

## COMMUNITY HOSPITAL GRAND JUNCTION, COLORADO

*Effective Date: 04/14/03*

**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.**

### OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the hospital. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. 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. In addition, if you have diabetes, the doctor may need to tell the dietitian so that arrangements can be made for appropriate meals. Different departments of the hospital may also share current medical information about you in order to coordinate the things you need, such as prescriptions, lab work and x-rays. After you leave the hospital, current medical information may also be disclosed to people outside the hospital who may be providing services related to your medical care; such as, family members, clergy, physicians, or others who provide services that are part of your care.
- **For Payment.** We use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment collected from an insurance company or a designated third party. For example, in order to receive payment from your health plan, information may be given to your health plan about your surgery. In order to obtain prior approval or to determine whether your health plan will cover treatment, we may also tell your health plan about a treatment that you are going to receive.

**For Health Care Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose medical information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have

- with medical information from other hospitals to compare how we are doing and to see where we can make improvements in the care and services we offer. We may remove medical information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patient is.
- **Appointment Reminders.** *As a reminder,* we may use and disclose medical information to inform you that you have an appointment for treatment or medical care at the hospital.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use demographic information about you to contact you in an effort to raise money for the hospital and its operations. If you do not want the hospital to contact you for fundraising efforts, you must notify our Compliance Officer in writing.
- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. If you do not want information about you included in the Hospital Directory, you must notify a hospital representative.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care unless you object. In addition, we may disclose medical 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.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.

## **SPECIAL SITUATIONS**

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

- **Military and Veterans**. If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers' Compensation**. We may release medical information about you related to a worker's compensation claim in compliance with Colorado State Laws. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks**. We may disclose medical information about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability;
  - to report births and deaths;
  - to report child abuse or neglect; to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities**. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes**. Per Colorado State Law, if you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order.
- **Law Enforcement**. We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the hospital; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors**. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

- **National Security and Intelligence Activities & Protective Services for the President and others.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, protecting the President, and other national security activities authorized by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### **OTHER USES OF MEDICAL INFORMATION.**

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

#### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and have copies made of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to a hospital representative or the Health Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital.

To request an amendment, your request must be made in writing and submitted to the Compliance Officer or the Director of Health Records. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us.
- Is not part of the medical information kept by or for the hospital.
- Federal law forbids making the Protected Health Information in question available to the patient for inspection (e.g., psychotherapy notes).
- Protected Health Information is accurate or complete.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of your Protected Health Information. This list does not include disclosures made in carrying out treatment, payment or health care operations as well as disclosures authorized by you.

To request this list or accounting of disclosures, you must submit your request in writing to the Director of Health Records. Your request must state a time period which may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Compliance Officer or the Director of Health Records. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Director of Health Records. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may request a copy from any hospital representative.
- You may also obtain a copy of this notice at our website; [www.YourCommunityHospital.com](http://www.YourCommunityHospital.com).

### **CHANGES TO THIS NOTICE**

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain the effective date.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the hospital, contact the patient representative at 256-6291. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

**If you have any questions about this notice, please feel free to contact any of these hospital representatives:**

- **Compliance Officer (970) 256-6275**
- **Director of Health Records (970) 256-6282**
- **Patient Representative (970) 256-6291**