

NOTICE OF PRIVACY PRACTICES

“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.”

We are committed to protecting the confidentiality of your medical information and are required by law to do so. This notice describes how we may use your medical information within the Hospital. This notice also describes the rights you have concerning your own medical information. Please review it carefully and let us know if you have any questions.

HOW WILL WE USE AND DISCLOSE YOUR MEDICAL INFORMATION?

Treatment: We may use your medical information to provide you with medical services and supplies. We may also disclose your medical information to others who need that information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers and others involved in your care. For example, we will allow your physician to have access to your hospital medical records and for follow-up care. We also may use and disclose your medical information to contact you to remind you of an upcoming appointment, to inform you about possible treatment alternatives or to tell you about health-related services available to you.

Patient Directory: The HIPAA Privacy Rule allows covered health care providers to maintain patient directories. A patient directory is a list of patients which includes identifying information, such as your name, ID, unit, bed, and providers. This information can be shared with visitors and callers about a patient’s location and general condition. The patient directory is maintained as long as the patient has been informed of the use of their information and does not object. Patients can request that their information not be included in the directory, and healthcare facilities must comply with the request.

Family members and others involved in your care: We may disclose your medical information to a family member, or an individual involved in your medical care or who helps you pay for your care. We also may disclose your medical information to disaster relief organizations to help locate a family member or friend in a disaster. If you do not want the hospital to disclose your medical information to family members or others who will visit you, please notify the Medical Team.

Hospital Operations: We may use or disclose protected health information if it is necessary to improve the quality of care we provided under the category of health operations within HIPAA regulations, which allows the facility to use your information for quality assessment, improvement activities, and reviewing providers competency to enhance patient care; however, we will follow the minimum necessary standard, meaning we only use the information needed for a specific purpose. You have the right to access your medical records and can request clarification about how your information is being used for quality improvement.

Research: We may use or disclose your health information for research purposes after receiving authorization from you or, alternatively, when an institutional review board (IRB) or privacy board has waived the authorization requirement by its review of the research proposal in accordance with established protocols to ensure the privacy of your health information. We may also review your health information to assist in the preparation of a research study.

Required by law: Federal, State, or Local laws sometimes require us to disclose patient’s medical information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases. We also are required to give information to the State Workers’ Compensation Program for work-related injuries.

Public Health: We also may report certain medical information for public health purposes. For instance, we may use or disclose your health information to government or state authorities, who are authorized by law to collect or receive information for the purpose of preventing or controlling diseases, injury, or disability, or conducting public health surveillance investigations and interventions. We also may need to report patient problems with medication or medical products to the FDA or may notify patients of recalls of products they are using.

Public Safety: We may disclose medical information for public safety purposes in limited circumstances. We may disclose medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from and to report criminal conduct at the Hospital. We may also disclose your medical information to law enforcement officials and others to prevent a serious threat to health or safety.

Health Oversight Activities: We may disclose medical information to a government agency that oversees the Hospital or its personnel such the Arizona Department of Health Services, the Federal Agencies that oversee Medicare, the Board of Medical Examiners, or the Board of Nursing. These agencies need medical information to monitor the Hospital's compliance with state and federal law.

Coroners, Medical Examiners and Funeral Directors: We may disclose medical information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties.

Organ and Tissue Donation: We may disclose medical information to organizations that handle organ, eye, or tissue donation or transplantation.

Military, Veterans, National Security and Other Government Purposes: If you are member of the armed forces, we may release medical information as required by military command authorities or the Department of Veterans Affairs. The Hospital may also disclose medical information to federal officials for intelligence and national security purposes, or for presidential Protective Services.

Judicial Proceedings: The Hospital may disclose medical information of the Hospital if a subpoena or a search warrant is received. You will receive advance notice about this disclosure in most situations so that you will have a chance to object to sharing your medical information. Information with Additional Protection: Certain types of medical information such as HIV/AIDS, alcohol and/or drug abuse treatments and behavioral health care/psychiatric care. For those types of information, the Hospital is required to get your permission before disclosing that information to others in many circumstances. Other Uses and Disclosures: If the Hospital wishes to use or disclose your medical information for a purpose that is not discussed in this Notice, the Hospital will seek your permission.

WHAT ARE YOUR RIGHTS?

Right to Request your Medical Information: You have the right to look at your own medical information and to get a copy of that medical information. (The law requires us to keep the original record.) This includes your medical record, your billing record, and others records we use to make decisions about your care. To request your medical information, you must sign an authorization or release of information and return it to our Medical Records Department.

Right to Request Amendment of Medical Information If You Believe it is Erroneous or Incomplete: If you examine your medical information and believe that some of the information is wrong or incomplete. We may amend your records. To ask us to amend your medical information, write to Sage Memorial Hospital – Attention: Medical Staff, PO Box 457 Ganado, Arizona 86505.

Right to get a list of Certain Disclosure of your Medical Information: You have the right to request a list of the disclosures we make of your medical information.

Right to Request Restrictions on How the Hospital will use or Disclose Your Medical Information for Treatment, Payment, or Health Care Operations: You have the right to request that the hospital restrict how it uses or discloses your medical information for purposes related to treatment, payment, or healthcare operations; however, the hospital is not obligated to agree to your request, although if they do agree, they must abide by the restriction except in emergency situations. If you want to request restriction, submit your request in written detail to Sage Memorial Hospital, PO Box 457 Ganado, Arizona 86505.

Right to Request Confidential Communications: You have the right to request communications only via your work phone or cell phone, through a secure email address, or by mail. To do this, write to HIM Department (Medical Records), PO Box 457, Ganado Arizona 86505. While providers must accommodate reasonable requests, they may not be able to fulfill requests that are excessively difficult or pose significant security concerns. This right is primarily based on the federal Health Insurance Portability and Accountability Act (HIPAA), which mandates that healthcare providers must accommodate reasonable requests from patients regarding how and where they receive their medical information.

Right to a Paper Copy: If you have received this notice electronically, you have the right to a paper copy at any time.

WHICH HEALTH CARE PROVIDERS ARE COVERED BY THIS NOTICE? This notice of privacy practices applies to the hospital and its personnel, volunteers, students and trainees. This notice also applies to other health care providers that come to the hospital to care for patients, such as physicians, physician assistants, therapists, and other healthcare providers who are not employed by the hospital. The hospital may share your medical information with the providers for treatment purposes, to get paid for treatment, or to conduct healthcare operations. These health care providers will all follow this notice for information they receive about you from the hospital. These other health care providers may follow different practices at their own offices or facilities.