



Prowers County Hospital District

NOTICE OF PRIVACY PRACTICES

Including Prowers Medical Center, Prowers Medical Center Clinic and Home Health

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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 RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal action

YOUR RIGHTS When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Request confidential communications:

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Ask us to limit what we use or share:

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information:

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice:

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

- If you feel that we have violated your privacy rights, you may file a written complaint and address it to our privacy officer at 401 Kendall Drive, Lamar, CO 81052, phone the privacy officer at 719-336-6721, or contact our Compliance Hot Line at 855-741-4525.
- A complaint can also be filed with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We will never market or sell your personal information unless you give us written permission to do so.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

- **Treat you:** We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- **Run our organization:** We can use and share your health information to run our practice, improve your care and contact you when necessary.
Example: We use health information about you to manage your treatment and services.
- **Bill for your services:** We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues:

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research: We can use or share your information for health research.

Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests: We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests:

We can use or share health information about you for:

- Workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Alcohol/drugs/psychiatric/infectious diseases records are protected by Federal Regulation 42 CFR Part 2. The release of such records requires consent from the patient.

Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

HEALTH INFORMATION EXCHANGE

Prowers Medical Center participates in a Health Information Exchange (HIE) network as a means to improve the quality of your health and healthcare experience. HIE provides us with a way to securely and efficiently share patient's clinical information electronically with other physicians and health care providers that participate in the HIE network. You may choose to opt out of participation in the HIE by signing an Opt Out form. If you have completed an Opt Out form and then wish to participate, you will need to sign an Opt In form. These forms are available in our Health Information Management Department.

ORGANIZED HEALTH CARE ARRANGEMENT ("OHCA")

Prowers Medical Center, Mt. San Rafael Hospital, Parkview Medical Center, Southeast Colorado Hospital District, and Spanish Peaks Regional Health Center have agreed to form and to enter into an organized health care arrangement known as "BridgeCare Health Network." Without your prior written authorization, the members of BridgeCare Health Network may share your PHI with each other for the purposes of treatment, payment, and health care operations in order to better address health care needs. This OHCA includes the following members and their additional service delivery sites:

Prowers Medical Center, 401 Kendall Dr., Lamar, CO 81052

Spanish Peaks Regional Health Center, 23500 U.S. Hwy 160, Walsenburg, CO 81089

Parkview Medical Center, Inc. 400 West 16th St., Pueblo, Colorado 81003

Mt. San Rafael Hospital, 410 Benedicta Ave., Trinidad, CO 81082

Southeast Colorado Hospital District, 373 East Tenth Ave., Springfield, CO 81073

TERMS OF THIS NOTICE

This notice went into effect on September 20, 2013. Changes to the terms of this notice can be made and will apply to all information we have. In the event of a change in these terms, a new notice will be made available upon request in our office and on our website.