



March 29, 2016  
**Notice of Privacy Practices**  
**Yuma District Hospital and Clinics**  
1000 W. 8th Ave.  
Yuma, CO 80759  
Phone: 970-848-4795  
Fax: 970-848-4952

**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.**

Your health information is contained in a medical record that is the physical property of Yuma District Hospital and Clinics, but the information in the medical record belongs to you.

## **HOW YUMA DISTRICT HOSPITAL AND CLINICS MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

### **1. Treatment**

Medical information includes verbal, written, or photographic information including x-rays and other types of images we obtain about you pertaining to your medical condition. We may use and disclose medical information about you to provide health care treatment to you and to arrange health care to be provided to you by others. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment, and coordinating and managing your health care with others. Examples: When setting up appointments, or we may disclose information to other healthcare providers who are involved in your care.

### **2. Payment**

We may use and disclose medical information about you to obtain payment for the health care services you received. This means that we may use medical information about you to arrange for payment (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan before you receive certain health care services because, for example, we may need to obtain authorization for treatment or a particular service. Examples: A billing clerk will use medical information when preparing a bill for services provided; medical information will be disclosed to an insurance company when the billing clerk sends in the bill for payment. See the section entitled "Right to Request Restrictions on Uses and Disclosures" for your rights on restricting uses and disclosures of your medical information.

### **3. Regular Healthcare Operations**

We may use and disclose medical information about you in performing a variety of business activities that we call "healthcare operations." These activities allow us to improve the quality of care.

#### **Examples:**

- Evaluating the skills and performance of healthcare providers taking care of you.
- Providing training programs for students, trainees, and health care providers to help them improve their skills.
- Cooperating with outside organizations that evaluate, certify, or license healthcare providers, staff, or facilities.
- Creating reports that do not individually identify you for data collection.
- Planning for our future operations.
- Resolving grievances and complaints within our organization.
- When working with others (such as lawyers or accountants) who assist us.
- Reviewing and improving the quality and cost of the care, we provide.
- When control of our organization significantly changes.

We also participate in an electronic Health Information Exchange (HIE) with the Colorado Regional Health Information Organization ("CORHIO") as a means to improve the quality of your health and healthcare experience. CORHIO provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and health care providers that participate in the HIE network. Using CORHIO helps your health care providers to more effectively share information and provide you with better care, and enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. You may choose to opt-out of participation in CORHIO, or cancel an opt-out choice, at any time. If you wish to opt-out please inform the person who provided you this Notice or the Privacy Official listed below, Bev Sanburg.

#### 4. Communication with Family or Persons Involved in Your Care

We may disclose medical information about you to a relative, close friend or any other person you identify if that person is involved in your care and the information is relevant to your care. **Example:** A patient's husband may be invited into an exam room and a nurse practitioner may discuss medication or treatment with the patient and her husband. We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location, your general condition or in the event of your death. You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

#### 5. Appointment Reminders

We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

#### 6. Directory

We may list your name, where you are located in our facilities, your general medical condition, and your religious affiliation in our directory. This information may be provided to members of the clergy, such as a pastor or a priest. This information, except your religious affiliation, may be provided to other people who ask for you by name. If you do not want us to list this information in our directory and provide it to clergy and others, you must tell us that you object.

#### 7. Sign in Sheet

We may use and disclose information about you by having you sign in when you arrive for an appointment. The sign in sheet will contain only minimal information. We may also call out your name when we are ready to see you.

#### 8. JOINT NOTICE

Yuma District Hospital, the members of its medical staff, and other affiliated health care providers participate in an Organized Health Care Arrangement (OHCA). Participation in an OHCA allows covered entities to, among other things, exchange protected health information with other OHCA participants to provide patient care in a more effective and efficient manner. As part of the OHCA, we share your protected health information as necessary for your treatment, to get paid for services, and to carry out other health care operations such as quality assessment and improvement. This joint notice describes how the health care professionals and workforce members, including colleagues, medical staff members, students and volunteers, participating in the OHCA use and disclose your health information. A Notice of Privacy Practice provided to you by any one of the following will also satisfy the HIPAA requirement to provide you with this notice. The entities participating in the Yuma District Hospital OHCA include Yuma District Hospital, Yuma Clinic, Akron Clinic, The Center for Specialty Medicine, Advanced Orthopedic & Sports Medicine, Advanced Medical Imaging Consultants, Clinical Care Pulmonary & Sleep, Karen Swope, Au.D, Douglas Pellar, D.O., Andrew Kalajian, M.D., and Dr. Kakkar.

#### 9. Required by Law

We will use and disclose medical information about you whenever we are required to do so by law; however, we will limit our use or disclosure to the relevant requirements of the law.

##### Examples:

- Judicial and Administrative proceedings pursuant to legal authority.
- Law enforcement authorities where Colorado law permits disclosures in the course of an investigation.
- State law requires us to report domestic violence, gunshot wounds, and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services.

#### 10. National Priority Uses and Disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as "national priorities." We will only disclose medical information about you in the following circumstances when we are required to do so by law:

- **Public Health** As required by law; we may disclose to authorities, for purposes related to: preventing or controlling disease, injury, or disability; reporting to the Food & Drug Administration problems with products and reactions to medications; reporting child, elder or other abuse or neglect; reporting domestic violence; and reporting disease or infection exposure. For example reporting communicable diseases to the state.
- **Public Safety** If we believe it is necessary to prevent or lessen serious and imminent threat to the health or safety of a particular person or the public.
- **Health Oversight Activities** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.
- **Judicial and Administrative Proceedings** We may and are sometimes required by law, to disclose your health information to a court or an officer of the court if for example a judge orders us to do so.
- **Law Enforcement** For purposes such as identifying or locating a suspect, fugitive, material witness, or missing person and complying with a court order or subpoena and other law enforcement purposes. For example if a police officer needs information to find or identify a missing person.

- **Deceased Person Information** To coroners, medical examiners, and funeral directors. This may be necessary, for example, to identify a deceased person or to determine the cause of death.
- **Organ/Tissue Donation** Information may be disclosed to organizations that are involved in procuring, banking, or transplanting organs and tissues.
- **Workers Compensation** In order to comply with workers compensation laws and regulations, which provide benefits for work related injuries or illness.
- **Research Organizations** We may disclose your health information for research purposes that have been approved by an Institutional Review Board, including established protocols to ensure privacy of your health information.
- **Specialized Government Functions** Included but not limited to military and national security activities.

**Breach Notification** In the case of a breach of unsecured protected health information; we will promptly notify you as required by law. If you have provided us with a current email address, we may use email to communicate information related to the breach. In some circumstances, our business associate may provide the notification. We may also provide notification by other methods as appropriate.

#### **Authorizations:**

The following uses and disclosures will be made only with your written authorization:

- Uses and disclosures for marketing purposes
- Uses and disclosures that constitute the sale of PHI
- Most uses and disclosures of psychotherapy notes

Except as described in this notice of privacy practices, Yuma District Hospital and Clinics will not use or disclose your health information without your written "authorization," or the signed permission, of you or your personal representative. If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing at any time.

### **YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU**

#### **1. Right to a Copy of This Notice**

You have a right to receive a paper copy of our Notice of Privacy Practices at any time, even if you have agreed to receive the notice electronically.

#### **2. Right of Access to Inspect and Copy**

You have the right to inspect and receive a copy of your medical information with limited exceptions. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing.

We may deny your request in limited circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision appealed.

If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request.

#### **3. Right to Have Medical Information Amended**

You have the right to request that we amend medical information about you that is incorrect or incomplete. You must provide us with a request in writing and explain why you would like us to amend the information. We may deny your amendment request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing within 60 days. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

#### **4. Right to an Accounting of Disclosures We Have Made**

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. The accounting will not include several types of disclosures, including disclosures for treatment, payment, and health care operations, information provided to you, directory listings, and certain government functions. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that we include disclosures for treatment, payment, or health care operations. The accounting will also not include disclosures made prior to April 14, 2003. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

#### **5. Right to Request Restrictions on Uses and Disclosures**

You have the right to request restrictions on certain uses and disclosures of your medical information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. If you tell us not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. If you do not pay in full (e.g., a check bounces), we are not required to restrict disclosure to your commercial health plan. We shall make reasonable effort to secure payment from you prior to billing your commercial health plan. We shall not notify other providers (e.g., pharmacists, specialists, etc.) of the fact that you have requested a restricted disclosure

to your commercial health plan. Notifying additional health care providers of restricted disclosures remains your obligation. We reserve the right to accept or reject any other request and will notify you of our decision. You may cancel the restrictions at any time.

#### **6. Right to Request an Alternative Method of Contact**

You have the right to receive confidential communications, including the right to request to be contacted at a different location or by a different method. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing and specify the method of contact you prefer. You will be responsible for any additional costs associated with the alternate method as applicable.

Changes to this Notice of Privacy Practices

Yuma District Hospital and Clinics reserve the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created and or received prior to the date of such amendment. This notice will be revised whenever there is a material change to the uses or disclosures, the individual's rights, Yuma District Hospital and Clinics legal duties, or other privacy practices stated in the notice. Until such amendment is made, Yuma District Hospital and Clinics is required by law to comply with the terms of this Notice. Revised notices will be made available to you by: posting the revised notices in a clear and prominent location, posting the notice on any web site maintained by Yuma District Hospital and Clinics, and a written revised notice will be available to you upon request.

If you have any questions about any part of this Notice, want more information about Yuma District Hospital and Clinics privacy practices or if you would like to exercise one or more of these rights, please contact the Yuma District Hospital and Clinics Privacy Official.

Contact Information:

Yuma District Hospital Privacy Official  
Bev Sanburg, RN 970-848-4795

**We are required by law to protect the privacy of your health information and to provide you Notice of our legal duties and privacy practices with respect to your health information.**

#### **YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you believe your privacy rights have been violated or if you are dissatisfied with our privacy policies and procedures, you may file a written complaint with the Privacy Officer. We will not take any action against you or change our treatment of you in any way if you file a complaint. If you have questions or wish to file a complaint with us, please contact the Privacy Official:

Bev Sanburg, RN  
Yuma District Hospital and Clinics  
1000 W. 8th Ave.  
Yuma, Colorado 80759  
970-848-4795

If you are not satisfied with the manner in which Yuma District Hospital and Clinics handles a complaint, you may file a written complaint with the federal government. Please use the following contact information:

U.S. Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

Toll-Free Phone: (800) 368-1019

TDD Toll-Free: (800) 537-7697

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html> or you may also submit your complaint electronically by visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Email: [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) You will not be penalized for filing a complaint.