and disclosed and how you can access to this information. Please review it carefully.

You have the right to:
- Get a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request confidential communications.
- Get a list of those with whom we’ve shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- If you believe your privacy rights have been violated.

You have some choices in the way that we use and share information as we:
- Tell family and friends about your condition.
- Provide disaster relief.
- Include you in a hospital directory.
- Provide mental healthcare.
- Market our services.
- Raise funds.

We have to follow the duties and privacy practices described in this notice and give you a copy of it.

Get an electronic or paper copy of your medical record:
- You can ask to see or get an electronic or paper copy of your medical record and other information we have about you. The fee for a copy may be based on the cost of supplies and labor. If you need a copy sooner than the time it normally takes us to provide you with your medical record, we may charge you for the extra cost we incur.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee for this service.
- If we are not able to provide your health information to you within 30 days, we will tell you why and that we will provide the information within 60 days.

Ask us to correct your medical record:
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications:
- You can ask us to contact you in a specific way (for example, home or office phone number). We’ll try to honor your request unless we think it might harm you.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Ask us to limit what we share:
- You can ask us not to share certain health information for payment or our healthcare operations.
- If you pay for a service or healthcare item out of pocket in full, you can ask us not to share that information for the purpose of our payment or our healthcare operations.
- We will say “yes” unless you ask us to limit our use and share information as we:
  - We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting of the disclosures we make in response to a request for another one within 12 months.

Get a copy of this privacy notice:
- You can ask us for a copy of this notice at any time, even if you have agreed to receive the notice electronically.

Choose someone to act for you:
- You can ask us to share your health information with a person you name as your personal representative.
- We will make sure the person has this authority and can act for you before we share your information.

File a complaint if you feel your rights are violated:
- You can file a complaint if you believe your privacy rights have been violated by us or our Affiliated Covered Entities.
- You can file a complaint if you believe we failed to abide by the terms of this notice or our Affiliated Covered Entities.
- You can file a complaint if you believe your privacy rights were not protected.
- We will tell you how to file a complaint and that we will not retaliate against you for filing a complaint.