

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

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Do research

- We can use or share your information for health research.

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Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

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Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

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Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

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Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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SIGNATURE BELOW IS ONLY AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICES.

PRINT NAME:

SIGNATURE:

DATE:

PLEASE INITIAL HERE IF YOU WOULD LIKE TO GIVE US PERMISSION TO SPEAK WITH SOMEONE IN YOUR HOUSEHOLD REGARDING YOUR CARE OR ACCOUNT STATUS. LIST PERSONS:

- 1)
- 2)
- 3)