



## **WESTLAKE CONVALESCENT HOSPITAL**

316 South Westlake Avenue,  
Los Angeles, California 90057-2906  
Office: (213) 484 0510 Fax: (213) 484 5931  
[www.wlchospital.com](http://www.wlchospital.com)

**Effective: May 01, 2014**

### **OUR PROMISE OF PRIVACY NOTICE**

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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.

**Facility Name:** WESTLAKE CONVALESCENT HOSPITAL

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the healthcare services we provide and may receive such records from others. We use these records to provide quality healthcare services and to transmit to other healthcare providers for continuity of care. These records are also used to obtain payment for services provided to you which enables us to meet our professional and legal obligations to operate this facility.

We are required by law to maintain the privacy protected health information, to provide individuals with notice of our legal duties and privacy practices, and to notify affected individuals following a breach of unsecured protected health information.

This Notice also describes your rights with regard to your medical information and our legal obligations and how we may use and disclose medical information.

#### ***How we may use and disclose your Protected Healthcare Information (PHI)***

Federal privacy law allows the facility to use and disclose your PHI for:

1. Planning your care and any necessary treatment(s);
2. Law enforcement;
3. Communications among many healthcare providers that will contribute to your care while you are in the facility and improve the quality of care we provide to our residents;
4. Payment for services provided to you by us or third party payers such your physician. For example we might give your insurance company PHI about your present conditions so that there can be proper reimbursement;
5. A tool in educating health professionals and staff;
6. A source of data for facility planning and marketing;
7. Assisting Business Associates, such as physician services, emergency, radiology, laboratory, etc.;
8. The Facility Directory, we may include some PHI/ePHI in our directory such as name, room number, and religious affiliation. This information is not necessary widely distributed but it is used so staff, clergy and other healthcare providers know about you and your condition;



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9. Disaster Relief, so authorities know about your condition at the time of a disaster;
10. Crime, abuse and neglect reporting;
11. State and Federal healthcare officials and evaluators. We may disclose your PHI/ePHI to State and Federal healthcare oversight agencies as necessary so that these agencies may carry out their job further; and
12. Other individuals as mandated by law. We may disclose PHI to the following:
  - a. Public health/ legal authorities charged with preventing or controlling disease, injury, or disability;
  - b. Correctional institutions (if you are in custody);
  - c. Workers' Compensation agents;
  - d. Organ and tissue donation organizations;
  - e. Military command authorities;
  - f. Health oversight agencies;
  - g. Funeral directors, coroners, and medical examiners;
  - h. National security and intelligence agencies; and
  1. Quality Assurance findings within the facility

### *Your Health Information Rights*

1. Inspect and copy - With some exceptions, you have the right to inspect and obtain a digital or hard copy of your health information maintained in your designated record set. We may charge a fee for the associated cost of labor, mailing, or other supplies. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access, you may request a review of the denial.
2. Amend - This means you may request an amendment of health information about you for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact the Medical Records Director if you have questions about amending your medical record.
3. Accounting of Disclosures - You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a procedure or lab test that you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.



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4. Receive confidential communications -You have the right to request to receive communications of health information by alternate means or at alternative locations. We will strive to accommodate all reasonable requests.
5. Paper copy of this Notice- You may request a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically.

### *Our Responsibility*

We are required by law to:

1. Maintain the privacy of protected health information;
2. Provide you with this Notice of our legal duties and privacy practices with respect to protected PHI/ePHI; and
3. To notify you if you are affected by a breach of unsecured protected health information.

We are required to abide by the terms of this Notice while it is in effect. We reserve the right to change the terms of our Notice and to make the new Notice provisions effective for all protected health information that we maintain.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised Notice to the address you've supplied us. We will not disclose your health information without your authorization, except as described in this Notice.

If you ever have any questions or concerns about your services or charges, we encourage you to call our Compliance Hotline:

# PriorityReach

## ComplianceHotline:

(877) 275-7260