

Memorial Regional Health Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please call the Memorial Regional Health Compliance Officer at 970-824-9411.

Memorial Regional Health's Health Information Management (Medical Records) department is open Monday - Friday, 8 a.m. to 5 p.m.



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health

Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by Memorial Regional Health (MRH), whether made by MRH personnel, agents of the hospital, or your personal doctor. Your doctor may have different policies or notices regarding use and disclosure of your health information created in the doctor's office or clinic.

Our Responsibilities to You

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. In the case of a breach of unsecured protected health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach.

Uses And Disclosures

The following categories describe examples of the way we use and disclose health information:

For treatment: We may use and disclose your health information to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students or other hospital personnel involved in your care at the hospital or at other covered entities. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different hospital departments also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals and x-rays. We also may provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from MRH.

For payment: We may use and disclose health information about your treatment and services so that we can bill and receive payment for the treatment and services you receive. For example, we may need to give

your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For healthcare operations: Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about many hospital patients to evaluate the need for new services or treatment. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for educational purposes. And we may combine the health information we have with health information from other hospitals to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

We may also use and disclose health information:

- To business associates we have contracted with to perform the agreed-upon service and billing for it
- To remind you that you have an appointment for medical care
- To assess your satisfaction with our services
- To tell you about possible treatment alternatives
- To tell you about health-related benefits or services
- To contact you as part of fundraising efforts
- To inform funeral directors and coroner's office, consistent with applicable law
- For population-based activities relating to improving health or reducing healthcare costs
- For conducting training programs or reviewing competence of healthcare professionals

Business associates: Some services are provided at MRH through contracts with business associates. Examples include physician services in the emergency department and radiology and some lab tests. We

may disclose your health information to our business associates so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, we require business associates to appropriately safeguard it.

Directory: We may include limited information about you in the hospital directory while you are a patient.

The information may include your name, location in the hospital, your general condition (such as good, fair, etc.) and your religious affiliation, if you designate one. This information may be provided to members of the clergy and (except for religious affiliation) to other people who ask for you by name. If you would like to opt out of being in the directory, please tell your nurse or provider, or mention it at registration.

Individuals involved in your care or payment for your care:

We may disclose your protected health information to a personal representative who has authority to make health care decisions on your behalf. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

Future communications: We may communicate to you via newsletters or mailings regarding treatment options, health-related information, disease-management programs, wellness programs or other community initiatives or activities that MRH is participating in.

Organized healthcare arrangement: MRH and its medical staff have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and healthcare operations. Physicians and caregivers may have access to your health information in their offices to assist in treatment plans.

As required by law and under certain conditions, we may use and disclose your health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public health or legal authorities charged with preventing or controlling disease, injury or disability.
- Correctional institutions
- Workers compensation agents
- Organ and tissue donation organizations
- Military command authorities
- Health oversight agencies
- Funeral directors, coroners and medical directors
- National security and intelligence agencies
- Protective government services

Law enforcement/legal proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

State-specific requirements: We may disclose health information to the State of Colorado to meet any additional legal requirements.

Fundraising activities: We may use limited health information such as your name, address and phone number and the dates you received treatment or services, to contact you in an effort to raise money for the Memorial Regional Health Foundation. You will have the ability to opt-out of receiving such communications.

Marketing activities: Provided we do not receive any payment for making these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, healthcare providers or settings of care that may be of interest to you. We may describe products or services provided by MRH. We may also encourage you to maintain a healthy lifestyle and get recommended tests, participate in a disease management program, provide you with small gifts, tell you about government sponsored health programs or encourage you to purchase a product or service when we see you, for which we may be paid. Finally, we may receive compensation which covers our cost of reminding you to take and refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you. We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will disclose whether we receive any compensation for any marketing activity you authorize, and we will stop any future marketing activity to the extent you revoke that authorization.

Mental health treatment information: We will only use or disclose your mental health treatment information in accordance with state and federal law. In most cases, Colorado law requires your written authorization or the written authorization of your representative.

To avert a serious threat to health or safety: We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Your Health Information Rights

Although your health record is the physical property of your healthcare practitioner or MRH, you have the right to:

Request restrictions: You have the right to request that we restrict the way we use or disclose your health information for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. **However, we are not required to agree to the restriction.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Request confidential communications: You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number or by U.S. mail. We will accommodate your reasonable requests that are submitted in writing. Please realize we reserve the right to contact you by other means or at other locations if you fail to respond to any communication from MRH that requires a response.

Inspect and copy: You have the right to inspect and, upon written request, obtain a copy (for a fee) of your health information except under certain limited circumstances. Usually, this includes medical and billing records, but not psychotherapy notes. To request a copy of your personal medical record, contact the Health Information Management (HIM) office at 970-824-9411.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access, you may request that the denial be reviewed. This review would be performed by a licensed healthcare professional designated by MRH who did not participate in the decision to deny access. MRH will comply with the outcome of the review.

Request amendment: If you feel that health information we have about you is incorrect or incomplete, you may request in writing that we amend your health information, as long as the information is kept by or for MRH. We may deny your request; if this occurs you will be notified of the reason.

An accounting of disclosures: You have the right to request in writing an accounting of certain disclosures of your health information. This is a list of disclosures we make of your health information for purposes other than treatment, payment or healthcare operations.

A paper copy of this notice: You have the right to obtain a paper copy of this notice, even if you have agreed to receive this notice electronically. You may request a copy at any time. Or, you may print this notice on your computer. To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

Changes to this notice: We will abide by the terms of this Notice of Privacy Practices in effect. We reserve the right to change this notice. The revised notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted at MRH and include the effective date. In addition, each time you register at or are admitted to MRH for treatment or services as an inpatient or outpatient, we will offer you a copy of the current notice.

Complaints: If you believe your privacy rights have been violated, you may file a written complaint with MRH. Contact the Compliance Officer at 970-826-3106. Or write to the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509 F, HHH Building, Washington D.C. 20201. You will not be penalized or retaliated against for filing a complaint.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to MRH will be made only with your written permission. If you provide us permission, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. We cannot take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.