

Notice of Privacy Practice

**NOTICE OF PRIVACY PRACTICES**
**Effective Date:** July 1, 2025
**Yuma District Hospital and Clinics**
1000 W. 8th Ave.
Yuma, CO 80759
Phone: 970-848-4795
Fax: 970-848-4952

This notice describes how your medical information may be used and disclosed and how you can access this information. Please review it carefully.

**OUR PLEDGE REGARDING YOUR MEDICAL INFORMATION**

Your health information is contained in a medical record that belongs to Yuma District Hospital and Clinics (YDHC), but the information itself belongs to you. We are committed to protecting your privacy and maintaining the security of your health information.

**HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

We use and disclose your medical information for treatment, payment, and healthcare operations as described below:

* **Treatment:** We may use your medical information to provide you with medical care, coordinate your care, or consult with other healthcare providers involved in your treatment.
* **Payment:** We may use and disclose your information to bill for services, obtain payment from insurers or other entities, and manage payment-related activities.
* **Healthcare Operations:** We may use and disclose information to improve care quality, evaluate staff performance, train healthcare professionals, and for other operational purposes.

**ADDITIONAL USES AND DISCLOSURES**

* **Health Information Exchange (HIE):** We participate in a health data exchange allowing secure electronic sharing of medical information with other providers involved in your care. You may opt out at any time by contacting our Privacy Official.
* **Family and Friends:** Unless you object, we may share medical information with family members, close friends, or other individuals involved in your care.
* **Appointment Reminders and Sign-In Sheets:** We may contact you to remind you of appointments and use minimal information for sign-in sheets.
* **Directory:** If you are in our facility, we may list your name, location, general condition, and religious affiliation in our directory, unless you object.
* **Required by Law:** We will disclose medical information when required by federal, state, or local laws.
* **Public Health and Safety:** We may disclose information for public health activities, law enforcement, disaster relief, and to prevent serious threats to health or safety.
* **Other Uses:** Other permitted disclosures include health oversight, research (with appropriate protections), workers' compensation, military and national security activities, and as needed for deceased individuals (coroners, funeral directors, etc.).

**USES REQUIRING YOUR AUTHORIZATION**

We will only make the following disclosures with your written authorization:

* Marketing purposes
* Sale of your medical information
* Most uses of psychotherapy notes

You may revoke an authorization at any time in writing.

**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

You have the following rights:

* Receive a Copy of This Notice
* Access, Inspect, and Copy Your Medical Information
* Request an Amendment if you believe information is incorrect or incomplete
* Receive an Accounting of Disclosures (excludes certain uses such as treatment, payment, and operations)
* Request Restrictions on how we use or disclose your information (we will comply when required by law or if you have paid out-of-pocket in full for a service and request restricted disclosure to your health plan)
* Request Alternative Communications (e.g., contact you at a different address or phone number)

We will accommodate reasonable requests.

**BREACH NOTIFICATION**

If a breach of your unsecured health information occurs, we will notify you promptly as required by law.

**CHANGES TO THIS NOTICE**

We reserve the right to change this Notice of Privacy Practices. Any changes will apply to all information we maintain and will be posted prominently at YDHC and on our website. You may request a paper copy of the current notice at any time.

**QUESTIONS OR COMPLAINTS**

If you have questions about this notice or believe your privacy rights have been violated, please contact the Privacy Official at:
Phone: 970-848-5405
Address: Yuma District Hospital and Clinics, 1000 W. 8th Ave., Yuma, CO 80759

You may also file a complaint with the U.S. Department of Health and Human Services at:
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll-Free: (800) 368-1019
TDD: (800) 537-7697
Online: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

We will not retaliate against you for filing a complaint.